



Higher Education Review

**A handbook for universities and colleges with access to funding
from HEFCE or DEL undergoing review in 2015-16**

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Higher Education Review: Summary

- 1 Higher Education Review is the Quality Assurance Agency for Higher Education's (QAA's) principal review method for universities, colleges and alternative providers.
- 2 The overall aim of Higher Education Review is to inform students and the wider public whether a provider meets the expectations of the higher education sector for: the setting and/or maintenance of academic standards, the provision of learning opportunities, the provision of information, and the enhancement of the quality of students' learning opportunities. Thus, Higher Education Review serves the twin purposes of providing accountability to students and others with an interest in higher education, while at the same time encouraging improvement.
- 3 Higher Education Review is a flexible, risk-based method which applies the greatest scrutiny where it is most needed. Providers with a strong track record in managing quality and standards are reviewed less frequently and less intensively than providers without such a strong record. A programme of reviews is available on QAA's website.¹
- 4 Higher Education Review 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 (the Quality Code).
- 5 Students are at the heart of Higher Education Review. They are full members of review teams. 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 Higher Education Review culminates in the publication of a report containing the judgements and other findings. The provider is then obliged to produce an action plan in consultation with students, describing how it intends to respond to those findings.

¹ www.qaa.ac.uk/reviews-and-reports/how-we-review-higher-education/higher-education-review

Part 1: Introduction and overview

Introduction

7 The mission of QAA is to safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education. In furtherance of this mission, QAA undertakes reviews of higher education offered by universities, colleges and alternative providers.

8 QAA's principal methods of review are called Higher Education Review and Higher Education Review (Alternative Providers). Higher Education Review is for providers with access to funding from the Higher Education Funding Council for England (HEFCE) and the Department for Employment and Learning in Northern Ireland (DEL); Higher Education Review (Alternative Providers) is for alternative providers. Although Higher Education Review and Higher Education Review (Alternative Providers) are very similar to one another, for the sake of clarity QAA produces two separate handbooks. **This handbook applies to all providers in England and Northern Ireland with access to funding from HEFCE or DEL.**

9 The purpose of this handbook is to:

- state the aims of Higher Education Review
- explain how Higher Education Review works for different kinds of providers
- give guidance to providers preparing for, and taking part in, Higher Education Review.

10 The handbook is intended primarily for providers going through the review process in 2015-16 (that is, with review visits taking place between 1 August 2015 and 31 July 2016). It is also intended for teams conducting Higher Education Review and to provide information and guidance for degree-awarding bodies and awarding organisations involved in the review of providers who deliver their awards. QAA provides separate guidance for students. QAA also provides other guidance notes to assist providers in preparing for review and supports the implementation of the method through briefing and training events.

11 Higher Education Review has been designed to meet the *Standards and Guidelines for Quality Assurance in the European Higher Education Area*.² QAA has been judged to be fully compliant with these standards and guidelines by the European Association for Quality Assurance in Higher Education (ENQA).

Aims of Higher Education Review

12 The overall aim of Higher Education Review is to inform students and the wider public as to whether a provider:

- with degree awarding powers sets and maintains UK-agreed academic standards for its higher education qualifications
- without degree-awarding powers maintains the academic standards of the qualifications it offers on behalf of its degree-awarding bodies and/or other awarding organisations³

² www.engq.eu/index.php/home/esq

³ Providers without degree awarding powers work with degree-awarding bodies and/or other awarding organisations, such as Pearson, which retain responsibility for the academic standards of the awards granted in their names, and for ensuring that the quality of learning opportunities offered is adequate to enable students to

- provides learning opportunities which allow students to achieve the relevant awards and qualifications and meet the applicable Expectations outlined in the Quality Code, including the UK-wide reference points it endorses
- provides information that is fit for purpose, accessible and trustworthy for the general public, prospective students, current students, students on completion of their studies, and those with responsibility for academic standards and quality
- plans effectively to enhance the quality of its higher education provision.

Judgements and reference points

13 To achieve these aims, we ask review teams to make judgements on:

- the setting and/or maintenance of academic standards
- the quality of students' learning opportunities
- information about learning opportunities
- the enhancement of students' learning opportunities.

14 The judgement on the setting and/or maintenance of academic standards will be expressed as one of the following: **meets UK expectations**, **requires improvement to meet UK expectations** or **does not meet UK expectations**. 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** or **does not meet UK expectations**. The judgements 'commended' and 'meets UK expectations' are considered to be satisfactory judgements, whereas the judgements 'requires improvement to meet UK expectations' and 'does not meet UK expectations' are unsatisfactory.

15 The judgements are made by teams of peers by reference to the Expectations in the Quality Code. Judgements represent the reasonable conclusions that a review team is able to come to, based on the evidence and time available. The criteria which review teams will use to determine their judgements are set out in [Annex 2](#) on page 34.

16 Review judgements may be differentiated so that 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.

17 The review team will also identify features of good practice, affirm developments or plans already in progress and make recommendations for action. The recommendations will indicate the urgency with which the team thinks each recommendation should be addressed. The most urgent recommendations will have a deadline of one month after publication of the review report. QAA will expect providers to take notice of these deadlines when they construct their action plan after the review.

achieve the academic standards required for their awards. Thus, for providers without degree-awarding powers, Higher Education Review is concerned with the way in which these providers discharge their responsibilities within the context of their agreements with degree-awarding bodies and/or other awarding organisations. Reviews of providers without degree awarding powers are not concerned with how their degree-awarding bodies and/or other awarding organisations manage their responsibilities. Some providers may have degree awarding powers for certain levels of higher education, such as foundation degrees, but not for bachelor's and master's degrees. These providers will be reviewed as degree-awarding bodies for the awards that they make themselves and as non-degree-awarding bodies for the awards for which they operate as delivery organisations for other degree-awarding bodies and/or other awarding organisations.

18 Review reports will also include a commentary on the thematic element of the review. See paragraph 33 for more information.

Scope and coverage

19 Higher Education Review is concerned with programmes of study leading to awards at levels 4-8 of *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland*⁴ and with Higher National Certificates and Higher National Diplomas at levels 4 and 5 respectively of the Qualifications and Credit Framework and/or the National Qualifications Framework.

Desk-based analysis

20 Higher Education Review takes place in two stages. The first stage is a desk-based analysis by the review team of a wide range of information about the higher education on offer. Some of this information, including the self-evaluation document, is given by the provider, some is given by students and the rest is assembled by QAA.

21 An important part of the information base for the desk-based analysis is a student submission, which 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 those students who are responsible for producing the student submission to ensure that it is evidence based, addresses issues relevant to the review, and represents the views of students as widely as possible. QAA also encourages and supports those students responsible for making student submissions to make use of relevant national datasets, such as those publicly available on www.unistats.com, to help inform their submission.

Review visit

22 The second stage of Higher Education Review is a visit to the provider. The visit allows the review team to meet some of the provider's students and staff (and other stakeholders, where appropriate) and to scrutinise further information.

23 There will be one visit to the provider and its duration will be between one day and five days. More details about how the duration of the review visit is set are given in [Part 3](#) on page 12. At the end of the review visit, the review team will agree its judgements and other findings, as described above.

24 The programme for, and duration of, the review visit varies according to the outcome of the desk-based analysis. Varying the duration of review visits aims both to respond to the wishes of government to introduce a more risk-based approach to quality assurance, and to fulfil the Principles of Better Regulation of Higher Education in the UK, which were developed in 2011 by the Higher Education Better Regulation Group.⁵

⁴ This includes integrated foundation year programmes which are designed to enable entry to a specified degree programme or programmes on successful completion. In these cases, 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.

⁵ www.hebetterregulation.ac.uk/pages/default.aspx

Reviewers and review teams

25 The size of the team for the whole review (that is, the desk-based analysis and the review visit) will be between two and six reviewers depending on the scale of the provision on offer. Every team will include at least one member or former member of academic staff from another provider in the UK and at least one student reviewer. Larger teams may include a reviewer or reviewers with particular expertise in those areas which have given rise to the larger team, such as managing higher education provision with others. A QAA Review Manager will coordinate the review, support the review team and act as the primary point of contact with the provider.

26 QAA reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision. This expertise and experience will include the management and/or administration of quality assurance. Student reviewers are recruited from among students or sabbatical officers who have experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality. More information about reviewers and the membership of review teams is provided in [Part 3](#) and in [Annex 6](#).

27 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 6](#) on page 58. QAA makes every attempt to ensure that the cohort of reviewers appropriately reflects the diversity of the sector, including geographical location, size and type of providers, as well as reflecting those from diverse backgrounds.

28 Training for review team members is provided by QAA. Both new team members and those who have taken part in previous review methods are required to take part in training before they conduct a review. The purpose of the training is to ensure that all team members fully understand the aims and objectives of the review process; that they are acquainted with all the procedures involved; and that they understand their own roles and tasks, and QAA's expectations of them. We also provide opportunities for continuing development of review team members and operate procedures for managing reviewers' performance. The latter incorporates the views of providers who have undergone review.

Core and thematic elements

29 Higher Education Review has a core element and a thematic element. The core element focuses on academic standards, quality of learning opportunities, information and enhancement, as described above. The same core applies to all providers. The thematic element focuses on an area which is regarded as particularly worthy of further analysis or enhancement among providers under review and/or the higher education sector more generally. The thematic element will change periodically. Thus, not all providers will experience the same theme.

30 In order also to promote consistency and comparability of review findings over time, the theme will not be subject to a judgement. Instead, the review report will contain a commentary on the theme. To support the dissemination of good practice, QAA will report periodically on the thematic findings across the higher education sector.

31 Providers and reviewers will be given a guide containing topics and questions for the theme area or areas, which the provider should address in its self-evaluation document. Student representatives will also receive the guide so that they can address the theme in an annex to the student submission. Where agreed external reference points exist, the guide

will be based on those reference points. Where no such agreed reference points exist, QAA will develop guidance.

32 The theme or themes are selected by the Higher Education Review Group and will change periodically (but not more often than annually). The Group has selected two themes for reviews occurring in the academic year 2015-16: Student Employability and Digital Literacy. Providers undergoing reviews in 2015-16 will be required to explore one of these themes. It is up to providers to decide which theme they would like to pursue in discussion with their student representatives. More information about the selection of the theme is given in Part 3 of this handbook.

The role of students

33 Students are one of the main beneficiaries of Higher Education Review and are at the heart of the review process. QAA's Student Advisory Board is a formal advisory committee of QAA's Board of Directors and has had a key role in advising on the design of this review method. Review teams have student reviewers as members.

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

- nominating a lead student representative, who is involved throughout the review process
- preparing a student submission, which is a key part of the evidence for the desk-based analysis
- contributing their views directly for consideration during the desk-based analysis
- participating in meetings during the review visit
- assisting the provider in drawing up and implementing the action plan after the review.

35 More information about the role of students is given in [Part 3](#) and [Annex 5](#) on page 54.

Facilitators

36 Providers are invited to nominate a facilitator. In summary, the facilitator will carry out the following key roles:

- liaise with the QAA Review Manager throughout the review process to facilitate the organisation and smooth running of the review
- during the review visit, provide the review team with advice and guidance on the provider's structures, policies, priorities and procedures
- during the review visit, meet the QAA Review Manager 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.

37 The facilitator will help to provide a constructive interaction between all participants in the review process. The development of an effective working relationship between QAA and the provider through such liaison should help to avoid any misunderstanding by the provider of what QAA requires, or by QAA of the nature of the provider or the scope of its provision.

38 More detailed information about the role of the facilitator is given in [Annex 4](#) on page 52.

Lead student representatives

39 Where possible, there should also be a lead student representative from the provider undergoing review. This role is voluntary. The lead student representative will normally carry out the following key roles:

- liaise with the facilitator throughout the process 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
- facilitate comments from the student body on the draft review report
- work with the provider in the development of its action plan.

40 QAA will provide further advice and training for both facilitators and lead student representatives in the build-up to their reviews.

The role of degree-awarding bodies and other awarding organisations

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

42 Review teams will be pleased to meet the representatives of degree-awarding bodies or awarding organisations during review visits, and occasionally may encourage them to attend particular meetings, should they regard it as likely to aid their understanding of the provider's responsibilities. However, degree-awarding bodies or awarding organisations are not obliged to attend these events, since QAA has no desire to make unreasonable requests for their involvement in a process that focuses on the responsibilities of the provider under review. The role of degree-awarding bodies and awarding bodies in the review of non degree-awarding bodies will be discussed at the Preparatory meeting (see [Part 3](#)).

43 It is the responsibility of providers to keep their degree-awarding bodies or awarding organisations informed of the progress of the review and to make any requests for support. The only correspondence QAA will copy to degree-awarding bodies or awarding organisations is that associated with the draft and final reports. Where relevant, we may also share information with Ofqual.⁶

Managing higher education provision with others

44 Higher Education Review encompasses all provision in a single process; there are no separate reviews of provision offered through arrangements with other delivery organisations or support providers.

⁶ QAA and Ofqual have an agreement that includes a commitment to sharing information about the educational oversight of alternative higher education providers. The agreement makes provision for QAA to share information with Ofqual that is relevant to maintaining standards and confidence in qualifications that are regulated by Ofqual, or qualifications offered by the awarding organisations that Ofqual regulates.

45 *Chapter B10: Managing Higher Education Provision with Others* of the Quality Code applies to any form of collaboration between providers of higher education.⁷ The parameters of the review of arrangements for working with others will vary according to whether the partners, delivery organisations or support providers in question are also reviewed by QAA. Where they are subject to QAA review, in any form, the parameters of the review of the provider making the awards will be confined to the management of the arrangement by that provider, and to the setting and maintenance of academic standards. The reviewers will not consider the quality of learning opportunities, information and enhancement - not because these areas are unimportant, but because they will be addressed in the review of the other organisation.

46 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 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. In the case of arrangements for delivering provision outside the UK, review teams will consider the need to conduct such meetings in the context of any evidence generated by QAA's overseas review activities. Where current or recent evidence already exists, review teams will not need to investigate overseas provision in as much detail as they would if evidence was not available. More information about the review of the management of higher education provision with others is provided in [Part 3](#).

⁷ www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-b

Part 2: The interval between reviews

47 QAA publishes a rolling timetable on its website, showing when the reviews of QAA subscribers and providers with access to HEFCE or DEL funding are next due to take place.⁸

48 The interval between reviews is six years for providers who have had two or more successful reviews by QAA and whose last review was successful. Providers who have not had two or more successful reviews by QAA and/or whose last review by QAA was unsuccessful are reviewed four years after their last engagement with QAA. Successful and unsuccessful reviews are defined for this purpose in the table below. Providers can have any combination of reviews (for example, a successful Integrated Quality and Enhancement Review followed by a successful Institutional Review of higher education institutions in England and Northern Ireland is regarded as two successful reviews).

Review method	Successful review	Unsuccessful review
Institutional Audit of higher education institutions in England and Northern Ireland (2006-11)	Judgements of 'confidence' or 'limited confidence' in both academic standards and quality of learning opportunities	A judgement of 'no confidence' in either academic standards or quality of learning opportunities
Integrated Quality and Enhancement Review for further education colleges (2007-12)	A Summative Review which resulted in judgements of 'confidence' in both academic standards and quality of learning opportunities and 'reliance' on public information	A Summative Review which resulted in a judgement of 'limited confidence' or 'no confidence' in either academic standards or quality of learning opportunities, or 'no reliance' on public information
Institutional Review of higher education institutions in England and Northern Ireland (2011-13) and Review of College Higher Education for further education colleges (2012-13) and Higher Education Review (this method)	<ul style="list-style-type: none"> Judgements of 'is commended' or 'meets UK expectations' in all areas, followed by the publication of a satisfactory action plan Judgement of 'requires improvement to meet UK expectations' or 'does not meet UK expectations' in any area, where these judgements have been changed to 'is commended' or 'meets UK expectations' in all areas after the required follow-up activity 	<ul style="list-style-type: none"> Any judgement of 'requires improvement to meet UK expectations' or 'does not meet UK expectations' which remains unchanged after the allotted period for follow-up activity (see paragraphs 117-124) Failure to publish a satisfactory action plan after the review (regardless of the judgements)
Review for Educational Oversight (applicable only)	Judgements of 'confidence' in both academic standards	A judgement of 'no confidence' or 'limited

⁸ www.qaa.ac.uk/reviews-and-reports/how-we-review-higher-education/higher-education-review

where a provider has subsequently gained UK degree awarding powers or has become a publicly funded provider)	and quality of learning opportunities and 'reliance' on public information	confidence' in either academic standards or quality of learning opportunities, or 'no reliance' on public information
Initial Review	The outcomes of Initial Review are not considered for this purpose	

49 In addition, degree awarding powers scrutiny at any level which leads the Privy Council to confer the power applied for will be regarded as a successful review for the purposes of calculating the interval between reviews. The date from which the interval is calculated shall be the date on which the order from the Privy Council comes into effect.⁹ A degree awarding powers scrutiny that does not lead the Privy Council to confer the power applied for will be regarded as an unsuccessful review.

50 For operational reasons, the interval between reviews may be extended by up to six months. However, the review visit under this method will not take place less than four or six years after the last review visit, except where serious concerns are raised (see paragraph 52).

51 For those providers whose last engagement with QAA was an Institutional Audit (2002-11) and who underwent separate home and collaborative provision audits under that method, the interval will be calculated from the audit of the home provision. This is to avoid an interval of more than six years between reviews of the full range of the provider's quality assurance arrangements.

52 A provider which has had concerns upheld about its provision after a full investigation under QAA's Concerns Scheme will undergo a review four years after its last engagement or at the planned date of the next review, whichever is sooner. In exceptional circumstances, such as where a full investigation under the Concerns Scheme suggests serious risks to the academic standards and quality of the provision beyond the area which has been investigated, QAA may decide (in consultation with HEFCE or DEL where applicable) that the next review of that provider be brought forward further.

53 Finally, to provide assurance that a provider has successfully managed change, a provider which has undergone significant material change will undergo a review within four years of the change taking effect, or at the planned date of the next review, whichever is sooner. Where a significant material change creates serious risks to academic standards and quality, QAA may decide (in consultation with HEFCE or DEL where applicable) that the next review of that provider be brought forward further. For these purposes, significant material change may include, but is not necessarily confined to:

- change of ownership
- change in corporate form
- takeover of or by another provider
- merger
- significant increase or decrease in student numbers, including at delivery partners (more than a 25 per cent change in student numbers within one year)

⁹ For providers whose last successful review was a degree awarding powers scrutiny, QAA may need to publish a summary report of that scrutiny and undertake an additional review of two areas that are currently not covered by degree awarding powers scrutiny - information and enhancement - in order for that scrutiny to inform the interval between reviews under this method. This is so that QAA may fulfil its obligations to providing public assurance about quality and standards.

- significant expansion or contraction in provision outside the UK
- withdrawal of a licence to recruit students from outside the European Union.

54 QAA (and HEFCE or DEL where applicable) will monitor providers for significant material changes using existing mechanisms. Providers that have undergone, or are undergoing, significant material change will have the opportunity to discuss the case for shortening the interval between reviews with QAA (and HEFCE or DEL where applicable) before a decision is made to bring a review forward.

Part 3: The review process in detail

55 This part of the handbook explains the activities that need to be carried out to prepare for and take part in Higher Education Review. It is aimed primarily at providers. In this part of the handbook, 'we' refers to QAA and 'you' to the provider undergoing review.

56 The standard timelines are given below. Please note that there may be unavoidable instances when the activities in the timetable need to take place over a shorter time period. The timeline for the period after the review visit is given in [Part 4](#) on page 23.

Working weeks	Activity
Approx -52	<ul style="list-style-type: none"> • QAA informs provider of dates of review visit • Provider begins to access online briefing material
Approx -40	<ul style="list-style-type: none"> • Provider nominates facilitator and lead student representative
Approx -26	<ul style="list-style-type: none"> • QAA informs provider of size and membership of review team and name of QAA Review Manager coordinating the review • QAA sends the IntelliView profile to the provider • QAA provides briefing event for facilitator and lead student representative
Approx -18	<ul style="list-style-type: none"> • Preparatory meeting between QAA Review Manager and provider at the provider
-12	<ul style="list-style-type: none"> • Provider uploads self-evaluation and supporting evidence to QAA's electronic folder • Lead student representative uploads student submission • Review team begins desk-based analysis
-9	<ul style="list-style-type: none"> • QAA Review Manager informs provider of any requests for additional documentary evidence
-6	<ul style="list-style-type: none"> • Provider uploads additional evidence (if required)
-4	<ul style="list-style-type: none"> • Team holds first team meeting to discuss desk-based analysis and agree the duration of, and programme for, the review visit
-4	<ul style="list-style-type: none"> • QAA Review Manager informs provider of: <ul style="list-style-type: none"> - the duration of the review visit - the team's main lines of enquiry - who the team wishes to meet - any further requests for documentary evidence
0	<ul style="list-style-type: none"> • Review visit

First contact with QAA

57 The first contact that you will have about your review is likely to be around one year before the review visit. We will write to you to confirm that you will be having a review and to ask for some information to help us schedule the review dates, such as the dates of your academic year and the dates of major examination periods. You can let us know at the same time whether there are other times when you think that it would be difficult to schedule your review, but we cannot promise to take into account anything other than the critical periods noted above.

58 Once we have collated all dates for the review year we will write back and confirm the dates and schedule for your review. These dates will include:

- the deadline for the submission of the self-evaluation document and student submission
- the date of the first team meeting
- the dates for your review visit.

59 As the exact duration of the review visit depends on the outcome of the desk-based analysis, at this stage we will ask you to reserve a whole week for it.

60 We suggest that from this point you begin to use the online review briefing material available on QAA's website. The package includes details of the review process, roles of key players, guidance on the preparation of the self-evaluation document and the student submission, guidance on other documentation required, FAQs and other guidance. Once you know the date of your review, we will also expect you to disseminate that information to your students and tell them how they can engage with the process through the student submission.

Setting the size and membership of the review team

61 The size of the review team is correlated to the scale and complexity of the provision under review. This is not because large and complex provision is inherently more risky, but rather that, in general, it takes more time for review teams to understand and review large and complex provision than provision which is small and/or less complex.

62 Identifying the scale of the provision under review is a simple, formulaic process involving the application of thresholds to four quantitative measures. These measures are:

- the total number of higher education students (headcount)
- the number of postgraduate research students as a proportion of the total number of higher education students
- the number of students studying wholly outside the UK as a proportion of the total number of higher education students
- **either** the number of delivery organisations or support providers that degree-awarding bodies work with to deliver complete degree courses, **or**, for non degree-awarding bodies, the number of different degree-awarding bodies and other awarding organisations.

63 The size of the team is determined incrementally by establishing a base size according to the total number of higher education students and then adding additional reviewers depending on the other three measures, as described in the table below. The maximum team size will be six, regardless of what the measures indicate.

1	Total number of students (headcount) in provision which is within the scope of Higher Education Review (see paragraph 18)	< 100	2 reviewers
		100-999	3 reviewers
		≥1,000	4 reviewers
2	Postgraduate research students as a proportion of measure 1	< 10%	0 reviewers
		≥ 10%	+ 1 reviewer
3	Students studying wholly outside the UK as a proportion of measure 1	< 5%	0 reviewers
		≥ 5%	+1 reviewer
4a	Number of delivery organisations or support providers that degree-awarding bodies work with to deliver complete degree courses	< 5	0 reviewers
		≥ 5	+1 reviewer (unless team size has already reached 6)
4b	Number of different degree-awarding bodies and other awarding organisations	< 5	0 reviewers
		≥ 5	+ 1 reviewer (unless team size has already reached 6)

64 Measure 4a applies to providers with powers to award bachelor's degrees. Measure 4b applies to non degree-awarding bodies and to providers with powers to award foundation degrees only.¹⁰

65 We have selected these measures to make the maximum use of data which is already available to us and, therefore, to limit any requests for additional data.

66 QAA will determine the size of the review team and inform you of the result. You can tell us if you think we have got the size of the team wrong, for instance because you think the data we have considered is inaccurate. Once the size of the review team has been set at this stage, it will not be changed to reflect any possible changes in the scale and complexity of the provision before the review visit.

67 At the same time as we inform you of the size of the team, we will also tell you its membership. We will tell you which organisations the members of the review team work for or where they study, and whether they have declared any other interests to us (such as external examinations or membership of a governing body of another provider). We will ask you to let us know of any potential conflicts of interest that members of the team might have with your organisation, and may make adjustments in light of that.

68 At the same time as we tell you the size and membership of the team, we will also confirm with you the name of the QAA Review Manager who will be coordinating your review and the administrative support officer who will support it. You are welcome to phone or email your Review Manager, or visit him or her at QAA if you need to understand the review process better. The QAA Review Manager can provide advice about the review process but cannot act as a consultant for your preparation for review, nor comment on whether the processes that you have for quality assurance are appropriate or fit for purpose: that is the job of the review team.

¹⁰ Some providers may have degree awarding powers for certain levels of higher education, such as foundation degrees, but not for bachelor's and master's degrees.

69 Finally for this stage of the process, we will ask you to nominate your facilitator and lead student representative. We realise that it might be too early to know the name of the lead student representative. Until this is confirmed, if we need to contact the student representative body then we will contact the President of the students' union (or the equivalent). If at this stage it seems unlikely that the students' union or equivalent will be able to nominate a lead student representative, we may need to consider an alternative way of allowing students to contribute their views directly to the review team using an online tool. Further information about this facility is given in [Annex 5](#) on page 54.

InteliView profile

70 HEFCE has asked QAA to ensure that Higher Education Review considers some of the data which providers submit to organisations like the Higher Education Statistics Agency, for signs of good practice or potential problems in the areas within the review method's purview. In response QAA has constructed an InteliView profile from publicly available data. There is an example of an InteliView profile in [Annex 12](#) on page 70.

71 QAA will send you the InteliView profile for your institution approximately 26 weeks before the review visit. You can discuss any concerns you have about the accuracy of the data in the profile with the QAA Review Manager at the preparatory meeting.

72 The function of the InteliView profile is to provide additional contextual information about the provider to the review team, alongside the evidence given by the provider and its students. The review team may use the profile to identify issues for further exploration during the desk-based analysis or review visit. We will give the InteliView profile to the review team 12 weeks before your review visit, at the same time as it receives the self-evaluation document and supporting evidence.

QAA briefing

73 QAA will provide a joint briefing for facilitators and lead student representatives on their roles and responsibilities. These events will be for all providers having reviews at about the same time, so the timing is flexible. We will invite your organisation to send its nominees and give you any information that you need for the briefing.

Preparatory meeting - 18 weeks before your review visit

74 The preparatory meeting will take place about 18 weeks before the review visit. At the preparatory meeting, the QAA Review Manager coordinating the review will visit you to discuss the structure of the review as a whole. The purpose of the meeting will be:

- to answer any questions about the review which remain after the briefing
- to discuss the information to be provided to the review team, including the self-evaluation document (SED) and the student submission
- to discuss the information QAA has assembled from other sources
- to discuss which theme you wish to pursue
- to confirm the practical arrangements for the review visit.

75 The meeting should, therefore, involve those who are most immediately involved with the production of the self-evaluation document (SED) and the student submission. In general, attendance by other staff should be confined to those with responsibility for the operational arrangements for the review; the preparatory meeting is not an opportunity for the QAA Review Manager to brief a large number of staff about the review process.

The facilitator and lead student representative should attend. The QAA Review Manager can give you further guidance about who should participate in the meeting.

76 It is up to providers to decide which theme they would like in partnership with their student representatives. The QAA Review Manager will consider your proposal and confirm within one week of the preparatory meeting that it is acceptable. Only where there is a disagreement between the provider and its student representatives about the choice of theme would QAA consider not accepting your proposal.

77 The discussion about the SED will be particularly important. The usefulness of the SED to the review team will be one of the main factors in determining the length of your review visit. If the SED is reflective and well targeted to the areas of the review and the evidence carefully chosen, the greater is the likelihood that the team will be able to verify your organisation's approaches and gather evidence of its own quickly and effectively. The same is true of the quality of accompanying documentation that you provide. It is also important that the SED makes reference to any nationally benchmarked datasets that are produced for or about your organisation. Further guidance about the structure and content of the SED is given in [Annex 3](#) on page 46.

78 The preparatory meeting also provides an opportunity to discuss information for the desk-based analysis which we have assembled from sources available directly to us. Again, more detail about what this may comprise is provided in [Annex 3](#). You will have an opportunity at this meeting to raise any concerns about this other information.

79 Finally, the preparatory meeting will include discussion about the student submission. Student representatives will need to have studied the online briefing before the preparatory meeting, and to have contacted the QAA Review Manager if additional clarification is needed. Discussion will include the scope and purpose of the student submission and any topics beyond the standard template for the student submission that the student representatives consider appropriate. It will also provide an important opportunity to liaise with the lead student representative about how students will be selected to meet the team. We envisage the selection of students to be the responsibility of the lead student representative, but the lead student representative may choose to work in conjunction with the facilitator, or with other student colleagues, if they so wish. After the preparatory meeting, the QAA Review Manager will be available to help clarify the process further with either the facilitator or the lead student representative.

80 If by this stage it appears unlikely that the student body will be able to make a student submission, we will need to consider an alternative way of allowing students to contribute their views directly to the review team using an online tool. Further information about this facility is given in [Annex 5](#) on page 54.

Uploading the self-evaluation document and student submission - 12 weeks before your review visit

81 You will need to upload your SED and the accompanying evidence 12 weeks before the review visit. The precise date for doing this will have been explained at a QAA briefing and/or by your QAA Review Manager at the preparatory meeting.

Desk-based analysis and requests for additional information - nine weeks before your review visit

82 The review team will begin its desk-based analysis of all the information almost as soon as the SED and student submission are uploaded. Should the team identify any gaps

in the information, or require further evidence about the issues they are pursuing, they will inform the QAA Review Manager. The QAA Review Manager will then make a request to you for further information about nine weeks before the review visit. Requests for additional information will be strictly limited to what the team requires to complete the desk-based analysis and you are entitled to ask why the team has asked to see any of the information it has requested. You should provide the additional information requested at least six weeks before the review visit.

First team meeting - four weeks before your review visit

83 About four weeks before the review visit, the team will hold its first team meeting. The first team meeting, which takes place over one day and does not involve a visit to the provider, is the culmination of the desk-based analysis. Its purposes are to allow the review team to:

- discuss its analysis of the documentary evidence
- decide on issues for further exploration at the review visit
- decide whether it requires any further documentary evidence
- agree on the duration of the review visit
- decide whom it wishes to meet at the review visit.

84 The review team will decide on the duration of the visit according to what the desk-based analysis reveals both about the provider's track record in managing quality and standards and the extent to which it meets the applicable Expectations of the Quality Code. Where the desk-based analysis finds a strong track record and evidence that all or nearly all Expectations are met, the team will not require a long visit to the provider to finish its work. Where the desk-based analysis does not suggest a strong track record and/or indicates that several Expectations may not be met (or the evidence provided is insufficient to demonstrate that the provider is meeting its responsibilities effectively), the review team will need more time at the provider to talk to staff and students and analyse further evidence, in order to investigate its concerns thoroughly.¹¹ A longer visit may also be required where the provider has particularly significant formal arrangements for working with others, which the review team needs to explore through a number of meetings with staff and/or students at partner organisations (see paragraphs 94 and 95).

85 The criteria that teams will use in deciding on the length of the visit are set out in the table below. In practice, it is unlikely that the findings of the desk-based analysis will be consistent with all the criteria listed within a particular category. For instance, a provider may have a strong track record in managing quality and/or standards, yet have significant formal arrangements for working with others which necessitate a longer review visit. Not all criteria have to be met to justify a review of a particular duration.

86 Review teams are permitted to specify a shorter visit than the guidance indicates; this is most likely to occur where the desk-based analysis finds moderate or serious risks at a provider with few students and, therefore, limited scope for meetings. In any case, the duration of the review visit should not be regarded as a judgement about the provider's higher education provision; the judgements are only agreed at the end of the process.

87 The precise duration of the review visit will be determined by the review team within the parameters outlined below. Whether, for example, a review visit lasts three or four days is likely to depend on the scale and complexity of the higher education on offer and the number of Expectations which the desk-based analysis indicates may not be met.

¹¹ Not all Expectations in the Quality Code apply to all providers. Please see Annex 2 for further information.

We envisage that one-day visits will only be used for providers with fewer than 50 higher education students. The duration of the review visit will always be in whole days.

<p>1-3 day visit</p>	<p>The provider has a strong track record in managing quality and standards, as evidenced by the outcomes of previous external review activities (such as QAA review), and has responded to those activities fully and effectively.</p> <p>There is evidence that all or nearly all applicable Expectations are met.</p> <p>Expectations which appear not to be met present low risks to the management of the higher education provision, in that they relate to:</p> <ul style="list-style-type: none"> • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • completion of activity that is already underway. <p>The need for any remedial action has been acknowledged by the provider and it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p>
<p>3 or 4 day visit</p>	<p>The provider has a strong track record in managing quality and standards, as evidenced by the outcomes of previous external review activities (such as QAA review), but there is some evidence of it not responding to those activities fully and effectively.</p> <p>There is evidence that most applicable Expectations are met.</p> <p>Expectations which appear not to be met do not present serious risks, but may raise moderate risks in that they relate to:</p> <ul style="list-style-type: none"> • weaknesses in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes • quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied. <p>Plans that the provider presents for addressing identified problems are under-developed or not fully embedded in its operational planning.</p>
<p>4 or 5 day visit</p>	<p>The provider does not have a strong track record in managing quality and standards and/or has failed to take appropriate action in response to previous external review activities (such as QAA review).</p> <p>The provider has particularly significant formal arrangement for working with others.</p> <p>The evidence is either insufficient to indicate that most applicable Expectations are met or indicates that several applicable Expectations are not being met.</p>

	<p>In the case of the latter, the Expectations not met present serious risks in that they relate to:</p> <ul style="list-style-type: none"> • ineffective operation of parts of the provider's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to the provider's quality assurance • serious breaches by the provider of its own quality assurance procedures. <p>Plans for addressing identified problems 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>
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Confirmation of the review visit schedule - four weeks before your review visit

88 Within a week after the first team meeting, the QAA Review Manager will confirm in writing the arrangements for the review visit, including:

- its duration
- whom the review team wishes to meet
- whether the review team requires any further evidence
- the review team's main lines of enquiry.

89 Telling you about the review team's main lines of enquiry is meant to help you prepare for the review visit. The lines of enquiry will be based either on those Expectations which the desk-based analysis indicates are not being met, or on potential areas of good practice. **The lines of enquiry do not preclude the review team from investigating any other area or issue within the scope of Higher Education Review during the review visit.**

90 Review visits will always take place within one working week and not straddle weekends. Therefore, a five day review visit will always begin first thing on Monday morning. Shorter review visits may begin on a different day of the week, either first thing in the morning or at lunchtime. Thus, a two day review visit could begin at lunchtime on Monday and finish at lunchtime on Wednesday. Your QAA Review Manager will discuss the arrangements for the review visit with you at the preparatory meeting and seek to identify the most convenient arrangements for a one, two, three or four day visit, bearing in mind the need for the review team to meet students and staff.

The review visit - week 0

91 As near to the beginning of the review visit as possible, the review team will hold a short meeting with the head of the provider. This is the review team's meeting and the topics covered will vary from review to review, but the team is likely to be interested in the provider's overall strategy for higher education, which will help to set the review in context.

92 Thereafter the activity carried out at the visit will not be the same for every review, but may include contact with staff (including staff from degree-awarding bodies and other

awarding organisations where applicable), recent graduates, external examiners and employers. 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 provider's quality assurance and enhancement processes. The review team will be pleased to make use of video or teleconference facilities to meet people who may find it difficult to attend the provider's premises, such as distance-learning students or alumni.

93 Review activities will be carried out by at least two review team members. Where the team splits for an activity, there will be catch-up time afterwards so that all members of the team have a shared understanding of what has been found.

94 Where you have significant formal arrangements for working with partners, delivery organisations or support providers who are not themselves subject to QAA review in any form, the review team may wish to meet staff and students from one or more of those organisations in person or by video or teleconference. These meetings will normally take place within the period of the review visit, unless there is good reason why this cannot happen (for instance, because the review visit coincides with another organisation's vacation period). Requests for such meetings will normally be made four weeks before your review visit at the latest (see paragraph 92). The review team will also request specific evidence about the relationships they are exploring, including:

- the most recently concluded formal agreement between the provider and the other organisation, at the organisation and the programme level
- the report of the process through which the provider assured itself that the organisation was appropriate to deliver or support its awards, or of the most recent renewal of that approval.

95 The review team may also request specific evidence about a sample of programmes from within the link including:

- the most recent annual and periodic review reports held by the provider, together with the report of the most recent programme approval
- the two most recent reports from external examiners with responsibilities for the relevant programmes included in the sample, together with the information that allowed the provider to be satisfied that the points made by the external examiners had been addressed.

96 The review visit will include a final meeting between the review team and senior staff of the provider, the facilitator and the lead student representative. This will not be a feedback meeting, but will be an opportunity for the team to summarise the major lines of enquiry and issues that it has pursued (and may still be pursuing). The intention will be to give the provider a final opportunity to offer clarification and/or present evidence that will help the team come to secure review findings.

97 Although the facilitator and lead student representative will not be present with the team for its private meetings, we do expect the team to have regular contact with the facilitator and lead student representative, perhaps at the beginning and/or end of the day, or when they are invited to clarify evidence or provide information. The facilitator and lead student representative can also suggest informal meetings if they want to alert the team to information which it might find useful.

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

- decide on the grades of the four judgements
- decide on the commentary on the thematic element of the review
- agree any features of good practice that it wishes to highlight
- agree any recommendations for action by the provider
- agree any affirmations of courses of action that the provider has already identified.

99 You can find more detail about the Expectations that teams use to make judgements in [Annex 2](#) on page 34.

100 The QAA Review Manager will be present during the review visit and will chair the private meetings of the team. On the last day of the review, the QAA Review Manager will test the evidence base for the team's findings.

Contingency to extend the review visit

101 In exceptional circumstances, the review team may recommend to the QAA Review Manager that it cannot come to sound judgements within the scheduled review visit. This is most likely to occur where a review team arranges for a short review visit and subsequently finds serious problems that were not apparent from the desk-based analysis. In such circumstances, QAA may ask to extend the review visit, or, if that is not feasible, to arrange for the review team to return as soon as possible after the review visit finishes.

QAA Concerns Scheme

102 As well as undertaking reviews of higher education providers, QAA can also investigate concerns about the standards and quality of higher education provision, and the information that higher education providers produce about their learning opportunities. Where there is evidence of weaknesses that go beyond an isolated occurrence, and where the evidence suggests broader failings in the management of quality and standards, we can investigate. These concerns may be raised by students, staff, organisations, or anyone else. Further details about the Concerns Scheme are provided on our website.

103 Where a concern becomes known to QAA in the immediate build up to a Higher Education Review visit, we may investigate the concern within that review rather than conduct a separate investigation. If we choose to investigate through the review, we will pass the information and accompanying evidence to the reviewers. We will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome.

104 Where a concern becomes known to QAA during a review visit, we may investigate the concern during the review visit and this could be grounds for extending the visit (see paragraph 101). If we choose to investigate the concern in this way, we will pass the information and accompanying evidence to the reviewers. We will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome. Alternatively we may choose to investigate the concern after the review visit has ended and this may also affect the review outcome.

105 We may also use Higher Education Review to follow up on a provider's response to the outcome of a Concerns investigation following the publication of the investigation report.

If we intend to use the review for this purpose, the QAA Review Manager will inform the provider and describe how the review is likely to be affected. It may, for instance, involve the submission by the provider of additional evidence, or an additional meeting at the review visit. The reviewers' view of the provider's response to the Concerns investigation may affect the review outcome.

Part 4: After the review visit

106 This part of the handbook describes what happens after the review visit has ended. The standard timeline for this part of the process is given below. Please note that the deadlines in this timeline may be extended by up to two weeks for reviews with a review visit occurring less than 16 weeks before Christmas. The precise dates will be confirmed to you by the QAA Review Manager.

Working weeks	Activity
Review visit +2 weeks	<ul style="list-style-type: none"> QAA Review Manager sends key findings letter to provider (copied to HEFCE or DEL, Home Office and/or awarding bodies or organisations as relevant)
+6 weeks	<ul style="list-style-type: none"> QAA sends draft review report to provider and lead student representative (copied to awarding bodies or organisations as relevant)
+9 weeks	<ul style="list-style-type: none"> Provider and lead student representative give factual corrections (incorporating any comments from awarding bodies or organisations)
+12 weeks	<ul style="list-style-type: none"> QAA publishes report and issues press release
+22 weeks	<ul style="list-style-type: none"> Provider publishes its action plan on its website

Reports

107 Two weeks after the end of the review, you will receive a letter setting out the provisional key findings. We will copy this letter to HEFCE or DEL. For reviews of providers without degree awarding powers, we will copy this letter to the relevant degree-awarding bodies or other awarding organisations as well.

108 After a further four weeks, you will receive the draft report for the findings. For reviews of providers without degree awarding powers, we will copy the draft report to the relevant degree-awarding bodies or other awarding organisations as well. We will ask you to respond within three weeks, telling us of any factual errors or errors of interpretation in the report. Factual errors or errors of interpretation must relate to the period before or at the review visit; the review team will not consider amending the report to reflect changes or developments made by the provider after the review visit ended. We will also share the draft report with the lead student representative and invite his or her comments on it by the same deadline.

109 The review's findings (judgements, recommendations, features of good practice and affirmations) will be decided by the review team as peer reviewers. The QAA Review Manager will ensure that the findings are backed by adequate and identifiable evidence, and that the review report provides information in a succinct and readily accessible form. To this end, QAA will retain editorial responsibility for the final report and will moderate reports to promote consistency.

110 The report will be written as concisely as possible, while including enough detail to be of maximum use to the provider. The report will contain an executive summary to explain the findings to a lay audience.

111 The structure of the report will follow the structure recommended for the provider's self-evaluation document and the student submission. Its production will be coordinated by the QAA Review Manager.

112 Where the draft report contains judgements of 'commended' or 'meets UK expectations' in all four areas, the report will be finalised and published three weeks later (that is, within 12 working weeks of the review visit). You will be notified of publication and, provided you are a QAA subscriber, will receive confirmation of your eligibility to use the QAA Quality Mark (or the QAA Review Graphic, if you are not a QAA subscriber), and will be provided with the relevant information to enable you to do this.

Action planning and sign-off

113 After the report has been published, you will be expected to provide an action plan, signed off by the head of the provider, responding to the recommendations and affirmations, and giving any plans to capitalise on the identified good practice. You should either produce this jointly with student representatives, or representatives should be able to post their own commentary on the action plan. The QAA Review Manager will have discussed this process with you at the preparatory meeting. The action plan (and commentary, if produced) should be posted to your public website within one academic term or semester of the review report being published. A link to the report page on QAA's website should also be provided. You will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to your website.

114 If, without good reason, you do not provide an action plan within the required timescale, or if you fail to engage seriously with review recommendations, you may be referred for investigation under QAA's Concerns Scheme. Future review teams will take into account the progress made on the actions from the previous review.

Process for unsatisfactory judgements

115 The judgements 'requires improvement to meet UK expectations' and 'does not meet UK expectations' are considered to be unsatisfactory. Where the second draft report (that is, the version of the report produced in light of the provider's comments on the first draft) contains unsatisfactory judgements in any of the four judgement areas, we will not publish that report but rather send it back to allow you to consider whether you wish to appeal the judgements. Any appeal should be made within one month¹² of dispatch of the second draft report, and should be based on that second draft. An appeal based on a first draft report will not be considered. **QAA will not publish a report, meet a third party request for disclosure of the report, or consider a provider's action plan while an appeal is pending or is under consideration.** Please refer to the procedure on appeals for further information.¹³ A timeline for a review resulting in one or more unsatisfactory judgements is given below.

¹² When the deadline for receipt of appeal falls on a non-working day, it will be amended to the next working day. Amendments will also be made to take account of bank holiday periods. Providers will be advised of the exact deadline for appeal when they are sent the second draft report.

¹³ www.qaa.ac.uk/concerns

Working weeks	Activity
Review visit +2 weeks	<ul style="list-style-type: none"> • QAA Review Manager sends key findings letter to provider (copied to HEFCE or DEL, Home Office and/or awarding bodies or organisations as relevant)
+6 weeks	<ul style="list-style-type: none"> • QAA sends draft review report to provider and lead student representative (copied to awarding bodies or organisations as relevant)
+9 weeks	<ul style="list-style-type: none"> • Provider and lead student representative give factual corrections (incorporating any comments from awarding bodies or organisations)
+12 weeks	<ul style="list-style-type: none"> • QAA sends second draft to provider and lead student representative (copied to awarding bodies or organisations as relevant)
approximately +16 weeks	<ul style="list-style-type: none"> • Deadline for provider to appeal the judgements

116 Where an unsatisfactory judgement is not appealed, the review report will be published one week after the appeal deadline and you will be notified of publication. Where an appeal against an unsatisfactory judgement is unsuccessful, the report will be published one week after the end of the appeal process and you will be notified of publication. Upon publication of your report, you will receive confirmation that you will not be eligible to use the QAA Quality Mark or the QAA Review Graphic and will be asked to remove it from all your communications materials.

If a judgement of 'requires improvement to meet UK expectations' is given in any area

117 If the published report contains a 'requires improvement to meet UK expectations' judgement, you will be asked to produce - within one academic term/semester of the report's publication - an action plan to address the review findings. We will expect this to be more detailed than the action plan required for a 'meets UK expectations' judgement since it will need to explain how the identified weaknesses or risks germane to the 'requires improvement to meet UK expectations' judgement are to be addressed within one year of the publication of the review report.

118 We will ask you to submit your action plan to your QAA Review Manager, who will plan with you a series of progress reports to be provided over the following year. Both the action plan and the progress reports should be drawn up jointly with student representatives. If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for the review team to consider whether the judgement should be changed to 'meets UK expectations'. This may involve a further visit to the provider by some or all of the review team.

119 If the team agrees the judgement can be changed to 'meets UK expectations', the QAA Review Manager will make a recommendation to the QAA Board of Directors to change the judgement. Should the Board accept that recommendation, the change in judgement will be recorded in the published report on the QAA website and the review regarded as

complete. Providers who subscribe to QAA will then be able to use the QAA Quality Mark. Confirmation of eligibility will be communicated by email upon publication of the change in judgement on the report on the QAA website.

120 If the QAA Board decides not to change the judgement, either because the review team agrees that insufficient progress has been made in dealing with the review findings or because the Board does not agree with a recommendation to change the judgement, you will be required to take part in the next level of follow-up: that for a 'does not meet UK expectations' judgement.

If a judgement of 'does not meet UK expectations' is given in any area

121 If the published report contains a judgement of 'does not meet UK expectations', or if you do not make sufficient progress in dealing with a 'requires improvement to meet UK expectations' judgement, you will be asked to provide an action plan detailing planned improvements to deal with the weaknesses or risks identified in the review germane to the 'does not meet UK expectations' or 'requires improvement to meet UK expectations' judgement. In addition, the action plan should show how you plan to review and strengthen quality assurance structures, processes and policies to limit the risk of such a judgement being delivered in future.

122 We will ask you to submit your action plan to your QAA Review Manager within one academic term/semester of the review report's publication or of our informing you that insufficient progress has been made in dealing with a 'requires improvement to meet UK expectations' judgement. The QAA Review Manager will plan with you a series of progress reports to be provided over the following year. Both the action plan and the progress reports should be drawn up jointly with student representatives. If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for the review team to consider whether the judgement should be changed to 'meets UK expectations'. This may involve a further visit to the provider by some or all of the review team.

123 If the team agrees that the judgement can be changed to 'meets UK expectations', the QAA Review Manager will make a recommendation to the QAA Board of Directors to change the judgement. Should the Board accept that recommendation, the change in judgement will be recorded in the published report on the QAA website and the review regarded as complete. Providers who subscribe to QAA will then be able to use the QAA Quality Mark. Confirmation of eligibility will be communicated by email upon publication of the change in judgement on the report on the QAA website.

124 If the QAA Board decides not to change the judgement, either because the review team agrees that insufficient progress has been made in dealing with the review findings or because the Board does not agree with a recommendation to change the judgement, then the 'does not meet UK expectations' judgement will stand until the next QAA review.

HEFCE's policy for addressing unsatisfactory quality in institutions

125 HEFCE has a statutory duty to secure that provision is made for assessing the quality of education provided in institutions for whose activities they provide, or are considering providing, financial support. In furtherance of this duty, HEFCE has a policy for addressing unsatisfactory quality (UQP) in providers that receive an unsatisfactory judgement in Higher Education Review. More specifically, providers who receive one or more 'does not meet' judgements or who are unsuccessful in having a 'requires improvement' judgement changed to 'meets UK expectations' will have the UQP applied to them. Providers who are unsuccessful in having a 'does not meet' judgement changed to

'meets UK expectations' will move directly to a HEFCE-led process, which involves regular meetings and engagement with HEFCE and other stakeholders to agree and monitor progress against further actions. The full UQP is published on HEFCE's website.¹⁴

Complaints and appeals

126 QAA has formal processes for receiving complaints and appeals. Details of these processes are available on the QAA website.¹⁵

¹⁴ www.hefce.ac.uk/pubs/year/2013/201330

¹⁵ www.qaa.ac.uk/concerns

Part 5: Keeping the method under review

127 Higher Education Review is organised on a rolling basis rather than a fixed cycle, with the possibility of changes to the process being introduced at any point, given sufficient justification and warning. A rolling process is intended to allow greater flexibility in the review process and enable changes to be made to the review method in a timely way, rather than waiting for all providers to be reviewed.

128 There are three kinds of possible changes: operational, minor and major.

129 Operational changes are those which have no substantive bearing on the provider's experience of the operation or outcome of the review process. They would include, for example, a decision to change the medium of published reports or to alter the system the reviewers use to communicate with one another.

130 Minor changes denote changes to the design and/or operation of the method but not to the principles underpinning it. They may include:

- changes to the thresholds used to determine the scale of the provision and, therefore, the size of the review team
- changes to the guidance on the duration of review visits
- broadening opportunities for stakeholders to provide input to the review team.

131 Major changes would include:

- changes to the number and/or content of the judgements or some other fundamental amendment to the scope of the review, such as the abolition of the thematic element
- changes to the interval between reviews.

132 Operational changes may be made by QAA at any time without reference to any other body. They will be reported to the Higher Education Review Group (HERG), which comprises institutional members nominated by QAA, HEFCE, GuildHE, the Association of Colleges and the National Union of Students.

133 HERG also take responsibility for agreeing whether any other changes proposed by QAA are minor or major. Minor changes will be agreed by the QAA Board; they allow for the QAA Board to adjust the review process in response to the outcomes over the last period, to reflect thematic issues, or to take account of the QAA Board's overall tolerance of risk. The need for any such changes will be evidence based.

134 Major changes may be proposed by the QAA Board, agreed in principle by HERG and HEFCE, and then be subject to full consultation.

135 Changes will be communicated to providers and review teams, and the date from which the change will be in operation will be made clear. It is envisaged that no operational or minor change will affect a review that has already started. For this purpose, the start of the review will be deemed to be 18 weeks before the review visit (the timing of the preparatory meeting). A minor change would affect all other reviews yet to be carried out.

136 A major change would be introduced in time for the beginning of a tranche of reviews (that is, those operating within one academic year) in order to be able to distinguish easily the point at which different versions of the method became operational. This will also

provide time to brief providers adequately and, where necessary, provide refresher training or briefing for review team members.

137 Alongside any changes to the method, QAA updates the Quality Code regularly to take account of the changing nature of higher education. QAA will publish a new version of this handbook annually to ensure the method keeps abreast of any changes to the Quality Code.

Annex 1: Definitions of key terms

What do we mean by academic standards?

Part A: Setting and Maintaining Academic Standards of the Quality Code states the following:

Public confidence in academic standards requires public understanding of the achievements represented by higher education qualifications and how the standards are secured. Part A of the Quality Code explains how academic standards are set and maintained for higher education qualifications in the UK. The frameworks, statements and guidance concerned with academic standards constitute formal components of Part A which explains how these components relate to each other and how collectively they provide an integrated context for setting and maintaining academic standards in higher education. Part A sets out what is expected of degree-awarding bodies in setting, delivering and maintaining the academic standards of the awards that they make. Delivery organisations working with degree-awarding bodies do not carry the same responsibilities for academic standards but need to understand how academic standards are set and maintained in UK higher education. The specific role as a delivery organisation in relation to academic standards is set out in the formal agreement with its degree-awarding body. See further *Chapter B10: Managing Higher Education Provision with Others*.

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).

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

Threshold academic standards define the minimum standards which degree-awarding bodies must use to make the award of qualifications at a particular level of the relevant framework for higher education qualifications (for instance, a foundation degree, or a doctoral degree). Threshold academic standards are distinct from the standards of performance that a student needs to demonstrate to achieve a particular classification of a qualification (for example, a first class honours degree classification in a particular subject or the award of Merit or Distinction in a master's degree). These standards of performance are the academic standards for which individual degree-awarding bodies are responsible as described further in *Chapter A2* of the Quality Code.

Individual degree-awarding bodies are responsible for ensuring that UK threshold academic standards are met in their awards by aligning programme learning outcomes with the relevant qualification descriptors in the national frameworks for higher education qualifications. They are also responsible for defining their own academic standards by setting the pass marks and determining the grading/marking schemes and any criteria for classification of qualifications that differentiate between levels of student achievement above and below the threshold academic standards. The primary focus of Part A is on how UK threshold academic standards are set and maintained

Chapter A1 now formally incorporates, and places in an explanatory context, the following QAA publications as constituent components of this Part of the Quality Code:

- the UK national frameworks for higher education qualifications (*The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* and *The Framework for Qualifications of Higher Education Institutions in Scotland*), that set out the different qualification levels and national expectations of standards of achievement
- guidance on qualification characteristics
- the *Foundation Degree Qualification Benchmark*
- *The Higher Education Credit Framework for England: Guidance on Academic Credit Arrangements in Higher Education in England*
- Subject Benchmark Statements which set out the nature and characteristics of degrees (generally bachelor's with honours) and the outcomes graduates are expected to achieve in specific subject areas.

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.

Responsibilities of non degree-awarding bodies

Degree-awarding bodies often work with other providers (delivery organisations or support providers) that do not have degree awarding powers to deliver provision which leads to the award of a higher education qualification or academic credit of the degree-awarding body. Where this happens, degree-awarding bodies are responsible for setting the academic standards and are responsible for maintaining those academic standards regardless of where the learning opportunities are delivered or who provides them. Delivery organisations that work with degree-awarding bodies are responsible for delivering modules or programmes of study and maintaining the academic standards of the degree-awarding body. The operational implementation of certain functions related to academic standards (for example, assessment) may be delegated to these delivery organisations which are then accountable to the degree-awarding body for discharging them appropriately and for operating in accordance with the academic frameworks and regulations approved by the relevant degree-awarding body (see *Chapter A2* and *Chapter A3*). In some instances, the degree-awarding body may have approved separate academic frameworks and/or regulations for an individual delivery organisation. In these circumstances, the delivery organisation is responsible for contributing to the review of regulations and recommending changes for approval by the degree-awarding body.

A degree-awarding body's responsibility for the academic standards of all credit and qualifications awarded in its name is never delegated. Degree-awarding bodies are responsible for defining and recording, in a written agreement for each specific arrangement,

the specific functions delegated to a delivery organisation and the individual and shared roles, responsibilities and obligations of each party. See *Chapter B10: Managing Higher Education Provision with Others*.

All delivery organisations or support providers that work with a degree-awarding body are required to engage with the Quality Code and to meet the relevant Expectations.

What do we mean by academic quality?

Part B of the Quality Code sets out the Expectations about assuring and enhancing academic quality that all 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 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 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 that all providers are required to meet concerning information about the learning opportunities offered: '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.

In England the HEFCE Memorandum of Assurance and Accountability (part two, outlining conditions of grant) requires providers who are subscribers to QAA in England to:

- provide Key Information Sets (KIS) data annually for undergraduate courses, whether full or part-time and display a KIS 'widget' prominently on each main course page where the course has been included in the KIS.

In England providers are also encouraged to publish wider information on:

- institutional context
- aspects of courses and awards, such as prospectuses, programme guides, course and module descriptors
- quality and standards of programmes.

More details of the content of the KIS are given in HEFCE 2011/18 and HEFCE 2012/15. Information about wider information is available from HEFCE's website.

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 wider information 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 Higher Education Review, 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) and the embedding of enhancement throughout the Quality Code.

The wording of the judgements is as follows:

- 1 **For degree-awarding bodies:** The setting and maintenance of the academic standards of awards...
 For non degree-awarding bodies: The maintenance of the 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 about learning opportunities...
- 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** and **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** and **does not meet UK expectations**. Review judgements may be differentiated so that different judgements may apply, for example, to undergraduate and postgraduate levels, or to the provision associated with different degree-awarding bodies or other awarding organisations.

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

...is or are commended	...meet(s) UK expectations	...require(s) improvement to meet UK expectations	...do(es) not meet UK expectations
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.
<ul style="list-style-type: none"> • There are examples of good practice in this area and no recommendations for improvement. • The provider has plans to enhance this area further. • Student engagement in the management of this area is widespread and supported. • Managing the needs of students is a clear focus of the provider's strategies and policies in this area. 	<p>Any recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • completion of activity that is already underway in a small number of areas that will allow the provider to meet the Expectations more fully. 	<p>Any recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> • weakness in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes • quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied • problems which are confined to a small part of the provision. 	<p>Any recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> • ineffective operation of parts of the provider's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to the provider's quality assurance • breaches by the provider of its own quality assurance management procedures.

...is or are commended	...meet(s) UK expectations	...require(s) improvement to meet UK expectations	...do(es) not meet UK expectations
	<p>The need for action has been acknowledged by the provider in its review documentation or during the review, and it 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 under-developed 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 action, 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 table below presents each Expectation alongside headings which refer to the Indicators of sound practice in the relevant Chapter of the Quality Code. Neither the headings nor the Indicators of sound practice themselves are intended to operate as checklists and reviewers will not use them in this way. Reviewers will 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.

Not all Expectations apply to all providers, which is why the judgement criteria above refer to 'applicable Expectations'. Providers who do not provide research degree programmes, for example, are not expected to meet the Expectation on research degrees.

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, B6, B7, B8, B10 and B11 all have important things to say about setting and maintaining academic standards. Therefore, evidence gathered by reviewers under these headings may influence their judgement on academic standards.

QAA updates the Quality Code regularly to take account of the changing nature of higher education. As the Quality Code changes, so will the Expectations and Indicators of sound practice and this will be reflected in the table below. Where a Chapter or Part of the Quality Code is revised (other than minor amendments), providers have a stated period of time in which to make any necessary changes to their regulations, policies or practices to ensure they meet the relevant Expectation, and before the revised Chapter is used as the basis for review.

Judgements about providers without degree-awarding powers

The Expectations of the Quality Code apply to all providers of higher education programmes that lead to a qualification or the award of academic credit from a UK degree-awarding body, or are otherwise reviewed by QAA. However, there is a distinction between higher education providers with degree awarding powers (who have responsibility for setting and maintaining the standards of qualifications), and providers without degree awarding powers (who contribute to maintaining the standards of the qualifications of the degree-awarding body). When reviewing non-degree awarding bodies, review teams will consider the way providers discharge the responsibilities they have to their degree-awarding bodies and/or other awarding organisations for the maintenance of academic standards, using Part A of the Quality Code as a framework for that consideration. Review teams will not consider how the degree-awarding bodies or awarding organisations manage their responsibilities for setting and maintaining those standards. The review of the degree-awarding bodies' responsibilities is part of the focus of the review of the degree-awarding body.

1 Setting and maintaining academic standards

Expectations	Quality Code Chapter headings
<p>Expectation A1 - UK and European reference points for academic standards Quality Code - Chapter A1</p> <p>In order to secure threshold academic standards, degree-awarding bodies:</p> <p>a) ensure that the requirements of <i>The Framework for Higher Education Qualifications in England, Wales and Northern Ireland</i> are met by:</p> <ul style="list-style-type: none"> • 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 <p>b) consider and take account of QAA's guidance on qualification characteristics</p> <p>c) where they award UK credit, assign credit values and design programmes that align with the specifications of the relevant national credit framework</p> <p>d) consider and take account of relevant Subject Benchmark Statements.</p>	<ul style="list-style-type: none"> • National qualifications frameworks for higher education • Guidance on qualification characteristics • National credit frameworks for higher education • Subject Benchmark Statements <p>QAA (2008) <i>The Framework for Higher Education Qualifications in England, Wales and Northern Ireland</i> www.gaa.ac.uk/publications/information-and-guidance/publication/?PubID=2718</p> <p><i>Master's Degree Characteristics</i> www.gaa.ac.uk/en/Publications/Documents/Subject-benchmark-statement-Masters-degrees-in-business-and-management.pdf</p> <p><i>Doctoral Degree Characteristics</i> www.gaa.ac.uk/en/Publications/Documents/Doctoral_Characteristics.pdf</p> <p><i>Foundation Degree Qualification Benchmark</i> www.gaa.ac.uk/en/Publications/Documents/Foundation-Degree-qualification-benchmark-May-2010.pdf</p> <p><i>Higher Education Credit Framework for England: Guidance on Academic Credit Arrangements in Higher Education in England</i> (2008)</p>

	<p>www.qaa.ac.uk/en/Publications/Documents/Academic-Credit-Framework.pdf</p> <p>Subject Benchmark Statements www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/subject-benchmark-statements</p>
<p>Expectation A2.1 - Academic governance arrangements and degree-awarding bodies' academic frameworks and regulations Quality Code - Chapter A2</p> <p>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.</p>	<ul style="list-style-type: none"> • Academic governance arrangements • Academic frameworks • Academic or assessment regulations
<p>Expectation A2.2 - Definitive records of individual programmes and qualifications Quality Code - Chapter A2</p> <p>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.</p>	
<p>Expectation A3.1 - Design and approval of modules, programmes and qualifications Quality Code - Chapter A3</p> <p>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.</p>	

<p>Expectation A3.2 - Assessment of learning outcomes Quality Code - Chapter A3</p> <p>Degree-awarding bodies ensure that credit and qualifications are awarded only where:</p> <ul style="list-style-type: none"> • 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 their own academic standards have been satisfied. 	
<p>Expectation A3.3 - Monitoring and review of alignment with UK threshold academic standards and degree-awarding bodies' own standards Quality Code - Chapter A3</p> <p>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.</p>	
<p>Expectation A3.4 - Externality Quality Code - Chapter A3</p> <p>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:</p> <ul style="list-style-type: none"> • UK threshold academic standards are set, delivered and achieved • the academic standards of the degree-awarding body are appropriately set and maintained. 	

2 Assuring and enhancing academic quality

Expectations	Quality Code Chapter headings
<p>Expectation B1 - Programme design, development and approval Quality Code - Chapter B1</p> <p>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.</p>	<ul style="list-style-type: none"> • The purpose and nature of programme design, development and approval • Processes for programme design, development and approval • Involvement in programme design, development and approval
<p>Expectation B2 - Recruitment, selection and admission Quality Code - Chapter B2</p> <p>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.</p>	<ul style="list-style-type: none"> • The basis for effective recruitment, selection and admission • Stages of the recruitment, selection and admission process
<p>Expectation B3 - Learning and teaching Quality Code - Chapter B3</p> <p>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.</p>	<ul style="list-style-type: none"> • The basis for effective learning and teaching • The learning environment • Student engagement in learning

<p>Expectation B4 - Enabling student development and achievement Quality Code - Chapter B4</p> <p>Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.</p>	<ul style="list-style-type: none"> • Strategic approaches • Student transitions • Facilitating development and achievement
<p>Expectation B5 - Student engagement Quality Code - Chapter B5</p> <p>Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.</p>	<ul style="list-style-type: none"> • Defining student engagement • The environment • Representational structures • Training and ongoing support • Informed conversations • Valuing the student contribution • Monitoring, review and continuous improvement
<p>Expectation B6 - Assessment of students and the recognition of prior learning Quality Code - Chapter B6</p> <p>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.</p>	<ul style="list-style-type: none"> • The basis for effective assessment • Developing assessment literacy • Designing assessment • Conducting assessment • Marking and moderation • Examination boards and assessment panels • Enhancement of assessment processes
<p>Expectation B7 - External examining Quality Code - Chapter B7</p> <p>Higher education providers make scrupulous use of external examiners.</p>	<ul style="list-style-type: none"> • 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

<p>Expectation B8 - Programme monitoring and review Quality Code - Chapter B8</p> <p>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.</p>	<ul style="list-style-type: none"> • The purpose and nature of programme monitoring and programme review • Processes for programme monitoring and programme review • Involvement in programme monitoring and review
<p>Expectation B9 - Academic appeals and student complaints Quality Code - Chapter B9</p> <p>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.</p>	<ul style="list-style-type: none"> • The basis of effective appeals and complaints processes • Information, advice and guidance • Internal procedures: design and implementation • Action, monitoring and enhancement
<p>Expectation B10 - Managing higher education provision with others Quality Code - Chapter B10</p> <p>Applicable to degree awarding bodies 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.</p> <p>Applicable to all higher education providers Arrangements for delivering learning opportunities with organisations other than the degree-awarding body are implemented securely and managed effectively.</p>	<ul style="list-style-type: none"> • 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

Expectation B11 - Research degrees

Quality Code - Chapter B11

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.

- 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

3 Information about higher education provision

Expectation	Quality Code Chapter headings
<p>Expectation C Quality Code - Part C</p> <p>Higher education providers produce information for their intended audiences about the learning opportunities they offer that is fit for purpose, accessible and trustworthy.</p>	<ul style="list-style-type: none"> • 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

4 Enhancement

Expectation	Headings
<p>Deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.</p> <p>Embedded in Quality Code - Part B: Assuring and Enhancing Academic Quality</p>	<ul style="list-style-type: none"> • Strategic approach to enhancement of student learning opportunities • Integration of enhancement initiatives in a systematic and planned manner at provider level • Ethos which expects and encourages enhancement of student learning opportunities • Identification, support and dissemination of good practice • Use of quality assurance procedures to identify opportunities for enhancement

Annex 3: Evidence base for Higher Education Review, including the self-evaluation document

The evidence base for Higher Education Review 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 5](#) on page 54.

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
- 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 Ofsted inspection reports about the provider and organisations with whom it delivers learning opportunities
- the most recent Skills Funding Agency audit reports about the provider and organisations with whom it delivers learning opportunities
- an IntelliView profile.

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.

The most useful format for the SED is under the four judgement headings for the review. You might also wish to bear in mind the Expectations that form the basis of each judgement in organising your SED. Further guidance is given below.

It is vital that the SED identifies the evidence that illustrates or substantiates the narrative. It is not the responsibility of the review team to seek out this evidence. The selection of evidence is at your discretion and we would encourage you to be discerning in that selection, limiting the evidence to that which is clearly germane to the SED. It is quite acceptable - indeed it is to be expected - that you will reference the same key pieces of evidence in

several different parts of the SED. The review team will, however, find it difficult to complete the review without access to the following sets of information. You may, therefore, find it easiest to reference this information from the SED, rather than provide it separately later on in the process.

- 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 the structure of the main bodies (deliberative and management) which are responsible for the assurance of quality and standards. 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.

We also hope that by encouraging providers to use more descriptive text in SEDs for this method than under Institutional Review of higher education institutions in England and Northern Ireland, Review of College Higher Education and Review for Educational Oversight, it will be possible to limit the amount of evidence which it is necessary to reference.

Data requirements

HEFCE has asked QAA to ensure that Higher Education Review considers providers' achievements and shortfalls against relevant nationally benchmarked datasets. Some of these datasets are available directly to us. However, we ask providers to report against, and reflect upon, these datasets (rather than include them within the information we collect ourselves) to allow providers to explain and contextualise the results. The other datasets are not available to QAA.

Therefore, where the following datasets are produced for the provider under review, the SED should report on them in the appropriate sections, including where they fall below the relevant national benchmark:

- National Student Survey
- Destination of Leavers from Higher Education
- non-continuation following year of entry.¹⁶

All providers are encouraged to cite other relevant nationally or internationally benchmarked data where this data is available and applicable. This includes any benchmarked data published by awarding organisations.

We also encourage providers who are members of the Office of the Independent Adjudicator (OIA) scheme to report on the numbers and types of student complaints being made to the OIA.

¹⁶ 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.

How the self-evaluation document is used

The SED is used throughout the review process. During the desk-based analysis it is part of the information base which helps to determine the duration of the review visit. The reviewers will be looking for indications that:

- you systematically monitor and reflect on the effectiveness of your engagement with the Quality Code
- monitoring and self-reflection uses management information and comparisons against previous performance and national and international benchmarks, where available and applicable
- monitoring and self-reflection is inclusive of students (and other stakeholders where relevant)
- monitoring and self-reflection leads to the identification of strengths and areas for improvement, and subsequently to changes in your procedures or practices.

Reviewers will also expect the SED to consider the effectiveness of the provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

Where the SED indicates that the provider is capable of, and systematically engaged in, this process of self-reflection and evaluation, the reviewers are likely to have a higher level of confidence in it, and thus to agree on a shorter review visit, notwithstanding what other sources of evidence may indicate.

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

Suggested structure of the self-evaluation document

Core element of the review

Section 1: Brief description

- Mission.
- Major changes since the last QAA review.
- Key challenges the provider faces.
- 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 Scottish 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 submission of a completed 'Responsibilities checklist' for each partnership with a degree-awarding body or awarding organisation (see Annex 7)
- the provision of the underlying 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 of the Quality Code apply in this area. **You should comment on each Expectation separately** (where applicable, within the context of your agreements with degree-awarding bodies and other awarding organisations). Please see Annex 2 for a list of the Expectations in this judgement area.

You should reference the evidence that you use to assure yourself that these Expectations are being met and that you are managing the area effectively, as well as any relevant benchmarked datasets. **The evidence for this section should include a representative sample of the reports of external examiners/verifiers, programme approvals and periodic reviews, as well as your organisation's response to those reports, where applicable.**

More information about what might be relevant to consider as you present your evidence is given in [Annex 2](#).

Section 4: Assuring and enhancing academic quality

The Expectations of Part B of the Quality Code apply in this area. **You should comment on each Expectation separately** (where applicable, within the context of your agreements with degree-awarding bodies or awarding organisations). Please see Annex 2 for a list of the Expectations in this judgement area.

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

More information about what it might be relevant to consider as you present your evidence is given in [Annex 2](#).

Section 5: The quality of information about the higher education provision offered

The Expectation of the Quality Code, Part C: Information About Higher Education Provision applies in this area. Please see [Annex 2](#) for the full text of this Expectation.

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

More information about what it might be relevant to consider as you present your evidence is given in [Annex 2](#).

Section 6: Enhancement of students' learning opportunities

The basis for the judgment 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.

You should reference the evidence that your organisation uses to assure itself that this Expectation is being met and that you are managing the area effectively, as well as any relevant benchmarked data sets.

More information about what it might be relevant to consider as you present your evidence is given in [Annex 2](#).

Thematic element

This part of the SED should address the theme topic, together with an evaluation of your organisation's effectiveness in its management in the theme area. QAA provides more information on its website about how you might go about covering the theme topic. This part of the SED is likely to be much shorter than Sections 1-6.

Technical requirements for the SED and supporting evidence

You will need to upload your SED and the accompanying evidence 12 weeks before the review visit. The precise date for doing this will be explained at a QAA briefing and/or by your QAA Review Manager at the preparatory meeting. We will also explain by letter how the SED and supporting evidence should be uploaded. The key technical points you will need to consider as you put the SED and supporting evidence together are as follows.

- Please supply your SED and supporting evidence in a coherent structure (that is, all files together, with no subfolders or zipped files) with documents clearly labelled numerically, beginning 001, 002, and so on.
- File names must only use alphanumeric characters (a-z and 0-9) and the dash (-).
- The underscore (_), full stops, spaces and any other punctuation marks or symbols will not upload successfully and, therefore, must be avoided.
- QAA's systems cannot accept shortcut files (also known as .lnk and .url files). Any temporary files beginning with a tilde (~) should not be uploaded, and you do not need to upload administrative files such as thumbs.db and .DS_Store.

If you need technical assistance with uploading files, please contact your QAA Review Support Administrator or the QAA Service Desk on 01452 557123, or email helpdesk@qaa.ac.uk. Please note that the Service Desk operates from Monday to Friday between 9.00 and 17.00.

Other information given by the provider

The review team has three main opportunities to ask for additional evidence from the provider: before the First Team Meeting; between the First Team Meeting and the review visit; and at the review visit itself. Further details are provided in Part 3 of this handbook.

The types and amount of additional information requested by the review team will vary from review to review and according to several factors including the size of the provision under review and the issues which the review team considers to arise from the SED and student submission.

In some cases review teams may wish to see a sample of student work. Review teams will only ask for samples of student work when this is the most appropriate evidence to follow up an issue, or if it is the only form of evidence which will answer a particular concern. In most circumstances it will be the last resort for choice of evidence. If a provider is not in a position to provide assessed student work (for example, because records retention policies mean that work has been destroyed or returned to students) then the team will explore the issue using other evidence. It is likely that the team will explain the issue and ask a provider: 'Given that this issue could arise at any time in the academic year, what evidence would you use to investigate it, if you do not have records of student work?'. The team would then explore that evidence instead. Such explorations could involve meeting boards of examiners, having contact with external examiners, or meeting students involved.

If a team considered that the provider could not furnish evidence (of whatever kind) that it has processes to effectively deal with such concerns, then that in itself could lead to an unsatisfactory judgement.

Whether you need to provide assessed student work and/or evaluations (or, indeed, arrange contacts with external examiners, graduates or employers) will be confirmed after the First Team Meeting. The QAA Review Manager will let you know the sample of programmes from which you should assemble it. Normally the sample would be up to four programmes. For each programme you should normally expect to be asked to provide a sample of the work of the most recently assessed cohort that includes:

- a range of levels and years of study
- a range of modules, units or courses
- a representative range of attainment/marks
- a range of assessment methods (for example, continuous assessments/coursework; practical/laboratory work and projects; videotapes and artefacts; and examination scripts, essays and dissertations).

Marking and feedback sheets, and assessment criteria should accompany the samples. The point of looking at student work is to see that the policies and procedures which the institution owns centrally are followed in practice at the local level. Review teams will not be repeating the role of the examiner.

The QAA Review Manager will discuss with you the precise amount and kind of assessed work that the team needs to see.

Annex 4: 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. It is envisaged that the facilitator will be a member of the provider's staff.

The role of the facilitator is to:

- act as the primary contact for the QAA Review Manager 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 SED 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 Review Manager
- ensure that the provider has a good understanding of the matters raised by the review team, thus contributing to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the provider
- meet the review team at the team's request during the review, in order to provide further guidance on sources of information and clarification of 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 will not be present for the review team's private meetings. However, the facilitator will have the opportunity for regular meetings, which will provide opportunities for both the team and the provider to seek further clarification outside of the formal meetings. This is intended to improve communications between the provider and the team during the review and enable providers to gain a better understanding of the team's lines of enquiry.

The facilitator is permitted to observe any of the other meetings that the team has apart from those with students. Where the facilitator is observing, they should not participate in discussion unless invited to do so by the review team.

The facilitator should develop a working relationship with the lead student representative that is appropriate to the provider and to the organisation of the student body. It is anticipated that the lead student representative will be involved in the oversight and possibly the preparation of the student submission, and with selecting students to meet the review team during the review visit.

In some providers, it may be appropriate for the facilitator to support the lead student representative to help ensure 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 Higher Education Review
- 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 where requested, and to establish effective relationships with the QAA Review Manager 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. However, providing 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 by the team at this stage in the process. This can contribute to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the provider.

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 5: Student engagement with Higher Education Review

Students are one of the main beneficiaries of Higher Education Review and are, therefore, central to the process of review. 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 organisation of the review. The LSR will normally oversee the production of the student submission. If possible, we 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 for a particular review very early in the process.

It is up to the student representative body to decide who should take on the role of the LSR. We recognise that this might be a challenge in itself, but suggest that the LSR might be an officer from the students' union, an appropriate member of a similar student representative body, a student drawn from the provider's established procedures for course representation, the Education Officer, or equivalent. Where there is no student representative body in existence, we would suggest that providers seek volunteers from within the student body to fulfil this role. The LSR cannot hold a senior staff position.

We know not all providers are resourced to be able to provide the level of engagement required of the LSR, so we will be flexible about the amount of time that the LSR should provide. It would be quite acceptable if the LSR represented a job-share or team effort, as long as it was clear who QAA should communicate with.

In all cases, we would expect the provider to provide as much operational and logistical support to the LSR as is feasible in undertaking their role and, in particular, to ensure that any relevant information or data held by the provider is shared with the LSR to ensure that the student submission is well informed and evidence based.

The LSR should normally be responsible for:

- receiving copies of key correspondence from QAA
- organising or overseeing the writing of the student submission
- helping the review team to select students to meet
- advising the review team during the review visit, on request
- attending the final review meeting
- liaising internally with the facilitator to ensure smooth communication between the student body and the provider
- disseminating information about the review to the student body
- giving the students' comments on the draft review report
- coordinating the students' input into the provider's action plan.

The LSR is permitted to observe any of the meetings that the team has with students. This is entirely voluntary and there is no expectation that the LSR should attend. The LSR should not participate in the team's discussions with students unless invited to do so by the review team. The LSR is not permitted to attend the meetings that the team has 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. Where the student submission indicates significant problems in the provider's assurance of standards and quality, this may lead the review team to spend longer at the provider than they would do if the submission suggests the provider is managing its responsibilities effectively. The student submission is, therefore, an extremely important piece of evidence.

Format, length and content

The student submission may take a variety of forms, for example video, interviews, focus group presentations, podcast, or a written student submission. 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, its authorship, and the extent to which its contents have been shared with and endorsed by other students.

The review team will welcome a student submission that tries to represent the views of as wide a student constituency as possible. You are encouraged to make use of existing information, such as results from internal student surveys and recorded outcomes of meetings with staff and students, rather than conducting surveys especially for the student submission.

You are also encouraged to investigate and make use of national datasets that provide robust and comparable information about the provider when putting together the student submission. One good source of relevant data for subscribing providers in England and Northern Ireland and providers with access to funding from HEFCE who are not subscribers to QAA is the website www.unistats.com. This 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 that you may wish to comment on in your student submission, or that might make a good source of evidence for a point you wish to make.

When gathering evidence for and structuring the student submission, it will be helpful if you take account of the advice given to providers for constructing the self-evaluation document (see [Annex 3](#) on page 46). The self-evaluation document addresses both parts of the review - the core part and the thematic part - and it would be useful if the student submission did the same.

As far as the core part of the review is concerned, you might particularly wish to focus on students' views on:

- how effectively the provider sets and maintains the academic standards of its awards (or maintains the academic standards of the awards set by its degree-awarding bodies or other awarding organisations)
- how effectively the provider manages the quality of students' learning opportunities
- how effectively the provider manages the quality of the information it provides about the higher education it offers
- the provider's plans to enhance the quality of students' learning opportunities.

Reviewers will also be interested to know students' views on the effectiveness of their provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

The thematic part of the review is described in paragraphs 29-32 of this handbook. It will be helpful to the review team if the student submission includes information about the theme topic, especially whether students think that the provider is managing this area of its provision effectively, and how students are engaged in managing its quality.

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 well placed to speak as representatives of a wider group.

More information and guidance about producing the student submission will be published on QAA's website.

Submission delivery date

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

Sharing the student submission with the provider

Given that the student submission is such an important input into the review process, in the interests of transparency and fairness it must 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 vehicles for students to inform this process are the student submission and the LSR. However, it may not be possible in all providers to identify an LSR and/or for the students to make a student submission. In these circumstances, we may need to consider an alternative way of allowing students to contribute their views directly to the review team using an online tool.

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. A common template for comments will be developed in order to help structure direct student input. Students' comments will be guaranteed as anonymous. Personal grievances or comments regarding named members of staff will not be considered. Review teams will only consider any comments made through this facility where they provide evidence, or indicate that there may be evidence, regarding the provider's effectiveness in meeting the Expectations in the Quality Code. Indications of good practice will be given the same consideration as indications of potential problems.

If the online tool is required to be used, we will expect providers to inform all their students about its availability using a standard message developed by QAA. Any comments from students using this tool must be received by the beginning of the desk-based analysis (that is, 12 weeks before the review visit) to allow the review team to give them proper consideration. Therefore, any decision to activate the tool should be made during, or as soon as possible after, the preparatory meeting at the latest.

Continuity

Higher Education Review occurs over a period of several months. It is likely that 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. QAA expects providers to ensure that students are fully informed and involved in the process throughout. We expect that the student representative body and the provider will wish to develop a means for regularly exchanging information about quality assurance and enhancement, not only so that student representatives are kept informed about the review process, but also to support general engagement with the quality assurance processes of the provider.

Once the review is over, QAA will invite the LSR to provide comments on the factual accuracy of the draft report.

The provider is required to produce an action plan to respond to the review's findings. It is expected that the student representative body will have input in the drawing up of that action plan, and in its annual update. There will also be an opportunity for students to contribute to the follow-up of the action plan that QAA will carry out.

Annex 6: Appointment, training and management of reviewers

Higher Education Review is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the management and/or delivery of higher education provision, or students with experience in representing students' interests. They are appointed by QAA according to the selection criteria below. There are no other restrictions on what types of staff or students may become reviewers.

The credibility of review depends in large measure upon the currency of the knowledge and experience of review teams. QAA's preference, therefore, is for staff and student reviewers to be employed by providers or enrolled on a programme of study, respectively. We also know, however, that currency of knowledge and experience is not lost as soon as employment or study comes to an end. Thus, QAA allows students to continue as reviewers for a limited time after they have left higher education, and will also consider self-nominations from former staff who can demonstrate a continuing engagement with academic standards and quality. More specific details are given below.

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

- Staff reviewers currently working for a provider must be nominated by their employer, as an indication of the employer's willingness to support the reviewer's commitment to the review process. We will not accept self-nominations from staff who are employed by a provider.
- Former staff may nominate themselves for consideration. To be eligible for consideration, and in addition to meeting the selection criteria set out below, former staff must demonstrate a continuing and meaningful engagement with the assurance of academic standards and quality beyond any involvement they may have with QAA. This engagement could be manifest in 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 nominate themselves. Student reviewers must be enrolled on a higher education programme or be a sabbatical officer of a recognised Students' Union at the time of nomination. Student reviewers may continue as reviewers for up to two academic years after they finish their studies or term as a sabbatical officer. Student reviewers cannot hold senior staff positions.

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
- good 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
- good 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.

It will be noted that the last four essential criteria are common to both staff and student reviewers.

In making our selection from those nominated, we try to make sure that a wide range of different providers are represented in the pool of reviewers, and that the pool reflects - in aggregate - sectoral, discipline, geographical, gender and ethnic balances.

Successful nominees are inducted and trained by QAA so that they are familiar with the aims, objectives and procedures of the review process, and their own role. Nominees 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 beyond this period by mutual agreement and subject to satisfactory performance.

At the end of each review, we ask reviewers to complete a standard evaluation form. The form invites feedback on the respondent's own performance and that of the other reviewers.

The QAA Review Manager coordinating the review also provides feedback on each reviewer.

We share the feedback generated with reviewers at regular intervals, to allow them to understand, and reflect on, the views of their peers. The feedback is anonymous; those receiving the feedback cannot see who has provided it.

Reviewers with particularly good feedback are invited to provide further information for use in training or dissemination to other reviewers. 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 7: Responsibilities checklist for providers without degree awarding powers

One copy of this checklist should be completed for **each** partnership with an awarding body and awarding organisation and sent to QAA as part of the evidence base for the self-evaluation document.

Provider:

Awarding body/organisation:

Please identify management responsibilities (or responsibilities for implementation within partnership agreements) using the checklist below. Where the provider is fully responsible (implementation is fully devolved) please mark the **provider** column; where the awarding body/organisation has full responsibility, mark the **awarding body/organisation** column; where responsibility is shared or the provider implements under awarding body/organisation direction, mark the **shared** column. Where responsibility is devolved to the provider or shared please give **documentary reference(s)** that show how this is managed or implemented.

Area	Provider	Awarding body/organisation	Shared	Documentary reference(s)
Programme development and approval				
Modifications to programmes				
Setting assessments				
First marking of student work				
Moderation or second marking of student work				
Giving feedback to students on their work				
Student recruitment				
Student admissions				
Selection or approval of teaching staff				
Learning resources (including library resources)				
Student engagement				
Responding to external examiner reports				
Annual monitoring				
Periodic review				
Student complaints				
Student appeals				

Managing relationships with other partner organisations (such as placement providers)				
Production of definitive programme information (such as programme specifications)				
Enhancement				

Annex 8: A guidance note on the application of Part A: Setting and Maintaining Academic Standards to higher education providers without degree awarding powers

Responsibilities of non degree-awarding bodies

Degree-awarding bodies often work with other providers (delivery organisations or support providers) that do not have degree awarding powers to deliver provision which leads to the award of a higher education qualification or academic credit of the degree-awarding body. Where this happens, degree-awarding bodies are responsible for setting the academic standards and are responsible for maintaining those academic standards regardless of where the learning opportunities are delivered or who provides them. Delivery organisations that work with degree-awarding bodies are responsible for delivering modules or programmes of study and maintaining the academic standards of the degree-awarding body. The operational implementation of certain functions related to academic standards (for example, assessment) may be delegated to these delivery organisations which are then accountable to the degree-awarding body for discharging them appropriately and for operating in accordance with the academic frameworks and regulations approved by the relevant degree-awarding body (see *Chapter A2* and *Chapter A3*). In some instances, the degree-awarding body may have approved separate academic frameworks and/or regulations for an individual delivery organisation. In these circumstances, the delivery organisation is responsible for contributing to the review of regulations and recommending changes for approval by the degree-awarding body.

A degree-awarding body's responsibility for the academic standards of all credit and qualifications awarded in its name is never delegated. Degree-awarding bodies are responsible for defining and recording, in a written agreement for each specific arrangement, the specific functions delegated to a delivery organisation and the individual and shared roles, responsibilities and obligations of each party. See *Chapter B10: Managing Higher Education Provision with Others*. All delivery organisations or support providers that work with a degree-awarding body are required to engage with the Quality Code and to meet the relevant Expectations.

This extract from Part A prompts a series of questions which non-degree-awarding bodies could use to reflect on their responsibilities for helping to set and maintain academic standards:

- What degree-awarding bodies and/or other awarding bodies are you working with?
- What modules or programmes of study are you delivering for each of these?
- What is your understanding of the responsibilities you have been allocated by each degree-awarding body and/or other awarding body for helping to set and/or maintain the academic standards of their awards?
- What is your understanding of the responsibilities of the degree-awarding body or other awarding organisation in setting and maintaining academic standards?
- Which internal and external reference points are relevant to setting and maintaining the academic standards of the provision you are delivering? What use do you make of these reference points?
- In what ways are you involved in recruitment, selection and admissions of students? In programme design, development and approval? In assessment of students? In engaging with external experts including external examiners? In programme monitoring and review? How do these activities contribute to helping to set and maintain academic standards?

- How do you ensure that your staff understand and carry out their responsibilities for helping to set and/or maintain academic standards?
- How do you engage with the academic framework and regulations of each degree-awarding body and/or other awarding organisation? If you are working with multiple bodies and/or if you have a regulatory framework of your own, how do you manage differences in what is required?
- What arrangements are in place for you to report back to the degree-awarding bodies and/or other awarding bodies on how effectively you have carried out your responsibilities? How well are these arrangements working at your end?
- What gives you confidence in the academic standards of the provision you deliver?

Annex 9: Guidance note for HER reviewers on the application of B10 to higher education providers without degree awarding powers

We are aware there has been some debate about how to use *Chapter B10* (effective from January 2014) in the review of providers which do not have degree awarding powers but do work with others to deliver higher education provision. The key element of the overarching Expectation of B10 is the second sentence underlined here:

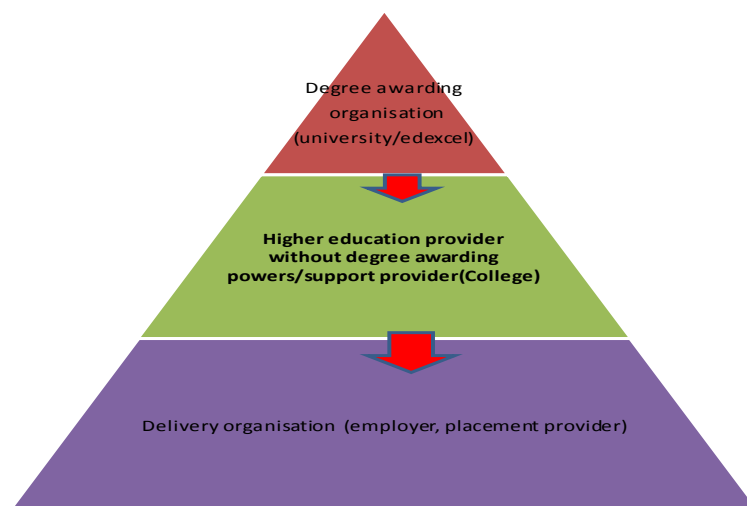
B10: Expectation

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.

The prompts from the Quality Code chapter headings covering the 18 indicators of sound practice should be useful in facilitating your consideration of how the provider is meeting the overarching Expectation.

- 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

For providers without degree awarding powers, B10 is about the provider (college) managing its relationship with other organisations to whom it has delegated responsibilities (for example, a college delegating responsibilities to an employer). It is **not** about the way in which colleges manage their part of the relationship with organisations who delegate responsibilities to it (such as degree-awarding bodies). In other words, if we think of these relationships hierarchically with the awarding body at the top, in the case of non-DAP providers, B10 looks down and not up.



In essence B10 describes what is expected of UK degree-awarding bodies managing arrangements for student learning to be delivered or supported by an organisation other than themselves (a delivery organisation or support provider). However, it also applies to higher education providers **without** degree-awarding powers (DAPs) that arrange the delivery or support of learning by a third party (by agreement with the degree awarding body). Although in both the Expectation and the subsequent Indicators, explicit reference is made to the particular responsibilities reserved for degree-awarding bodies, both degree-awarding bodies, and higher education providers without DAPs that are arranging provision by a third party are all required to meet the second part of the Expectation and will find the Indicators of sound practice helpful in this respect.

B10 applies to higher education providers without DAPs that arrange the delivery or support of learning by a third party (by agreement with the degree-awarding body). For example, further education colleges may provide placement opportunities and/or foundation degrees that include work-based learning delivered or supported by other organisations. Although the focus of B10 is on how such arrangements are effectively managed and overseen by the degree-awarding body, it also applied to higher education providers without DAPs arranging provision by a third party. Ensuring that robust processes are in place to secure the quality of student learning opportunities, irrespective of where these take place or who provides them, is pivotal.

Annex 10: The application of the enhancement expectation

This guidance about the enhancement expectation is intended to clarify what providers of higher education should comment on in their self-evaluation document.

The expectation in Annex 2 of *Higher Education Review: A Handbook for Providers* defines enhancement as: 'Deliberate steps are being taken at provider level to improve the quality of students' learning opportunities'. This definition suggests a particular approach which links strategy and initiative. This approach can be illustrated by a model in which:

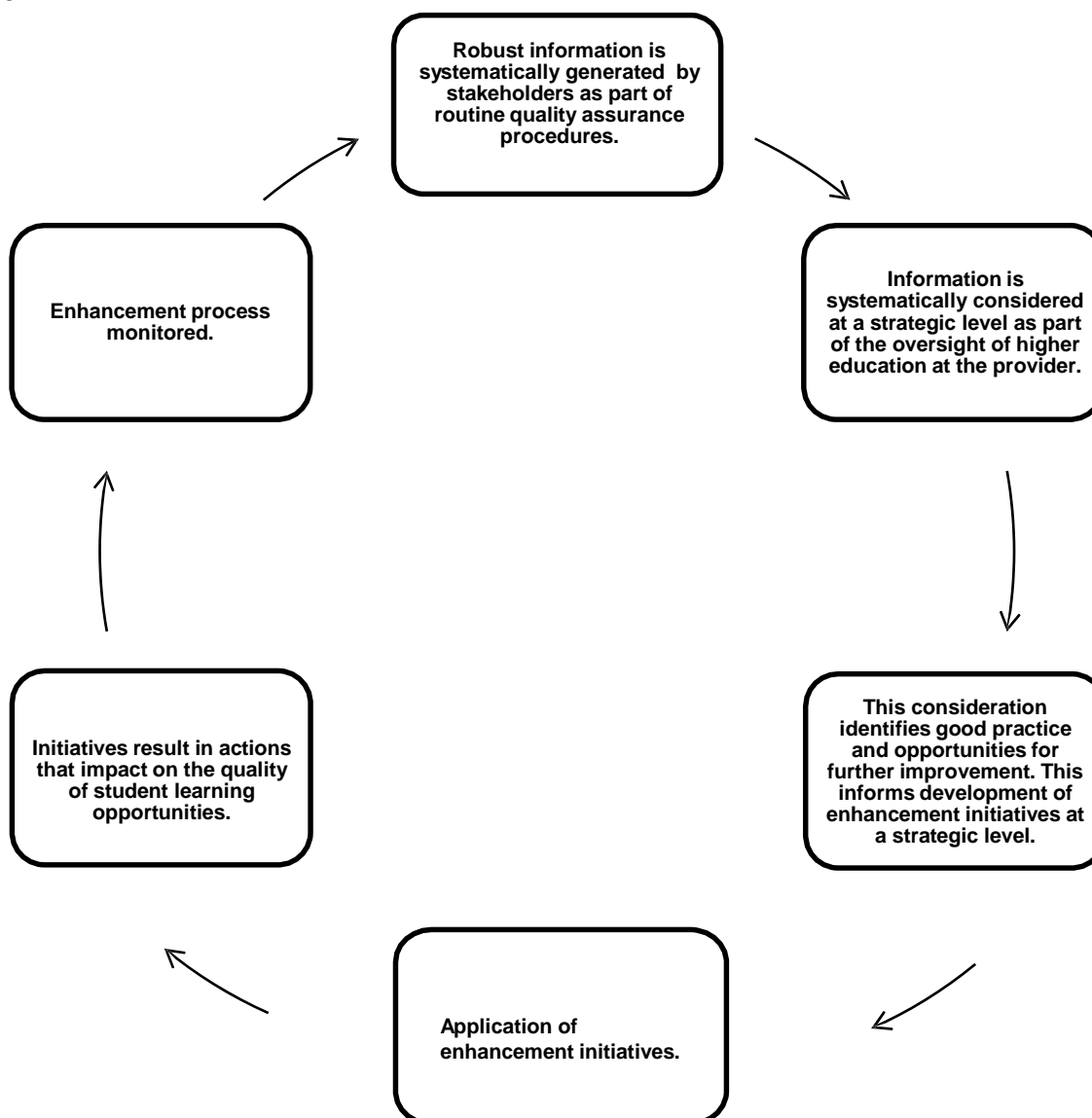
- robust information is systematically generated by students, external examiners and stakeholders. This information is not necessarily reflective of a deficit in the quality of provision, but is as part of routine quality assurance procedures designed to enable useful feedback.
- this information is systematically considered at provider level as part of the oversight of higher education at the provider
- this consideration identifies good practice and opportunities for further improvement. It informs the development of initiatives at strategic level
- these initiatives result in actions that positively impact on the quality of student learning opportunities.

In this way, the model describes an ethos where quality assurance generates information for quality enhancement to take place, and where enhancement is a routine part of the way that higher education is managed.

The process described in this model touches on other pertinent aspects of the collection, monitoring and use of information. For instance, it relies on:

- comprehensive student and stakeholder involvement to generate robust information
- effective strategic oversight of higher education at provider level to provide a framework for actions, to consider information and inform enhancement initiatives
- dynamic learning and teaching practice to incorporate enhancement initiatives
- comprehensive and accurate evaluation procedures
- systematic monitoring of the process to ensure continued fitness for purpose.

This model of effective enhancement and its impact on other expectations is illustrated in the diagram below.



This articulation of the enhancement process prompts a series of questions which providers could use to highlight the way in which they might meet the expectation in the self-evaluation document, in supporting evidence and in meetings with the team.

- How do you collect information from students and other stakeholders to inform strategic improvements in the quality of students' learning experiences?
- How do you ensure that this information is fit for purpose?
- How do you analyse this information?
- How do you make sure that this analysis happens at an appropriate strategic level?
- How does this analysis lead to initiatives at provider level which further improve the quality of students' learning experiences?
- How do you measure the effectiveness of these initiatives?
- How do you monitor the enhancement procedure?

Annex 11: Guidance on producing an action plan

Background

Following the Higher Education Review, each provider is required to produce an action plan in response to the conclusions of the report. The action plan is intended to support the provider in the continuing development of its higher education provision by describing how it intends to take the findings of the Higher Education Review forward. Through its publication, the action plan constitutes a public record of the provider's commitment to take forward the findings of Higher Education Review, and so will promote greater confidence among students and other external stakeholders about the quality assurance of higher education at the provider.

This action plan should be produced jointly with student representatives, or representatives should be able to post their own commentary on the action plan. It should be signed off by the head of the provider and be published on the provider's website. A link to the report page on QAA's website should also be provided. Each provider will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to the provider's website.

We do not specify a template for the action plan because we recognise that each provider will have its own way of planning after the Higher Education Review, however, an example is provided below.

Example action plan

Recommendation, affirmation or good practice	Action to be taken	Date for completion	Action by	Success indicators
Ensure that all higher education student representatives have access to training and ongoing support to ensure they can fulfil their roles effectively (Expectation B5)	Develop and implement a training programme and induction pack for higher education student representatives	July 2015	Senior Management Team	All new higher education student representatives receive an induction pack and undertake training prior to the first student staff liaison meeting

What we mean by these headings

Recommendation, affirmation or good practice

As identified by the review team and contained in the Higher Education Review report.

Action to be taken

The provider should state how it proposes to address each of the recommendations, affirmations and good practice in this column. Actions should be specific, proportionate, measurable and targeted at the issue or problem identified by the review team.

Date for completion

The provider should specify dates for when the actions proposed in the previous column will be completed within the timescale specified by the review team. The more specific the action, the easier it will be to set a realistic target date.

Action by

The provider should identify the person or committee with responsibility for ensuring that the action has been taken. If a person is responsible, the action plan should state their role rather than their name.

Success indicators

The provider should identify how it will know - and how it will demonstrate - that a recommendation, affirmation, or good practice has been successfully addressed. Again, if there is a specific action and a clear date for completion, it will be easier to identify suitable success indicators.

Annex 12: Example IntelliView profile

IntelliView report for a Higher Education Provider

23 Jun 2015

Key information about the provider

Latest review report	http://www.qaa.ac.uk/reviews-and-reports/provider?UKPRN=xxxxxxx
HER Facilitator	x
Lead student Rep	x
Vice-Chancellor/Principal	x
Senior QA Contact	x
Website address	www.HEProvider.ac.uk
Main Campus	
Additional Campuses	
Course Range	
Course Level	
DAP	Yes
Recognised status	Recognised body
Core Funding Mechanism	HEFCE
Subscriber status	Mandatory
Ofsted Failing Judgement Areas	Report date - 1/1/2015 None
Reviews based at provider	x, x
Affiliations	UUK Group
Delivering organisations	Another HE provider
Awarding bodies	None

Contextual data about the provider

Comparator group = HEIs (England) [n=129]

N.B. Data has been anonymised

Indicator title	Time period	Provider value	HEIs (England) average	5 year trend	Provider % change (1 year)
Student numbers					
Total number of students (excluding Overseas) (FPE) [HESA]	2013/14	23,070	14,663		-6.0%
Total number of students in their first year (new entrants) (FPE) [HESA]	2013/14	11,500	6,304		-4.2%
Total number of Undergraduate students (FPE) [HESA]	2013/14	18,280	11,249		-7.8%
Total number of Postgraduate students - Research (FPE) [HESA]	2013/14	260	710		-14.7%
Total number of full time students (FPE) [HESA]	2013/14	18,380	10,756		+4.1%
Total number of part time students (FPE) [HESA]	2013/14	4,700	3,907		-31.9%
Total number of International students (FPE) [HESA]	2013/14	6,740	2,749		+10.5%
Total number of students studying Overseas (FPE) [HESA]	2013/14	11,140	4,497		+17.8%
Student : Staff ratio - Academic [HESA]	2013/14	12 :1	16 :1		-3.9%
Staff numbers					
Full time:Part-time staff ratio (FPE) [HESA]	2013/14	2.1 :1	2.5 :1		+5.7%
Total number of Full time Academic staff (FTE) [HESA]	2013/14	1,400	1,005		+3.3%
Total number of Full time Academic staff (FPE) [HESA]	2013/14	1,210	811		+3.9%
Total number of Part time Academic staff (FPE) [HESA]	2013/14	510	438		-1.7%

Key

5 year trend

Provider

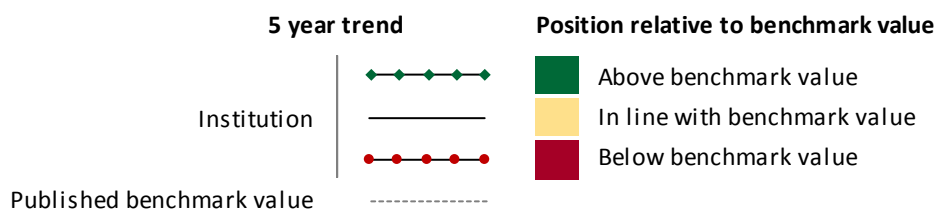
HEIs (England) average

Performance indicators **Comparator = Published benchmark figures**

N.B. Data has been anonymised

Performance Indicator title	Time period	Provider value	Published benchmark value	5 year trend	Provider % change (1 year)	Position relative to published benchmark value		
						Below	In line	Above
National Student Survey Q22 - Overall satisfaction [HEFCE]	2014	94%	88%		+4.0%			
Percentage of full-time first degree entrants who are no longer in HE [HESA] (Young + Mature combined)	2013/14	12.0%	9.0%		+4.0%			
Percentage of Young full-time first degree entrants who are no longer in HE [HESA]	2013/14	6.3%	7.8%		+1.0%			
Percentage of Mature full-time first degree entrants who are no longer in HE [HESA]	2013/14	12.0%	12.8%		+3.5%			
Percent of full-time first degree leavers who were employed, studying or both [HESA]	2012/13	95.1%	91.1%		+3.1%			

Key



Extract from the Office of the Independent Adjudicator Annual Letter

	Completion of Procedures Letters* issued by the provider	Completion of Procedures Letters* received by the OIA	% of letters issued by Provider & subsequently received by the OIA
Provider	120	25	21%
Band median	55	18.5	34%

*These are letters sent to a student by the university once the university's internal complaints or appeals procedures have been exhausted. This letter directs the student to the OIA.

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