



Institutional review of higher education institutions in England and Northern Ireland

Operational description

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Contents

Introduction	1
Context - the quality assurance system for England and Northern Ireland	1
The aim and mechanism of the review process	4
Summary of the main changes in the Institutional review method	8
Impact assessment	12
Private providers	13
Operational description for the Institutional review process for higher education institutions in England and Northern Ireland	14
The core element	14
The review process	20
Thematic element	24
Rolling review procedure	25
Administration of the process	26
Timetable for implementation	26
Complaints and appeals	27
Annexes	28
Annex 1: Principles and objectives for quality assurance in England and Northern Ireland, 2011-12 onwards	28
Annex 2: Impact analysis of the revised Institutional review process for higher education institutions in England and Northern Ireland	30

Introduction

This document describes the review process for institutional management of academic quality and standards which will run from 2011-12 onwards. This process replaces the Institutional audit process that has run from 2006-7 to 2010-11.

Context - the quality assurance system for England and Northern Ireland

In December 2009 the Higher Education Funding Council for England (HEFCE), the Department for Employment and Learning (in Northern Ireland) (DEL), Universities UK (UUK) and GuildHE,¹ with advice and guidance from the Quality Assurance Agency for Higher Education (QAA), jointly published the consultation document *Future arrangements for quality assurance in England and Northern Ireland* (HEFCE 2009/47).² The consultation set out proposals for revisions to the system used for the quality assurance of higher education in England and Northern Ireland.

The consultation document reflected the need to decide on the quality assurance review method to be used in higher education institutions (HEIs) in England and Northern Ireland after 2010-11, when the current cycle of Institutional audit would be completed.

The consultation also took forward recommendations from reports produced by several groups which had voiced concern about whether quality and standards were being maintained in the face of a mass higher education system. The groups which looked at the evidence for these concerns included a sub-group of HEFCE's Teaching, Quality, and the Student Experience (TQSE) Committee³, QAA⁴, the UUK/GuildHE/QAA Quality Forum, and the House of Commons Select Committee for Innovation, Universities, Science and Skills (IUSS)⁵. The issues discussed by the various groups included 'contact time' and study hours, plagiarism, admissions, and assessment practices and external examining. The groups also debated whether the information currently published about higher education is sufficiently accessible and useful.

As a result of the responses to the sponsoring bodies' consultation, the principles and objectives that will apply to the quality assurance system (QAS) for higher education in England and Northern Ireland from academic year 2011-12 were agreed and set out in HEFCE 2010/17.⁶ The broad characteristics of the Institutional audit method to be used in England and Northern Ireland from 2011-12 were also indicated, on the understanding that QAA would draw up and consult upon the details of the revised method.

¹ These four bodies are referred to collectively as the sponsoring bodies.

² www.hefce.ac.uk/pubs/hefce/2009/09_47.

³ *Report of the sub-committee for Teaching, Quality, and the Student Experience: HEFCE's statutory responsibility for quality assurance*, HEFCE 2009/40, available at: www.hefce.ac.uk/pubs/hefce/2009/09_40.

⁴ *Thematic enquiries into concerns about academic quality and standards in higher education in England: Final report - April 2009*, QAA, available at: www.qaa.ac.uk/standardsandquality/thematicenquiries.

⁵ *Innovation, Universities, Science and Skills Committee - Eleventh Report: Students and Universities*, House of Commons (2009), available at www.publications.parliament.uk/pa/cm200809/cmselect/cmdius/170/17002.htm.

⁶ www.hefce.ac.uk/pubs/hefce/2010/10_17.

Institutional review of higher education institutions in England and Northern Ireland: Operational description

The requirements for the revised audit method were set out in a letter from the sponsoring bodies to QAA⁷ which indicated that, in comparison with the current Institutional audit method, the sponsoring bodies required the revised method to be:

- more proactive and flexible, able to investigate particular themes or concerns should the need arise
- better explained and presented in reports and handbooks, with the public as a principal audience, using simpler language
- clearer about the importance attached to the provision of robust and comparable public information by institutions
- clearer in showing how Institutional audit can provide public assurance that threshold standards are being met, including the vital role of the Academic Infrastructure in supporting this
- as far as reasonably possible, of no increased overall level of demand.

More specifically, the sponsoring bodies indicated that:

- Institutional audit should be organised on a rolling basis rather than in a fixed cycle as is now the case. This means some adjustments will be possible without waiting for the end of a cycle
- Institutional audit should include due regard for proportionality, so as to ensure that audit processes do not weigh more heavily on smaller or specialist institutions than on larger ones
- Institutional audit should include a core of common criteria against which institutions will be judged. QAA should ensure this is well focused, so that the overall demands on institutions are not increased, so far as possible. The operational description should be clear about the content of the core
- Institutional audit should include, as well as the 'core', a thematic element which will vary from time to time
- while the thematic element/s should attract a published comment they should not form part of the formal judgments. Judgments will be made only on a central set of criteria common to all institutions
- themes will be selected to allow for enhancement as well as for the assurance of quality, and sufficient enquiries will be carried out to provide useful and timely good practice guidance for the sector
- QAA should ensure that the operational description for Institutional audit explains clearly how the process will work. In particular, the operational description should set out:
 - how procedural changes to the audit method will be identified and communicated
 - the common criteria against which institutions will be judged
 - that all Institutional audits will include a thematic element
 - how themes will be communicated to the institution
 - how the results of themes will be communicated (without being part of the formal judgment)
 - how information from other sources will be incorporated
- the terms used to describe the level of confidence expressed in audit judgments in the revised audit method should be reviewed, in order to make them easier to understand. In doing so, QAA should consider the need to avoid a system which can be used for 'league tables'. It would also be useful

⁷ www.hefce.ac.uk/learning/qual/future/auditletter.pdf

Institutional review of higher education institutions in England and Northern Ireland: Operational description

to consider the ability to update a judgment, for example, once an institution has taken appropriate action to address concerns

- Plain English summaries of Institutional audit findings should be produced; in developing these QAA should carefully consider the intended audience
- there should be full student engagement in the quality assurance process, including through the use of student auditors as full members of audit teams
- the terms 'standards' and 'threshold standards' should be clearly defined in all relevant documentation
- Institutional audit should provide public assurance that threshold standards are being met, taking into account the responsibility of institutions for the standards of awards made in their name
- Institutional audit should continue to take account of evidence raised by other reviews and in planning for audit, QAA should try as far as possible to avoid clashes with other organisations' activity
- the process should meet the principles and objectives for quality assurance in England and Northern Ireland agreed by the Boards of the sponsoring bodies (see Annex 1).

This operational description takes full account of the requirements of the sponsoring bodies and the QAS principles. The new process is also characterised by an intention to:

- place current and prospective students' interests at its heart, both in routinely including student members of review teams and encouraging students to engage in the quality assurance process
- allow HEIs to demonstrate clearly whether they are meeting nationally-agreed threshold standards for awards, and reflecting nationally-agreed good practice in the quality of students' learning opportunities
- encourage continuous reflection on quality and standards as a part of everyday institutional life
- avoid disproportionate use of institutional resources on the review process
- enable more timely reporting on the review
- pay attention to environmental and sustainability considerations.

QAA consulted on the proposed process in October and November 2010. A report on that consultation is available on QAA's website.⁸ As a result of the consultation and further discussion with stakeholder bodies we have now finalised the review process, and it is described in this operational description.

The new process will be called 'Institutional review' to provide consistency of title with QAA's other review methods operating in the UK, and to reflect better the nature of the process as a formal assessment of an institution's management of its academic quality and standards. Where necessary the process is distinguished from Institutional review: Wales by referring to it as Institutional review: England and Northern Ireland (IRENI). As at present, each institution will take part in Institutional review approximately once every six years.

⁸ www.qaa.ac.uk/reviews/institutionalreview.

The aim and mechanism of the review process

Aim of review

The review process has the following major aim:

To provide accessible information for the public which indicates whether an institution:

- sets and maintains UK-agreed threshold standards for its higher education awards as set out in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ)
- provides learning opportunities (including teaching and academic support) which allow students to achieve those higher education awards and qualifications and reflect the UK-agreed good practice in the *Code of practice for the assurance of academic quality and standards in higher education* (*Code of practice*) and other UK-agreed reference points
- produces public information for applicants, students and other users that is complete, current, reliable and useful
- plans effectively to enhance the quality of its higher education provision.

Review judgments

In order to support this aim we will ask review teams to make judgments about the effectiveness with which an institution assures:

- its threshold academic standards
- the quality of students' learning opportunities
- **from 2012-13**, the quality of public information, including that produced for students and applicants
- enhancement of students' learning opportunities.

What do the judgment areas refer to?

The key areas mentioned in the judgments are standards, learning opportunities, information and enhancement. What do we mean by those terms in the context of Institutional review?

- **What do we mean by threshold academic standards?**

One of the requirements of the revised review process is that it should be clearer in assuring the public that threshold standards are being met. The 2009 QAS consultation document defined threshold standards as '...the level of achievement that a student has to reach to gain an award'. Threshold standards are distinct from the standards of performance which a student would need to achieve to gain any particular class of award. Threshold standards do not relate to any individual degree classification in any particular subject. They dictate the standard required to be able to label an award 'bachelor' or 'master'.

The threshold standards, as reflected in levels of achievement, are set out in the Academic Infrastructure,⁹ and in particular in the FHEQ and subject benchmark statements.

⁹ www.qaa.ac.uk/academicinfrastructure.

The FHEQ includes descriptors for each qualification which set out the generic outcomes and attributes expected for the award of that qualification.

Subject benchmark statements describe the principles, nature and scope of the subject, the subject knowledge, the subject-specific skills and generic skills developed within the subject, and the forms of teaching, learning and assessment that may be expected within the subject. The statements also set the minimum (threshold) standard that is acceptable within the subject. They mainly relate to bachelors and honours degrees (level 6).

In determining how well institutions manage the threshold standards of awards, review teams will expect to see awards aligned to the threshold standards set out in the FHEQ, and in the relevant subject benchmark statement, where available.

In addition, professional, statutory and regulatory bodies (PSRBs) set standards for courses which they accredit. Where institutions claim PSRB accreditation for their programmes, review teams will wish to explore how accreditation requirements are taken into account in the setting of standards and how accurate expectations about accreditation are conveyed to students.

- **What do we mean by learning opportunities?**

Learning opportunities are what an institution provides in order to enable a student to achieve what is required to qualify for an award. Learning opportunities include the teaching students receive in their courses or programmes of study, and the contribution students make to their own learning, as well as the academic and personal support they receive which enable them to progress through their courses. Learning resources like IT or libraries, admissions policies, student support, and staff development for the teaching role all contribute to the quality of learning opportunities, just as much as the make-up of the actual course or programme. We use the term 'learning opportunities' rather than 'learning experience' because while we consider that an institution should be capable of guaranteeing the quality of the opportunities it provides, it cannot guarantee how any particular student will experience those opportunities.

- **What do we mean by information?**

One outcome of the 2009 consultation on the future of the quality assurance system was that, in future, review should include a judgment on published information. The consultation was also clear that the judgment should not be brought in until the information set on which it was to be based had been agreed. Since that agreement is dependent on the outcome of the consultation being carried out by UUK, GuildHE and HEFCE in spring 2011, the first judgment on published information in review will not be until 2012-13. The nature and wording of that judgment cannot, therefore, be confirmed in this operational description. Its format will be communicated to HEIs and other stakeholders through an addendum to this document in 2011.

Since the information set that will be the subject of that judgment is not known at the time of publication of this document we cannot be specific about what it will contain, and, therefore, what reviewers will look at. However, we anticipate that it might include all or some of the current public information set (HEFCE 2006/45, Annex F)¹⁰ plus some new categories of information.

We anticipate, but cannot confirm in this document, that the judgment in Institutional review will be made on the basis that the required public information is produced in order to inform the public about the quality of higher education and to help potential students

¹⁰ www.hefce.ac.uk/pubs/hefce/2006/06_45.

make a choice about what and where to study. We anticipate that review teams will be interested in how institutions keep the information complete, current, reliable and useful.

Institutions produce many forms of information apart from the public information set. How that information is gathered and used will feed into other parts of the review, but will not be part of the judgment on information.

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

We will continue to expect review teams to use the definition of enhancement that we use at present: 'taking deliberate steps at institutional level to improve the quality of learning opportunities'. This definition means that enhancement is more than a collection of examples of good practice which might spring up across an institution. It is about an institution being aware that it has a responsibility to improve the quality of learning opportunities where that is necessary, and to have policies, structures and processes to make sure that it can detect where improvement is necessary, and where a need to improve is detected, that something will be done about it. It means that the willingness to consider enhancement is embedded throughout the institution, but stems from a high-level awareness of the need to consider improvement.

Review method

Review teams will reach their judgments by reviewing the effectiveness of the policies, structures and processes that an institution uses:

- to set and maintain the threshold standards of its academic awards
- to manage the quality of students' learning opportunities
- to manage the quality of public information, including that produced for students and applicants
- to enhance the quality of students' learning opportunities.

Review evidence

In reviewing the effectiveness of an institution's policies, structures and processes, the review team will look at a variety of evidence sources. Teams will look at documentary sources such as policies and procedures, and minutes and records of meetings, together with papers and reports; they will consider the agreed public information set, much of it at course level, including the National Student Survey and programme specifications, which institutions are required to make available; they will look at the online resources available to staff and students, such as virtual learning environments and other intranet resources; they will see samples of student assessments and student evaluation forms; they will be able to meet a variety of key people in the institution and hear first hand of their experience of learning and teaching in the institution. Most important in this category will be meetings with students and recent graduates. Through these activities teams will be able to hear directly how an institution's policies and processes have an impact on students' experiences, and whether students consider that the academic quality and standards of their award match the institution's intentions.

Review teams will compare what they hear or read from one source of evidence with what they find out from other sources. In that way they will be able to decide whether evidence is consistent and reliable and whether it is legitimate to base findings on it.

The judgments to be given in Institutional review differ significantly from those used in previous audit and review methods by talking about actual outcomes, rather than the management of those outcomes. We consider that this formulation is simpler, more straightforward and indicates more clearly what the judgment refers to. It could be argued that a methodology which mainly reviews institutional processes cannot make judgments

Institutional review of higher education institutions in England and Northern Ireland: Operational description

about institutional outcomes (security of academic standards, quality of the learning experience, and so on), but we consider that by ensuring the effectiveness of its policies, structures and processes, and ensuring that they are implemented effectively, an institution also ensures the effectiveness of its outcomes. This is, after all, the point of having those policies, structures and processes.

An advantage of reviewing processes is that, if processes are found to be effective, some assurance that outcomes will remain effective for the immediate future can be given. If only outcomes (quantitative data, one-off observation of teaching or meetings, key performance indicators) are reviewed a snapshot is obtained which cannot readily be extrapolated into the future without knowing the effectiveness of the processes for considering and acting on those outcomes.

To the extent that review will look at both process and direct evidence from students we consider that it is justified to make judgments about academic quality and standards outcomes in an institution.

Summary of the main changes in the Institutional review method

The main changes from the operational description of the current arrangements for Institutional audit are summarised below.

(a) Reviews will have two components: a core section leading to judgments, and a thematic element which will not lead to a judgment.

This will help to meet the requirement that the QAS, and Institutional review, in particular, are more flexible and timely in responding to issues which arise from time to time in the sector. Although not leading to a judgment, there will be a commentary on the theme area. A protocol for identifying and announcing theme topics has been agreed by the sponsoring bodies following advice from the Quality in Higher Education Group (QHEG).^{11,12} The thematic element is discussed in more detail in paragraphs 64-69.

(b) There will be an enhanced focus on the engagement of the institution with the Academic Infrastructure and other agreed independent reference points.

The self-evaluation document (see i), the review explorations and the judgments will make more explicit reference to such reference points. We hope that, in this way, review will provide a more effective vehicle to demonstrate clearly that threshold standards for academic provision are being met, as measured against independent external criteria.

(c) There will be four judgments: on the threshold standards of awards,¹³ on the quality of students' learning opportunities, on the enhancement of students' learning opportunities, and from 2012-13, on the quality of public information, including that produced for students and applicants.

The four categories chosen seem to us to be the most commonly commented upon aspects of provision which stakeholders wish to distinguish and which will help to assure the public that the concerns raised about standards and quality (see b) are routinely addressed through review. Giving separate judgments in these areas also reflects our acknowledgment of the increased importance of producing useful information for prospective students. These four areas are already subject either to a judgment or a formal commentary in Institutional audit, so are already central to review activities.

The grades to be used are 'commended', 'meets UK expectations', 'requires improvement to meet UK expectations', and 'does not meet UK expectations'. The expectations on an institution which would enable it to meet the grades are explained in the *Institutional review handbook*, Annex 2.

We are proposing that reviews carried out during the first year of the revised process (that is, in 2011-12) will include a commentary on public information in the report but no judgment. The implementation of the judgment on information will take into account the outcomes of the consultation run in spring 2011 by HEFCE, GuildHE and UUK.¹⁴

¹¹ The Quality in Higher Education Group is a group jointly owned by the relevant sponsoring bodies (HEFCE, DEL, UUK and GuildHE) to oversee and advise on developments in quality assurance. See: www.universitiesuk.ac.uk/quality.

¹² www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/QualityAssurance/Pages/Protocol.aspx.

¹³ In relevant cases this will specify whether the judgment refers to awards made by the institution, or awards that it offers on behalf of another awarding body (as at present).

¹⁴ The Higher Education Public Information Steering Group (HEPISG) advises the UK funding bodies, and other relevant bodies sponsoring and implementing cross-sector projects on the provision of public information in higher education, on the management and ongoing development of these projects.

(d) The review team will meet or receive information from a larger number of students.

It will be for the review team to decide how many students it meets at the review visit and in what settings it meets them, but the intention is that views of students should form a greater proportion of the evidence base than at present. This is part of our commitment to place students' interests at the heart of review. The team may have a greater number of meetings with students, or organise open meetings of larger numbers of students. The student written submission will also inform review explorations to a greater extent than at present.

(e) Recommendations will not be graded.

It is recognised that the categorisation of recommendations as essential, advisable or desirable has not always been clearly understood by institutions, and it can appear unclear to a reader why a course of action deemed essential in one institution may 'merely' be advisable in another. The understanding that a 'desirable' recommendation is different in kind from 'essential' or 'advisable' has not always been appreciated. We think that one of the most important points about recommendations is that they signal some action that is required on the institution's part; review teams will, therefore, make clear the approximate timescale on which a recommendation should be addressed, so that the institution considers and acts on the review findings appropriately.

(f) Affirmations of action in progress will be included.

Feedback from various sources has suggested that both teams and institutions would find it helpful if there were provision for recognition of action that is already going on in an institution to improve weakness or inadequacy in some feature, and this is what affirmations will be used for. For example, a review report might affirm the institution's action in recognising a particular weakness and putting in place a plan to deal with that weakness.

Teams will continue to identify features of good practice and QAA will maintain an up-to-date, publicly accessible, searchable database of recommendations and features of good practice arising from review.

(g) There will be no three-day briefing visit by the review team.

Instead of the briefing visit, a one and a half day meeting of the review team will take place. While briefing visits have, on the whole, been found to be useful by teams and institutions, the Institutional audit three-day visit was not ideally constructed to acquire the kind of in-depth understanding of the institution which was envisaged. The main reason for this was that the audit team had not, at the point of the briefing visit, seen the majority of the documentation which an institution would provide for its audit, and the structure of the audit briefing visit meant that there was little time to digest that information, and this led on occasion to using the briefing visit meetings unproductively. We consider that it is better to allow the team to have access to and digest information before contact with the institution so that its questioning can be better informed. Given this preparation it should prove possible to cut down the amount of time spent in an institution, saving cost and time for both the institution and QAA. Evaluation of earlier methods has shown that a shorter meeting can be effective.

(h) There will be no specifically-defined, predetermined review trails as currently included in Institutional audit.

However, review teams will wish to see some of the evidence that institutions use to assure themselves that central policies and processes for quality and standards operate at local level. Such evidence will not be tied to particular subject areas but may be gathered from a variety of different subject/discipline or administrative areas across the institution.

(i) A self-evaluation document (SED) will be required.

Evaluation of Institutional audits by teams and institutions has shown that the intention behind the current briefing paper has not been clear and these documents have, consequently, sometimes been lacking in self-evaluative, analytical and critical content. To encourage more effective submissions we are suggesting a clearer acknowledgement that self-evaluation is perhaps the most important aspect of the institution's submission for review. It has also been suggested that the SED should align clearly with the headings of the review report, and that there is clearer guidance on the provision of documentation and cross-referencing within the SED. A format for the SED and more explanation of its intended purpose is given in the *Institutional review handbook*, Annex 3a.

(j) More use will be made of videoconferencing and teleconferencing for meetings.

It is hoped that this will reduce burden on institutions and foster environmental responsibility. Review teams will be able to call for meetings or other interactions with groups of participants not currently involved in Institutional audit, such as external examiners and recent graduates, and teleconferencing or videoconferencing may be an effective way to organise this.

(k) All documentation will be submitted electronically and team members will work with electronic documents.

We hope that this will enable rapid and effective transmission of evidence to review teams, while providing a more sustainable solution. We envisage that the bulk of the documentation required by a review team will already be available on an institution's public website or other public websites such as Unistats or UCAS.

(l) The role of the institutional contact will be enhanced.

We anticipate that the new role (to be called institutional facilitator) will foster a constructive approach to, and greater understanding of, the review process and what it is trying to achieve. It will provide institutions with greater opportunity to ensure that review teams have the evidence they need to arrive at their findings. QAA will provide briefing for institutional facilitators and lead student representatives (see paragraph 35).

(m) Reports will be shorter; there will be a summary written specifically for public readership.

Virtually all feedback from non-specialist audiences on Institutional audit reports suggested that they need to be clearer, more focused, and that part of a report should be easily accessible by readers who have no background either in quality assurance or the detailed organisation of higher education. As well as making the reports accessible to a variety of audiences we will also produce them to a shorter timetable than is currently possible.

(n) A published action plan will be prepared as a result of all reviews, whatever the judgment; institutions will be expected to involve the student body in preparing the action plan.

This is part of our commitment to encouraging reflection on quality and standards as an ongoing process in institutions, and to provide an opportunity for institutions to continue review follow-up in a more consistent and effective way. It also reflects our commitment to greater engagement of students in the quality assurance process.

(o) A judgment indicating that an area of the review fails to reach the required standard¹⁵ will lead to a follow-up process which may lead to a revised judgment.

Many stakeholders considered that it was unfair that in the Institutional audit method a judgment of limited or no confidence remained attached to an audit report even when an institution had dealt thoroughly with the recommendations leading to the judgment. The rationale for not changing the judgment after follow-up was the wish not to incur the additional expense and resources which a follow-up peer review visit would have required. In Institutional audit, action plans and progress reports were evaluated by a QAA officer who reported on this to the QAA Board; since no peer review activity was involved it was considered inappropriate to change the judgment. In Institutional review, provision will be made to reflect the efforts which institutions commonly put into dealing with limited or no confidence judgments by revising the judgment, through peer activity, when appropriate.

(p) Detailed evidence for findings will not be published by QAA but the institution will receive an evidence base to allow a follow-up plan to be constructed and quality of provision to be enhanced.

The annex to the Institutional audit report contained the 'technical' information which formed the evidence justifying the findings of the audit team. The detail and nature of this information necessary to enable the institution to address the audit's recommendations and provide a platform for enhancement of quality, made the document of limited use to other readers. In future this detailed evidence will not be published and will be framed in a more focused way to make it of use to the institution. While not published by QAA the evidence base will be a publically available document and will be forwarded to HEFCE or DEL, as appropriate, by request of that body, in order to allow them to carry out statutory responsibilities for quality assurance. We shall expect the institution to share the evidence base, as well as the report, with student representatives.

The outcomes of several consultations which were ongoing at the time of the development of the new review method will have a bearing on the operation of the new review. The outcomes of the evaluation of the Academic Infrastructure will dictate the external reference points which support the review method; similarly, the consultation on the external examining system might provide additional reference points or sector good practice which needs to be taken into account; lastly the 2011 consultation on the public information set will have important implications for review activities and judgments which relate to public information. The implementation of the judgment on public information will take into account the outcomes of that consultation. As far as possible this operational description has taken into account information regarding these consultations. Further development of the review method will take place as policy and information arising from the consultations is finalised. These will be communicated to HEIs and other stakeholders as they are agreed, using the protocol for changes¹⁶ where necessary.

As far as the consultation on revision of the Academic Infrastructure is concerned, it is anticipated that any structural changes made to the Academic Infrastructure following the consultation will be in place by the end of the academic year 2010-11. As is usual custom and practice, higher education providers will have the following academic year to consider the impacts of any changes on their provision, and act accordingly. Full engagement with the revised Academic Infrastructure will not, then, be expected until the beginning of academic year 2012-13. In the first year of Institutional review (2011-12) review teams will work within the context of the current Academic Infrastructure as an agreed set of reference points. From 2012-13 teams will use the revised Academic Infrastructure. The implications of the revised Academic Infrastructure for the review process will be published in an addendum to this document.

¹⁵ Further discussion of judgment terms is given in paragraph 7.

¹⁶ www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/QualityAssurance/Pages/Protocol.aspx.

The Review of Higher Education Funding and Student Finance (Browne Review) and consequent legislation may also have an impact on future developments in quality assurance, and on external review methods. Such changes would normally be implemented through the system for substantive and minor changes (see paragraphs 70-78).

Impact assessment

In generating a process to meet the aim of Institutional review, there are costs and benefits for the various groups who have an interest in the effective running of the review process. Three questions perhaps more than any others throw these costs and benefits into sharp relief: Will institutions need to spend more time and money on the review process? Will students' interests be at the heart of the process? Will the review team be able to make secure judgments given the time available for the review activity?

The new process is designed to save institutions effort: institutions can brief themselves at their convenience, so there is no need to organise a preliminary meeting; there is reduced briefing visit activity; there is a reliance on using information already in existence for other quality assurance purposes; no paper documentation is required; the role of institutional facilitator should help to target requests for information; the overall process is shorter so it should preoccupy institutions for less time. In addition, some of the positive benefits for institutions include the opportunity to demonstrate clearly to external stakeholders that quality and standards meet external reference points; an evidence base to help with the preparation of action plans; the opportunity that action-planning provides to show public commitment to responding to the review findings; and the possibility of reversing an adverse judgment.

We have designed the process with students' interests in mind, not only in the centrality of the student experience in the review judgments, but also in the way that students can participate in review. Every review team will have a student reviewer; there will be opportunities to receive the views of a greater number and variety of students; how the institution has responded to the National Student Survey will be a standard feature of review; the report's summary will be written particularly with prospective students and their advisers in mind; review will look specifically at the management of the required public information, including that information produced to inform applicants and students; judgments will include consideration of how students have been engaged as partners in management of quality assurance. We shall also expect greater use of the student written submission by review teams by suggesting that its format is aligned more closely to that of the self-evaluation document, and thus to the report; lastly the process expects institutions to make post-review action planning a joint activity with students.

As far as the review team is concerned, there could be anxiety that the team will not have enough time in the institution to gather sufficient evidence to come to secure conclusions. However, the process has been designed to allow teams to receive and digest thoroughly information about the institution at the very start of the review, so that it is better placed to follow up its enquiries when actually visiting the institution. As well as this preparatory period the team will have the benefit of the institutional facilitator in helping to understand the institution and to enable accurate evidence requests. There will always be a meeting with the institution towards the end of the review to make sure that the institution understands the issues that the team has been pursuing, and to make sure that it has had the opportunity to provide the evidence that the team needs to come to secure judgments and findings.

Institutional review of higher education institutions in England and Northern Ireland: Operational description

Although the balance of costs and benefits is different from that of Institutional audit, we consider that the benefits of the new review process for all stakeholders outweigh the costs.

A full list of benefits and disadvantages of the new process is given in Annex 2 of this document.

Private providers

The method has been developed to be used in both public and private sector HEIs, with or without degree awarding powers. It is our expectation that all institutions which subscribe to QAA and who will participate in this review method will be committed to providing public information to inform students, the public and other stakeholders. In order to provide a consistent external reference framework for review findings, we expect that they will subscribe to the Unistats website (or its successor), provide data for the Higher Education Statistics Agency (HESA), and participate in the National Student Survey.

Operational description for the Institutional review process for higher education institutions in England and Northern Ireland

The core element

1 Institutional reviews will consist of a core element and a thematic element. The core element will examine the effectiveness of the policies, structures and processes that an institution uses to:

- set and maintain the threshold standards of its academic awards, and the effectiveness of these processes
- manage the quality of students' learning opportunities, and the effectiveness of these processes
- manage the quality of public information, including that produced for students and applicants, and the effectiveness of these processes
- enhance the quality of students' learning opportunities, and the effectiveness of these processes.

2 The scope of review will include all higher education provision covered by *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), wherever and however delivered by an institution. This will include an institution's collaborative provision.

3 In 2009, the Quality Assurance Framework Review Group¹⁷ recommended that QAA adopt an approach to the audit (as it then was) of collaborative provision that was more 'bespoke and evidently risk-based' and took 'HEIs' own risk management processes into account'. As a result QAA introduced the tripartite model of audit for collaborative provision. This model will continue to be used at the start of the Institutional review method.

4 Where practicable, the Institutional review process will cover provision offered by an institution in collaboration with other providers, both in the UK and overseas. However, where QAA decides that an institution's collaborative provision cannot properly be addressed as part of the standard Institutional review model, either a separate review of the institution's collaborative provision will be conducted at a time to be arranged between QAA and the institution, or a hybrid Institutional review will take place.

5 The decision about the way in which collaborative provision is reviewed will be made approximately nine months before the Institutional review. The decision will be made on the basis of the situation at the time scheduled for the Institutional review, irrespective of whether or not a separate audit of collaborative provision was made under previous audit arrangements. To help QAA make the decision, institutions will be asked to provide a short proforma of information about their collaborative provision one year before the proposed date for the Institutional review.

6 The consultation on the operational description was strongly in favour of QAA giving further consideration to the operation of review of collaborative provision. QAA will explore ways of ensuring that the criteria for selection of mode of review for collaborative provision are clearer to institutions, that they take into account more obviously an institution's own management of the risk of its collaborative provision, and enable

¹⁷ www.hefce.ac.uk/pubs/hefce/2008/08_21.

institutions to have greater input into the decision of which model is most appropriate. At the same time we will also carry out research into our methods for quality assurance of overseas provision in an attempt to align the review activity of UK and overseas provision more closely. We also hope to remove the inconsistency that, currently, audit of overseas provision as part of Institutional audit or separate collaborative audit attracts a judgment, whereas audit as part of a separate overseas audit activity does not. Any significant changes to the operational process of review of collaborative provision will be communicated through the rolling programme change mechanism (see paragraphs 70-78) as appropriate. However, as stated above, until further notice QAA expects to continue to review specific partnership links between UK institutions and providers overseas using the current overseas audit method. More information about the review of collaborative provision can be found in the *Institutional review handbook*.

Judgments

7 As noted on page 4, review teams will make judgments on:

- the institution's threshold academic standards
- the quality of students' learning opportunities (teaching and academic support)
- **from 2012-13**, the quality of public information, including that produced for students and applicants
- the institution's enhancement of students' learning opportunities.

8 Neither these judgments, nor any other, will apply to the thematic part of the review.

9 The judgment will be determined by several factors, the major of which will be institutional awareness of and local¹⁸ engagement with the Academic Infrastructure and other agreed external reference points. Detailed information about judgments is given in the *Institutional review handbook*, Annex 2. The information on judgments sets out the list of factors to which review terms will refer. Obviously consideration will need to be given to how teams will use descriptors such as 'frequent', 'widespread', 'immediate' or 'serious' consistently. We will address this issue in reviewer training. The judgments will be made by peers with experience of higher education and knowledge of the sector's expectations for quality assurance. Judgments represent the reasonable conclusions that informed academic peers are able to come to based on the evidence and time available to them in review.

10 The quality assurance system (QAS) consultation and requirements of the sponsors were clear that review judgments need careful consideration. It was suggested that the terms used to describe the level of confidence expressed in review judgments should be looked at again in order to make them easier to understand, that judgments should avoid a system which can be used for 'league tables', and that the line between a passing and failing judgment should be more clearly drawn. The judgment scheme chosen to operate in Institutional review attempts to take into account the needs and views of the various stakeholders. It is explained further in the *Institutional review handbook*.

11 The model chosen involves a greater gradation of judgments in each of the four areas (three areas until 2012-13). The grades to be used are 'commended', 'meets UK expectations', 'requires improvement to meet UK expectations', and 'does not meet UK expectations'. The expectations on an institution which would enable it to meet the grades are explained in the *Institutional review handbook*, Annex 2.

¹⁸ By 'local' we mean operating at the level of department, faculty, service provider, and so on.

12 Reviews will find it difficult to express a passing judgment if certain elements of quality assurance processes are found to be missing or neglected. The first of these is a strong and scrupulous use of independent external examiners in summative assessment procedures, and the second is a similar use of independent external participants in internal review at discipline and/or course/programme level. In both cases, the emphasis is on appropriate independence and externality being built into processes.

13 As at present it is intended that review judgments at any level will be open to high-level differentiation so that they may apply, for example, only to collaborative provision or on-campus provision, or to provision at a certain level.

14 The public summary of the report will explain the relevance of the judgments to a wider audience and provide links to information which will further explain the guidance pointers.

15 Institutional review reports will include recommendations for further consideration by the institution, and will identify features of good practice that the review team considers to make a particularly positive contribution to the institution's approach to the management of academic standards, quality of learning opportunities, provision of public information and enhancement. They will also affirm courses of action being taken by an institution to eliminate weaknesses or unsatisfactory practice.

16 Review reports will also include a commentary on the thematic element of the review (see paragraph 64).

Information base for the review

17 To enable them to form their judgments, review teams will have available to them a variety of information sources about an institution, including:

- a self-evaluation document (SED) by the institution outlining the evidence that an institution uses to assure itself that its approach to managing the academic standards, quality of students' learning opportunities, public information and enhancement is effective
- the evidence which supports the institution's view of the effectiveness of its approach
- other key documents as specified from time to time; those currently required are given in the *Institutional review handbook*, Annex 4a
- a student written submission (SWS) prepared by representatives of students of the institution on behalf of the student body (see *Institutional review handbook*, Annex 6)
- reports on the institution or its provision produced by QAA and other relevant bodies, such as professional, statutory and regulatory bodies (PSRBs), within the six years preceding the review; mid-cycle (relating to the current audit cycle) follow-up reports will be included in this set of information for the foreseeable future; thereafter institutions' action plans and progress reports will also be taken into account (see paragraph 57).

18 A particularly important source of information will be the sector's agreed public information set which all institutions are required to make available. The content of this information set will be decided as a result of the 2011 HEFCE/UUK/GuildHE consultation on public information in higher education; the outcomes of that consultation will be taken into account in the way that public information is addressed in Institutional review. At the time that this operational description was finalised, therefore, the format and content of the

public information judgment had not been finalised and so a two-stage process will operate with respect to this judgment:

- in **2011-12**, Institutional review will include the institution's Teaching Quality Information (TQI), including the National Student Survey, as published through the Unistats website, and the residual TQI information held by the institution, as described in HEFCE 06/45, Annex F; from **2012-13** onwards, it is expected that review will consider the nationally-agreed public information set as specified by the Boards of the sponsoring bodies following advice and recommendations resulting from the spring 2011 consultation; however, at the time of writing of this document the details of this cannot be confirmed
- in **2011-12**, review will also consider a desk-based analysis by QAA of the institution's TQI set, including the National Student Survey, as published through the Unistats website, with a commentary on the completeness and currency of this information; in **2012-13**, it is expected that this will be replaced by a desk-based analysis by QAA of the institution's nationally-agreed public information set, as specified following the consultation, with a commentary on the completeness and currency of this information; however, at the time of writing of this document the details of this cannot be confirmed.

19 From 2012-13 it is expected that the desk-based analysis will be an annual exercise carried out by QAA to determine the currency and completeness of the public information set; the results of this analysis will be made available on an annual basis, and then feed into review every six years, when the institution would need to explain and reflect on how it had responded to the annual analyses.

20 A requirement of the sponsoring bodies was that Institutional review should continue to take account of evidence raised by other reviews and that, in planning for review, QAA should try as far as possible to avoid clashes with other organisations' activity. We shall continue to take account of evidence provided by QAA's other review methodologies and by those of PSRBs. Where possible, when QAA knows of dates of other review activities, we shall try to conduct our activities to help to minimise regulatory burden on institutions.

Use of reference points

21 Review teams will use the Academic Infrastructure as a source of external reference points when considering an institution's approach to academic standards, quality, information and enhancement of provision. They will not do so in a mechanistic way, or look for unthinking compliance with the detail of reference points. Teams will be looking for evidence that institutions have carefully considered the purpose and intentions of the elements of the Academic Infrastructure, have reflected on their impact on institutional practice, and have taken, or are taking, any necessary measures to achieve better alignment between institutional practice and the guidance provided by the Academic Infrastructure.

22 So far as the FHEQ is concerned, review teams will look at the procedures adopted in the institution for aligning their programmes and awards to the appropriate level of the FHEQ.

23 Review teams will not be asking institutions about their engagement with the *Code of practice* on a precept by precept basis. However, a team will expect to see, in the SED, a reflection on how the institution has gone about engaging with the precepts of the *Code of practice* overall.

24 Review teams will also enquire into the way in which any relevant subject benchmark statements have been taken into account when establishing or reviewing programmes and awards. Subject benchmark statements set out expectations about standards of degrees in a range of subject areas. They describe what gives a discipline its coherence and identity, and define what can be expected of a graduate in terms of the abilities and skills needed to develop understanding or competence in the subject. Subject benchmark statements do not represent a national curriculum in a subject area - they allow for flexibility and innovation in programme design, within an overall conceptual framework established by an academic subject community. They do, however, provide authoritative reference points, which students and other interested parties will expect to be taken into account when programmes are designed and reviewed to ensure that the standards of the programme are appropriate.

25 Programme specifications are the definitive published information on the aims, intended learning outcomes and expected achievements of programmes of study, and review teams will explore their usefulness to students and staff, and the accuracy of the information contained in them. In particular, teams will be interested to see how programme specifications make use of other reference points in the Academic Infrastructure in order to define clearly the expectations that students should have for the teaching, learning and assessment provided by the programme.

26 Review teams may also wish to enquire into the ways in which an institution has considered the expectations of the *Standards and Guidelines for Quality Assurance in Higher Education in the European Higher Education Area*¹⁹ and any other guidance relating to European or other international practices, such as the European Credit Transfer System and the Framework for Qualifications of the European Higher Education Area. While the Academic Infrastructure and other UK reference points are considered to subsume the expectations and good practice of Part 1 of the *Standards and Guidelines*, institutions which have collaborative links with non-UK European institutions or a particular focus on internationalisation may find it useful to articulate in greater detail their engagement with European reference points.

27 From time to time other reference points may be agreed by the sponsoring bodies (UUK, GuildHE and HEFCE) advised by the Quality in Higher Education Group (QHEG) and these will also be drawn upon in the review process. Those to be used in the Institutional review process from 2011 are indicated in the *Institutional review handbook*, Annex 2. These are considered to embody accepted good practice which institutions will find useful in assuring the quality and standards of higher education provision.

Reviewers and review teams

28 **Roles:** at the start of the Institutional review programme in 2011 it is expected that the basic Institutional review team will normally comprise four reviewers (one of whom will be a student) and a review secretary, who will provide administrative support and fulfil the primary coordination and liaison function during the visit. The roles of reviewer and review secretary will be clearly defined, but may change during the course of the review programme in order that the skills and experience of the review team members remains appropriate to the Institutional review process. Where significant changes to the role of team members are envisaged these will be introduced using the protocol for changes to the review process. In the case of institutions with extensive or complex provision, a team may need to include additional reviewers in order to ensure that sufficient coverage of the institution's portfolio of activity can be obtained to justify the judgments and comments being made. A hybrid review team may also include an additional reviewer. Similarly,

¹⁹ www.eqar.eu/application/requirements/european-standards-and-guidelines.html.

where an institution's provision is less extensive or complex, or has a track record of effective performance in audit/review, the number of reviewers may be reduced.

29 The size of the review team will be confirmed by QAA about nine months before the start of the review. To enable QAA to make this decision, institutions will be asked to provide a short proforma of key information one year before the review date.

30 **Selection:** review team members are expected to have current or recent²⁰ institutional-level expertise and experience in the management of academic standards and educational provision in higher education. They are selected by QAA from nominations made by institutions. Role descriptions and selection criteria for review team members will be published when team members are recruited. Every attempt will be made to ensure that the cohort appropriately reflects sectoral diversity, including discipline, geographical location and institutional mission type, as well as reflecting diversity groups. We encourage applications from those in diversity groups currently underrepresented in the review team member cohort.

31 **Training:** training for review team members will be undertaken by QAA. Both new team members and those who have taken part in previous review methods will be required to take part in training before they conduct a review. The purpose of the training will be to ensure that all team members fully understand the aims and objectives of the revised review process; that they are acquainted with all the procedures involved; and that they understand their own roles and tasks, QAA's expectations of them and the rules of conduct governing the process. We shall also provide opportunities for continuing development of review team members and procedures for evaluating and enhancing team performance.

32 If new review team members are recruited this will be on the basis that, as now, they are willing to undertake at least three reviews over a period of two years. They may continue beyond the initial two years by mutual agreement and subject to satisfactory feedback.

Institutional facilitator

33 The role of the Institutional audit institutional contact has been enhanced to provide for greater understanding of the review process by the institution and more effective information gathering on the part of the review team. Institutions will be invited to nominate an institutional facilitator to liaise between the review team and the institution and to provide the team with advice and guidance on institutional structures, policies, priorities and procedures. The institutional facilitator will contribute to the first team meeting and the review visit and will be expected to play an active role through regular meetings which will provide opportunities for both the team and the institution to seek further clarification outside of the formal meetings.

34 It is hoped that the revised role of institutional facilitator will help to provide a constructive interaction between all participants in the review process. The development of a good working relationship between QAA and the institution through such liaison should help to ensure that the institution does not go to unnecessary lengths in its preparation for the review through any misunderstanding by the institution of QAA's expectations, or through any misunderstanding by QAA of the nature of the institution or the scope of its provision.

²⁰ Within two years of having left higher education employment or study.

35 A more formal 'lead student representative' role will also be introduced. QAA will be flexible about the expectations of the role, but envisages that normally the lead student representative will receive copies of key correspondence from QAA, attend the first team meeting, attend the final meeting in the institution, liaise internally with the facilitator to ensure smooth communications between the student body and the institution during the process, disseminate information about review to the student body, organise or oversee the writing of the SWS, and ensure continuity of activity over the review process.

36 Further details about the role of the institutional facilitator and lead student representative are provided in the *Institutional review handbook*, Annex 5 and Annex 6. QAA will provide briefing for facilitators and lead student representatives.

The review process

Preparation for the review

37 The process will start with the institution accessing an online briefing package. This can be done at the institution's convenience. The package will include details of the review process, roles of key players, guidance on the preparation of the SED, the SWS and the documentation required, FAQs, and other guidance. A QAA officer will be appointed about nine months before the review visit to coordinate the review and will be available to support the institution and student representatives by email or phone. We will expect the institution to have briefed itself by the time of the Preparatory meeting, which the coordinating QAA officer will carry out (see paragraph 38). The institution will need to be confident by the Preparatory meeting that production of its SED is in hand, or be comfortable with being able to prepare it in the five weeks between Preparatory meeting and document upload.

38 The Preparatory meeting will take place about 16 weeks before the review visit. Both staff and student representatives should be present. At the Preparatory meeting the QAA officer coordinating the review will meet representatives of the institution to discuss the structure of the review as a whole. The purpose of the meeting will be to answer any questions about the revised methodology which remain after online briefing and confirm the information to be made available by the institution. The meeting will give an opportunity to discuss the likely interactions between the institution, QAA and the review team; to confirm that the institution's SED will be well-matched to the process of review; to emphasise that documentary evidence should be based primarily on existing material used in internal quality management, not on material prepared specially for the review; and to discuss any matters relating to the required public information set. Between the Preparatory meeting and submission of the institution's SED, QAA will continue to offer such advice and guidance on the process as it can, at the request of the institution.

39 The Preparatory meeting will also normally provide an opportunity for continuing discussion with student representatives about the written submission to be prepared on behalf of the student body. It is anticipated that student representatives will have studied the review online briefing and contacted the QAA officer where additional clarification is needed, before the Preparatory meeting. The purpose of the Preparatory meeting will be to confirm the scope and purpose of the SWS and to confirm any topics beyond the standard template for the SWS that the student representatives consider appropriate. After that, until the submission of the SWS, QAA will continue to offer such advice and guidance on the process as it can, at the request of the student representatives.

40 Institutions and student representatives will be requested to upload their submissions and supporting documentation to the QAA secure electronic folder provided,

no later than five weeks after the Preparatory meeting. It is envisaged that much of this information will consist of the institution's required public information set, other public information, and other documentation on intranets or extranets. However, institutions will also need to bear in mind that some categories of information, while available in the institution, may not normally be available online and provision will need to be made to upload those documents to the QAA secure electronic folder as well. Where the review team is referred to information on an institutional website there will need to be provision to ensure that no changes occur to the information once it has been referred to the team. More detail of the kinds of documentation to be provided is given in the *Institutional review handbook*, Annex 4a.

41 In the following four weeks, the required public information will be reviewed by QAA. QAA will produce a desk-based analysis of the institution's public information set, with a commentary on the currency and completeness of this information (see paragraph 17).

42 At the same time that QAA is preparing its report the review team will also be reviewing the public information and the information about its processes that the institution has posted to the QAA secure electronic folder. This will allow team members to reach an overview of the required public information, and to become familiar with the institution's quality assurance documentation, programme specifications, general aspects of provision, and so on, before its first team meeting.

43 During the four week period the team will be posting comments on its preliminary views of the public and other information to the QAA secure electronic folder.

First team meeting

44 Six weeks before the review visit there will be a one and a half day meeting in the institution for the team to discuss the commentaries it has produced, decide on issues arising, any extra documentation needed, and a programme for the review visit. It will also meet some key players in the review. The institutional facilitator will be invited to contribute to this meeting. More information about the format of the first team meeting is given in the *Institutional review handbook*.

45 One week after this meeting the QAA officer will confirm with the institution the plan of activity for the review visit and the length of the visit. The programme of activity will start five working weeks after the institution has received the activity plan.

The visit to the institution

46 The activity carried out at the visit will not be prescribed but may include meetings with staff, external examiners, partner link staff, recent graduates or employer link visits. Meetings with students will always be held. The programme of activity will extend from three days to a maximum of five days and will be tailored to the scope and complexity of the institution, the clarity and usefulness to the review team of the SED and the information which the institution has provided, and also in relation to the issues which the team has identified. The final decision concerning the length of the review visit will be made after the first team meeting.

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

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

- decide on the grades of the three judgments (four judgments from 2012-13)
- decide on the commentary on the thematic element of the review
- agree the features of good practice that it wishes to highlight as making a particularly positive contribution to the institution's approach to the management of academic standards and quality of provision
- agree recommendations for action by the institution
- agree affirmations.

49 The QAA officer will accompany the team during the review visit and on the last day of the visit will test the evidence base and security of the review findings. The QAA officer will not lead the team's deliberations or exploration and will not contribute to the team's judgments. The QAA officer's role is to ensure that the review process is conducted according to the agreed protocol set out in the *Institutional review handbook*.

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

51 The programme for the review visit will include a final meeting between the team and senior staff of the institution, the lead student representative, and the institutional facilitator. It will not be a feedback meeting, but it will be an opportunity for the team to summarise the major themes and issues that it has been, and may still be, pursuing. The intention will be to give the institution a final opportunity to present evidence which can allow the team to come to secure review findings.

52 Two weeks after the end of the review the key findings will be sent to the institution and to HEFCE or DEL, as appropriate. After a further four weeks the draft report and the evidence base for the findings will be sent to the institution.

Reports

53 There will be a single Institutional review report which will comprise the findings of the review. This will be as concise as possible while including enough explanation for it to make sense to an audience not necessarily familiar with the concepts and operation of higher education. The intention is to produce a report of about 10 pages in length. The report will not contain detailed evidence for the findings: this will be provided for the institution in the evidence base. This unpublished evidence document will replace the current 'technical annex'. While the evidence base will not be published by QAA it will not be a confidential document and will be made available on request.

54 The report will contain a summary in a format accessible to members of the public.

55 The format of the report will follow a template that aligns with the structure recommended for the institution's SED (see *Institutional review handbook*, Annex 3a). Its production will be managed by the QAA officer coordinating the review. The report will be prepared and submitted to the institution as soon as possible following the review visit, normally within six weeks, with a request for corrections of errors of fact. The institution will have three working weeks to supply factual corrections to the report, and the report

will then be finalised and published. The institution is expected to share the draft report and any proposed corrections with the student representative body.

56 The normal expectation is that the report is finalised and published within 12 working weeks of the review visit.

Action planning and sign-off

57 Approximately 10 weeks after the report has been published the institution will provide an action plan, signed off by the head of institution, addressing the recommendations and affirmations, and giving any plans to capitalise on the identified good practice. This will either be produced jointly with student representatives, or representatives will be able to post their own commentary on the action plan. The action plan (and commentary, if produced) will be posted to the institution's public website, and there will be links to the institution's report page on the QAA website. The institution will be expected to update the action plan annually, until all actions have been completed, and post the updated plan to its website.

58 The review will be completed when it is formally 'signed off'. Where the review report offers 'commended' or 'meets' judgments in all four areas the review will be formally signed off on publication of the initial action plan. Upon sign-off, institutions will be allowed to place the QAA logo and judgment (as supplied by QAA) on the homepage of their website and on other documents as a public statement of the outcome of their review.

Exception reporting follow-up

59 Three years after the review visit the institution will report on its review action plan to QAA, noting only those areas (exceptions) where it has not been able to meet the objectives of the action plan. QAA will review the exception report to ensure that recommendations are being followed-up. Institutions which fail to engage seriously with review recommendations may be referred to QAA's Concerns and Complaints procedure.²¹ Future review teams will take into account the progress made on the actions from the previous review.

Full follow-up

60 Where a review team makes a judgment of 'requires improvement' or 'does not meet' in at least one area of the review the report will be published, the initial action plan produced, and there will be a programme of follow-up activity to address the area of the review which has received the failing judgment. Any action attached to areas of the review which have received a passing judgment will be addressed over the normal lifetime of the review process, as specified in paragraphs 57-58. Detailed information on the follow-up process is provided in the *Institutional review handbook*.

Other quality assurance mechanisms

61 Weaknesses or failures in quality and standards may also be followed up by three additional mechanisms. First, where a problem is detected that may be sector wide, QAA may carry out desk-based research across institutions, or a sample of them, to establish whether an issue exists and suggest courses of action to remedy it.

²¹ www.qaa.ac.uk/candc/concerns.

62 Secondly, QAA's Concerns and Complaints procedure can at any time investigate any policy, procedure or action implemented, or omitted, by a higher or further education institution in England, which appears likely to jeopardise the institution's capacity to assure the academic standards and quality of any of its higher education programmes and/or awards.

63 In addition, HEFCE has a policy²² for addressing unsatisfactory quality in institutions, which is currently triggered if an institution receives a failing judgment (in Institutional audit, no confidence) in two successive QAA Institutional audits; or if an institution does not make sufficient progress on an action plan made following a no confidence judgment; or if an institution is unable to agree such an action plan within a reasonable time frame. It is anticipated that HEFCE will revisit this policy.

Thematic element

64 As a result of the QAS consultation it has been established that the Institutional review process should comprise both a core element which is applied to all institutions, and a thematic element which will change at defined intervals, so that different institutions will experience review of different thematic elements. The inclusion of a thematic element will provide some flexibility within the review process to look in a timely way at issues that are attracting legitimate public interest or concern, or may constitute current good practice. The thematic element of the review will allow reviewers to explore an institution's engagement with a particular quality assurance topic. The identification of theme topics and the operation of the thematic element will be subject to the protocol agreed by the QHEG.²³ The thematic element does not preclude other more immediate investigations being carried out, should issues requiring urgent research emerge within the sector (see paragraphs 61-63).

65 In order to promote consistency and comparability of review findings, the thematic element will not be subject to a judgment. Instead, the review report will contain a commentary on the thematic element.

66 Theme topics will be confirmed on an annual basis by the QHEG on advice from QAA. It is possible that more than one topic will be chosen per year, but no institution will be asked to address more than one topic. QAA will publish theme topics six months before the start of the academic year for any particular annual tranche of review. So, if the review year begins in September, theme topics will be published in March of that calendar year. At the same time QAA will clarify which, if any, external reference points relate to the topic, and the main foci of the thematic element of the review. As with the rest of the review process it is envisaged that any documentation which the institution might need to provide for the thematic element will be that already existing in the institution. Indeed, one of the aims of the thematic element is to chart the different approaches which exist in institutions in relation to the theme topic, and if necessary produce good practice guidelines which could enhance provision in that area.

67 QAA will brief review team members on the approach to reviewing the thematic element, in general, and any specific guidance which needs to be borne in mind for a specific theme topic.

68 Institutions will be provided with information relating to the theme area and will be expected to address the theme area in the SED. Student representatives will also receive the theme information so that they can address the theme topic in the SWS. QAA will

²² www.hefce.ac.uk/pubs/hefce/2009/09_31.

²³ www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/QualityAssurance/Pages/Protocol.aspx.

provide enough information about how the theme area should be addressed to enable some consistency in information gathering which can inform subsequent analysis of the review findings. Where agreed external reference points exist, the theme information will be based on those reference points. Where no such agreed reference points exist, QAA will develop a set of prompts for information. The inclusion of the theme topic in the SED will give the institution the opportunity to evaluate its own management in the theme area.

69 It is envisaged that the review report will contain a one-page summary of the findings of the thematic element of the review. The institution will also receive a more detailed evidence base for the thematic element. The evidence base information will be used by QAA to report on the thematic findings across the sector.

Rolling review procedure

70 As a result of the QAS consultation it has been established that the Institutional review process should be organised on a rolling basis rather than as a fixed cycle, with the possibility of both minor and substantive changes to the process being introduced at any point, given sufficient justification and warning. A rolling process is intended to allow greater flexibility into the review process and enable changes to be made to the review method in a timely way, rather than waiting for the end of a cycle. This means that changes elsewhere in review methods which are considered good practice can be introduced into the programme of reviews without waiting for a particular review cycle to come to an end. The identification and operation of changes to the review process will be subject to the protocol agreed by the sponsoring bodies in the light of advice from the QHEG.

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

72 Minor changes will be approved by the QHEG and will be introduced into the process by QAA without further consultation. Changes will be communicated to institutions and review teams and the date from which the change will be operational will be made clear. It is envisaged that no minor change will affect a review that has already started. For this purpose, the start of review will be deemed to be six weeks before the Preparatory meeting (when it might be assumed that institutions will have already briefed themselves on the process). A minor change would affect all other reviews yet to be carried out.

73 A substantive change recommended by the QHEG will be consulted upon with the sector, with a view to determining how it might best be implemented to reduce the amount of inconsistency that introducing such a change would bring. It would then need to be agreed by the Boards of the sponsoring body based on the QHEG's recommendation in the light of the consultation responses. 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 institutions adequately and, where necessary, provide refresher training or briefing for review team members.

74 QAA will publish any agreed substantive changes six months before the start of the academic year for any particular annual tranche of reviews. So, if the review year begins in September, changes will be published in March of that calendar year. At the same time QAA will clarify whether there are any changes to external reference points associated with the process change.

75 In addition, QAA will be able to make changes to the operation of the review process without reference to the QHEG or consultation.

76 Substantive changes are envisaged to include changes which affect the underlying principles of the review process, such as how judgments are arrived at, the core elements of the review, frequency of review, how different types of provision (for example, collaborative provision) are dealt with by review, or the nature of the composition of the review team (for example, as when student audit team members were introduced).

77 Minor changes are envisaged as changes to the operation of the process, rather than to the principles underpinning it. Examples might include the content of the thematic element, or the relationship of QAA's other review processes to Institutional review and how information is transferred between them.

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

Administration of the process

79 A QAA officer will have responsibility for the coordination and management of each review. Every effort will be made by QAA to ensure that a close and constructive working relationship is established with institutions.

80 The review's findings (judgments, recommendations, features of good practice and affirmations) will be decided by the review team as peer reviewers. The coordinating QAA officer will ensure that all findings are backed by adequate 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 text of the report and will continue to moderate reports to help to promote consistency in the application of the judgment guidance by review teams.

Timetable for implementation

81 The revised Institutional review programme will begin in September 2011-12 and operate after that on a rolling programme. Within the rolling programme each institution will be reviewed approximately once every six years. The first visits of the revised method will take place from January 2012. This will mean that Preparatory meetings with the first institutions to be reviewed will take place from September 2011.

82 It is intended that, once the revised process is embedded, each institution will be informed of the dates of its review 18 months before the review visit takes place. For institutions being reviewed in the first year of the revised process this period of notice will not be possible and the notice period will be one year.

83 The current audit process takes 44 weeks, almost a year, to accomplish. The present stagger in the audit schedule means that many audits cannot be accomplished within an academic year and stretch over two. QAA has streamlined the timeline for the revised process to ensure that a review is accomplished within one academic year, reports in a more timely way, and does not preoccupy an institution unnecessarily over an extended period of time. We are aiming for a review timeline (up to the production of the report) of less than 30 weeks. To achieve this within existing costs and resources and to draw up a workable schedule of reviews we will be more proactive in proposing dates for

review activity, based on what we know about an institution's term/semester dates and examinations timetable. We will ask institutions for this information 18 months before the review (one year in the case of reviews in the first year of the revised process).

Complaints and appeals

84 QAA has processes for receiving complaints and appeals. Details of the complaints procedure can be found on the website.²⁴ Details of the appeals procedure will be published on the website in summer 2011.

²⁴ www.qaa.ac.uk/candc/concerns.

Annex 1

Principles and objectives for quality assurance in England and Northern Ireland, 2011-12 onwards

The revised system to assure quality and standards should:

- a **Provide authoritative, publicly accessible information on academic quality and standards in higher education.**
 - i Provide timely and readily accessible public information, on a consistent and comparable basis, on the quality and standards of the educational provision for which each institution takes responsibility.
 - ii Report results on a robust, consistent and comparable basis that meets public expectations.
- b **Command public, employer and other stakeholder confidence.**
 - i Ensure that any provision that falls below national expectations can be detected and the issues speedily addressed.
 - ii Apply transparent processes and judgments, and function in a rigorous, intelligible, proportionate and responsive way.
 - iii Assure the threshold standards of awards from higher education institutions in England and Northern Ireland, wherever and however they are delivered.
 - iv Explain clearly where responsibilities lie for the quality and standards of provision and how they are secured.
- c **Meet the needs of the funding bodies and of institutions.**
 - i Enable the funding bodies to discharge their statutory responsibilities to assure the quality of the programmes they fund.
 - ii Recognise the role of institutions as independent autonomous bodies responsible for their own quality management systems and for the standards of awards made in their name.
 - iii Enable institutions to discharge their corporate responsibilities, by providing them with information on how well their own internal systems for quality management and setting and maintaining standards are functioning, and identifying areas for improvement.
 - iv Where relevant, recognise the role of employers as co-deliverers of higher education, taking the quality assurance requirements of such provision into account.
- d **Meet the relevant needs of all students.**
 - i Have current and prospective students' interests at its heart, underlying all of the other principles.
 - ii Engage students in the quality process, whether at course, institutional or national level.
 - iii Focus on the enhancement of the students' learning experiences without compromising the accountability element of quality assurance.

- e **Rely on robust evidence-based independent judgment.**
 - i Incorporate external reviews run by an operationally independent body (QAA) and professional, statutory and regulatory bodies.
 - ii Incorporate evidence from institutions' own internal quality assurance processes, including those which involve external participants.
 - iii Recognise and support the important role of external examining.
- f **Support a culture of quality enhancement within institutions.**
 - i Apply a process of external review, both by academic peers and by students, rather than inspection by a professional inspectorate.
 - ii Include processes based on rigorous institutional self-evaluation.
 - iii Promote quality enhancement in institutions.
 - iv Enable the dissemination of good practice.
- g **Work effectively and efficiently.**
 - i Operate efficiently, in order to avoid disproportionate use of institutional effort and resources which could otherwise be directed to the delivery of front-line student teaching.
 - ii Rely on partnership and cooperation between the institutions, QAA and the funding bodies.
 - iii Address both quality (appropriate and effective teaching, support, assessment and opportunities for learning provided for students) and standards (levels of achievement that a student has to reach to gain an award) as two distinct but interlinked concepts.
 - iv Work on the principle of collecting information once to use in many ways.
 - v Acknowledge that while the quality assurance system applies to England and Northern Ireland only, it is underpinned by reference tools which are UK-wide.
 - vi Adhere to the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (encompassing internal and external quality assurance).
 - vii Maintain sufficient flexibility and responsiveness to meet changing demands and public priorities in a timely manner.
 - viii Complement and avoid duplication with, so far as possible, other assurance processes in higher education (for example, Ofsted; professional, statutory and regulatory bodies).

Annex 2

Impact analysis of the revised Institutional review process for higher education institutions in England and Northern Ireland

QAA has considered the impact that changes to the review process could have on a variety of stakeholders and will make every attempt, where it is within our ability, to minimise the effect of the disadvantages. In particular, clear information about the process for all audiences, effective training for review teams and early evaluation of the revised process will form part of the framework for reducing adverse impact and ensuring that the benefits of the changes are capitalised upon.

Element of new review (changes from current method)	How will this affect higher education institutions (HEIs)?	How will this affect teams and QAA officer/support?	How will this affect other stakeholders?	Equality and Diversity (E and D) impact
Reviews are in two parts, core and thematic	<p>Possible disadvantages SED and evidence must address both parts; may require greater effort in preparation</p> <p>Possible benefits HEI will receive detailed information about a particular aspect of its operation or provision</p> <p>Greater evidence of strengths and weaknesses across the sector allowing demonstration of quality and standards and aid improvement</p>	<p>Possible disadvantages Will need to understand the theme topic and how to review it</p> <p>Will add to what must be covered in the review</p> <p>Need to write an extra commentary</p>	<p>Possible benefits Public will have a greater information base</p> <p>All will get information about issues or good practice</p>	<p>Possible disadvantages Insufficient measures in place to promote an equality focus to the review process</p> <p>May put additional administrative burden on institutions</p> <p>Possible benefits Themes could be used to promote E and D issues</p> <p>Potential to showcase good equality practices and therefore raise awareness in the sector</p> <p>Equality evidenced data could be used to assist review process and</p>

Institutional review of higher education institutions in
England and Northern Ireland: Operational description

				thereby encourage collation and centrality of equality to the process
Enhanced focus on engagement with reference points	<p>Possible disadvantages May be perceived as compliance and tick-box approach</p> <p>Possible benefits May make it easier to demonstrate effective management of quality and standards</p>	<p>Possible disadvantages Will need to instil new approach to using the reference points clearly in review</p> <p>Possible benefits A clearer definition of the remit and subject matter of the review</p> <p>Greater clarity of the criteria for judgments</p>	<p>Possible benefits Will provide clearer assurance against a set of independent externally-agreed criteria</p>	<p>Possible benefits E and D issues could be explored in the light of the Academic Infrastructure</p>
Four judgments	<p>Possible disadvantages May be perceived as being easier to convert into league tables</p> <p>Possible benefits Will allow greater sensitivity of judgments, so that large areas of operation are not found wanting because of failure in one subset</p>	<p>Possible disadvantages May take greater deliberation to reach all four judgments</p> <p>May require further review explorations</p>	<p>Possible benefits Information about separate areas of operation of institution available</p>	
Greater scale of judgments	<p>Possible disadvantages Will be easier to convert into league tables</p>	<p>Possible disadvantages Will need sensitive guidance pointers to be able to apply grades accurately</p>	<p>Possible benefits Information which discriminates institutions better on their management of quality and standards</p>	<p>Possible benefits Excellence in E and D engagement could be recognised and celebrated</p>

Institutional review of higher education institutions in
England and Northern Ireland: Operational description

	<p>Possible benefits Will enable greater differentiation between institutions</p> <p>Will enable excellence to be recognised and celebrated</p>	Review team will need to be able to decide on judgment gradings		<p>Opportunity to identify and share good E and D practice</p> <p>Possible disadvantages Review team without appropriate skills to identify equality issues that could inform its judgment</p>
Interaction with more students	<p>Possible benefits A more accurate picture of students' experience is gained</p>	<p>Possible disadvantages Will need to fit in more meetings or other kinds of interactions during the review visit</p> <p>Possible benefits Greater possibility of triangulating information against students' views</p>	<p>Possible benefits A more accurate picture of students' experience is produced</p> <p>Information in review reports/summaries may be of more interest to students and applicants</p>	<p>Possible benefits Greater diversity of views can be taken into account</p>
Possible meetings with employers, external examiners, recent graduates	<p>Possible disadvantages Need to organise attendance (or videoconferencing) of such participants</p> <p>May need to pay expenses</p> <p>Participants may decline to participate</p> <p>Possible benefits A more rounded picture of the diversity and management of</p>	<p>Possible disadvantages Will need to fit in more meetings or other kinds of interactions during the review visit</p> <p>Possible benefits Greater possibility of triangulating information against other views</p>	<p>Possible benefits A more accurate picture of management of quality and standards is produced</p>	<p>Possible disadvantages Reviews may not be in a position to triangulate different perspectives within the process and may not know the trigger questions on student engagement</p> <p>The organisation and management of the review visit may exclude some students from some</p>

Institutional review of higher education institutions in England and Northern Ireland: Operational description

	provision is obtained by the review team			backgrounds Possible benefits Greater diversity of views can be taken into account Potential to triangulate review evidence against the views of a diverse range of students Potential to showcase the perspectives of students in a variety of marketing and promotion activities
Recommendations not graded	Possible benefits Less comparison of different 'grades' of recommendation possible inside and outside the institution Clearer idea of how urgent a recommendation might be Easier to build into action plan	Possible benefits Teams do not have to deliberate over the grade of recommendation	Possible benefits Less confusion over what the level of recommendation means Clearer picture of how urgent an action might be	
Affirmations used	Possible benefits Recognises action already being undertaken	Possible disadvantages Additional finding to make Possible benefits Allows team to comment on action already in progress, without having to resort to using desirable recommendation	Possible benefits Information on action that the institution is already carrying out	Possible benefits Ongoing E and D action can be recognised and encouraged

Institutional review of higher education institutions in England and Northern Ireland: Operational description

		which is not always appropriate		
No preliminary meeting: institution self-briefs online	<p>Possible disadvantages Online briefing may leave too many questions unanswered</p> <p>Possible benefits Flexibility as to when institution wants to do this</p> <p>Does not have to arrange meeting and host it</p>	<p>Possible disadvantages More pressure may be put on the Preparatory meeting which becomes like a preliminary meeting, but much more tense because it's much later in the timeline</p> <p>Possible benefits Saving on officer time and travel</p>	<p>Possible benefits Environmentally more responsible</p>	<p>Possible disadvantages Online materials need to be accessible to all users</p> <p>Possible benefits Online provision may make accessibility easier</p>
First face to face contact of QAA officer with institution is Preparatory meeting - only 5 weeks before SED and documentation is required; previously this was 14 weeks	<p>Possible disadvantages Shorter time to prepare SED and documentation</p> <p>Possible benefits Documentation should all be off the shelf</p> <p>Less time taken out of everyday activities</p>			
No briefing visit; 1.5 day team meeting	<p>Possible benefits Institution does not have to host three-day meeting</p>	<p>Possible disadvantages Cuts down time for activities</p>		<p>Possible benefits Less time spent away from home/home institution may make review work more feasible for some groups</p>
No predetermined review trails	<p>Possible benefits Institution does not have to provide trail documentation</p>	<p>Possible disadvantages Team must target subject-level information and agree on</p>		

		samples		
SED required	<p>Possible benefits Clearer advice on what is needed than for briefing paper</p> <p>May be more useful to institution in its own self-evaluative activities</p> <p>Allows institution to signal clearly how it engages with reference points and how effective it thinks it is</p>	<p>Possible benefits SED is same format as report, making choice of content of latter easier</p> <p>SED clearly references the evidence the institution uses for its own assurance; team can evaluate this</p>		
SWS format follows SED	<p>Possible benefits Clearer advice on what is required for the SWS - follows same headings as the SED and will therefore be more apparent in the resultant report</p> <p>Allows students to comment on same levels and issues as expected of the institution</p> <p>Possible disadvantages May lose sight of the key four questions of review which the students were uniquely placed to answer in the current method</p> <p>May constrain writing</p>	<p>Possible benefits SWS is same format as SED and report, making triangulation of issues easier</p> <p>Easier to make use of the SWS more transparent</p>	<p>Possible benefits A more accurate picture of students' experience is produced and the contribution is more transparently utilised</p>	

Institutional review of higher education institutions in England and Northern Ireland: Operational description

<p>More use of teleconferencing (TC) and videoconferencing (VC)</p>	<p>Possible disadvantages Adequate TC and VC facilities are necessary in institution</p> <p>Possible benefits Institution does not have to try to arrange face to face meetings of off-site participants</p>	<p>Possible disadvantages Adequate TC and VC facilities are necessary at meeting venues</p> <p>Team needs to understand operation and dynamics of TC and VC</p> <p>TC and VC not always as effective for evidence gathering as face to face</p> <p>Possible benefits May allow more meetings to take place with overseas or part-time participants</p>	<p>Possible benefits Environmentally more responsible</p>	<p>Possible disadvantages Facilities need to be accessible to all</p> <p>Move away from more inclusive engagement styles including face to face meetings of off-site participants</p> <p>Possible benefits Less time spent away from home/home institution may make review work more feasible for some groups</p> <p>TC and VC facilities could improve the experience of carers and those from different cultural backgrounds who are part of the review team</p> <p>Could lead to more targeted engagement of part-time participants and overseas students</p>
<p>All documentation submitted electronically</p>	<p>Possible benefits Institution does not incur expense of printing out documentation</p> <p>Institution needs to ensure effective upload of</p>	<p>Possible disadvantages If documentation not uploaded effectively, or IT support at visit not adequate, team's work is slowed up</p> <p>Team may end up printing out</p>	<p>Possible benefits Environmentally more responsible</p>	<p>Possible disadvantages Facilities need to be accessible to all: electronic information will be exclusive if it is not complimented with alternative communication</p>

Institutional review of higher education institutions in England and Northern Ireland: Operational description

	documentation to QAA folder	documents if IT skills or equipment not adequate		<p>methods</p> <p>Possible benefits Electronic information could make accessibility easier if accompanied by appropriate disability access tools</p>
Documentation submitted before first team meeting	<p>Possible disadvantages Institution needs to ensure effective upload of documentation to QAA folder at an early stage of the review programme</p>	<p>Possible benefits Team has much longer to digest documentation before the review visit</p>		<p>Possible disadvantages Early sharing of information will not be capitalised upon if it is not complemented by an equality-focused communication plan</p> <p>Possible benefits Provides more time for reviewers reading/ digesting documentation which may be beneficial to some groups</p>
Institutional contact role enhanced	<p>Possible disadvantages Institution must allocate personnel and allow time for role to be carried out</p> <p>Contact must understand role</p> <p>Possible benefits Institution receives better information regarding issues emerging and team's thinking</p>	<p>Possible benefits Team receives appropriate and targeted evidence</p> <p>Sterile themes/issues can be quickly dealt with on advice from facilitator</p> <p>Less chance of misunderstanding institution, its mission or its operation; easier</p>		<p>Possible disadvantages Institution's contact role may not include equality personnel and this is a missed opportunity for them to connect quality to equality</p> <p>Possible benefits An opportunity to promote E and D in the contact role</p>

Institutional review of higher education institutions in
England and Northern Ireland: Operational description

	Institution is able to suggest most appropriate evidence sources and people to meet	to produce accurate findings and report		
Shorter, more readable reports	<p>Possible benefits Better use and transmission in the institution</p> <p>Easier to comment on for factual accuracy, and so on</p>	<p>Possible disadvantages Team needs to focus on pertinent issues and write concise reports</p> <p>Team needs to be able to use language which is as clear as possible</p> <p>Could compromise production of a report which provided adequate evidence for complex issues</p>	<p>Possible benefits Better understanding, use and transmission by stakeholders</p>	
Public summary of report	<p>Possible benefits Better understanding of the institution's management in the public arena</p> <p>Better information provided for application purposes</p>	<p>Possible disadvantages May require specially trained writers - could compromise production schedule or meaning of summary</p> <p>Possible benefits Team will not write public summary, so less work</p>	<p>Possible benefits More accessible and useful information for applicants and their advisers, and other public stakeholders</p>	<p>Possible benefits More accessible and useful information for applicants and their advisers, and other public stakeholders</p>
No annex; evidence base produced but not published	<p>Possible benefits Evidence base will be targeted to findings of the review</p> <p>Evidence base will be less formal, aimed at giving institution enough information</p>	<p>Possible benefits Does not have to be publishable text, therefore can be less formal, but more informative</p> <p>Saves time in having to prepare</p>		

Institutional review of higher education institutions in
England and Northern Ireland: Operational description

	<p>to be able to draw up an action plan</p> <p>Evidence base should be more use internally for quality assurance purposes</p>	for publication		
Action plan must be produced	<p>Possible disadvantages An addition to the review process</p> <p>Additional work in making action plan of publishable standard and in involving student reps in its production or consideration</p> <p>If student reps produce their own commentary, extra work needed for this</p>		<p>Possible benefits Stakeholders can see how action is proceeding</p> <p>Maintain momentum between reviews</p> <p>Form of evidence to decide whether follow-up action of any kind is needed</p>	<p>Possible benefits Possibility for student representatives from equality groups to publish their own commentary</p>
Failing judgment can be changed after follow-up	<p>Possible benefits Adverse judgment does not stay on the web for six years</p> <p>Institutions have a chance to demonstrate progress made</p> <p>Risks to reputation ameliorated</p>		<p>Possible benefits Up to date information about institution's status is available</p> <p>Assurance of institution's management of quality and standards made public</p>	

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