



Educational Oversight - Exceptional Arrangements

**A handbook for providers undergoing review from
September 2016**

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Contents

About educational oversight by QAA	1
About QAA	1
About this handbook	1
Section 1: Key features of the method	2
Section 2: The review process in detail.....	2
Overview	2
Scope and coverage.....	2
Review team.....	3
Facilitator.....	3
Role of students	3
Degree-awarding bodies and other awarding organisations	3
Key stages of method.....	4
QAA Concerns scheme	7
After the review visit	8
Complaints and appeals	10
Annual monitoring	10
Annex A: Conclusions for the review	11
Annex B: Guidance notes on completing the action plan.....	13
Annex C: Preparing a self-evaluation document	18
Annex D: Glossary	21

About educational oversight by QAA

1 Educational oversight by a designated body is a requirement for Tier 4 sponsor status. In this context, the **Quality Assurance Agency for Higher Education (QAA)** has been recognised as the designated body for higher education providers by UK Visas and Immigration (UKVI).

2 The process described in this handbook is for providers recognised by UKVI as exceptional arrangements¹ that require educational oversight by QAA, and which are not covered by other methods such as Higher Education Review (Alternative Providers) or Higher Education Review (Embedded Colleges). Exceptional arrangements include embedded colleges operating as autonomous institutions with close links to a higher education institution.

3 In submitting an application for educational oversight, the provider agrees that it is within the scope of the **QAA Concerns Scheme** and has agreed to cooperate with any related investigations.² Section 2 of the handbook gives further details about the Concerns scheme.

4 This method leads to judgements on:

- the provider's management of its responsibilities for **academic standards**
- the provider's management and enhancement of the **quality of learning opportunities** available to students
- the **reliance** that can be placed on the **information** the provider produces about the learning opportunities available to students.

All judgements are graded, and in order to gain or retain Tier 4 sponsor status, UKVI requires the provider to achieve judgements of 'confidence' in academic standards and quality of learning opportunities, and 'reliance' in information.

About QAA

5 The mission of QAA is to safeguard standards and improve the quality of UK higher education wherever it is delivered around the world.

About this handbook

6 The purpose of this handbook is to:

- state the aims of the review method
- give guidance to providers preparing for, and taking part in, the review.

This handbook is intended for staff at higher education providers seeking educational oversight by QAA, and for review **team members**. There is a glossary of terms in Annex D. In addition to this handbook, QAA will provide support for providers and team members.

¹ See Home Office Tier 4 of the Points Based System: Guidance for Sponsors, Document 1: www.gov.uk/government/uploads/system/uploads/attachment_data/file/514312/Tier_4_Sponsor_Guidance_-_Document_1_-_Applying_for_a_Tier_4_licence_2016-04.pdf (PDF, 624KB).

² QAA Concerns Scheme: www.qaa.ac.uk/concerns.

Section 1: Key features of the method

7 The method consists of an initial review followed by submission of an annual return and annual monitoring visits. This section gives an overview of the method, including its aims, objectives and scope. A more detailed description of how the method works follows in Section 2, in addition to a description of the annual return and monitoring process.

8 The method aims to:

- safeguard academic standards and contribute to the improvement of the quality of higher education offered in the UK
- ensure providers offer learning opportunities that allow students to achieve the relevant awards and qualifications
- ensure providers make available valid, reliable, useful and accessible information about their provision.

9 The method is conducted according to QAA's values of integrity, professionalism, accountability, openness and independence. Review teams scrutinise the provider's documentation and hold discussions with staff and students in order to make judgements about the provider. Judgements are made on the effectiveness of the provider's procedures for the management of its responsibilities for academic standards, the management and enhancement of the quality of learning opportunities available to students, and the reliance that can be placed on the information the provider produces about these learning opportunities. Review teams may also identify features of good practice and make recommendations for action. Review teams are comprised of peers from the higher education sector who are trained by QAA in their role.

10 QAA will publish a report at the end of the review process on its website. Documents related to the review, which are not already in the public domain, are regarded as confidential and will only be disclosed to a third party when QAA believes the release is compatible with its information publication scheme.

11 Approximately nine months after the first review, providers must submit an annual return and may receive annual monitoring visits. Providers who make commendable progress at a monitoring visit will be exempt from a monitoring visit the following year, unless specified material changes in circumstances have occurred, which would either extend the monitoring visit or trigger a full review. Where further improvement is required, or where the provider is not making acceptable progress at the end of the monitoring process, providers will need to undergo a full review in order to maintain educational oversight. Section 2 of the handbook describes the process for the annual return and for monitoring visits. Further information is also available on the QAA website.

Section 2: The review process in detail

Overview

12 The review considers all aspects of the provider's procedures for managing its higher education. The process is summarised in a timeline on page 9. Key terms are emboldened and explained in more detail in Annex D.

Scope and coverage

13 The review encompasses all higher education provision covered by *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) and

The Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS), and provision that is designed to prepare students for higher education programmes - typically equivalent to level 3 of the Regulated Qualifications Framework (RQF).³ It will examine the provider's management of the **academic standards** of awards and the quality of **learning opportunities** for students offered in the context of its **partnership agreements** with higher education institutions (HEIs) and the **information** it produces. Partner HEIs may be **awarding bodies** for some or all of the provision, in which case the embedded college's discharge of its responsibilities under the partnership agreements will be considered.

Review team

14 There will be three members of the review team: **two peer reviewers** and a **QAA officer** leading the process. Providers will have the opportunity to check team membership for **conflicts of interest** prior to the team being confirmed.

Facilitator

15 A **facilitator**, a member of staff nominated by the provider, will act as the key point of contact between the provider and the QAA officer both before and during the visit. The facilitator will help to provide a constructive interaction between all participants in the review process. The facilitator should be a member of staff who has a thorough understanding of the provider's higher education provision. More information about the role of the facilitator is provided in the glossary in Annex D.

Role of students

16 The review seeks to identify students' views of their education, both before and during the visit. The QAA officer will discuss with the provider methods of obtaining a **student submission**, which is voluntary. The student submission may take a variety of forms and should reflect the students' own views of their experience as learners. Where a student submission is provided, this should therefore be produced by the student body, although providers may assist students in preparing a submission, for example by sharing information. The review team will expect the provider's self-evaluation to explain how it engages students in the quality assurance process. Further details about the self-evaluation can be found in paragraphs 24-26 and Annex C.

17 There will be a confidential meeting with a representative group of students during the visit to the provider. Given the importance of meeting students, providers will want to give consideration to the timing of the review and the availability of students.

Degree-awarding bodies and other awarding organisations

18 Embedded colleges work with degree-awarding bodies and/or other awarding organisations. The review assumes no preferred awarding model for higher education provision, other than it expects that any model must permit the awarding body/organisation to assure itself about the standards and quality of its provision, however or wherever delivered. Where external awarding bodies are involved, the review will consider how the

³ This includes programmes that are designed to enable entry to a specified degree programme or programmes on successful completion. In these cases, it may be necessary to use other external reference points in addition to the Quality Code to set academic standards. If the programme is free-standing, and does not have a direct relationship with a specified higher education programme, it is not covered by the Quality Code, but may be subject to other regulatory requirements.

provider discharges its responsibilities within the context of its agreements with partner awarding bodies/organisations.

19 The extent of a degree-awarding body or awarding organisation's involvement in the review should be decided in discussion between the partners. Review teams will, however, normally expect to meet representatives of degree-awarding bodies or awarding organisations during review visits.

Key stages of method

20 The three key stages of the method are set out below in terms of preparation for the visit, the visit itself and post-visit activities.

Preparing for the review visit

21 Before the review visit takes place, QAA will do the following:

- notify the provider of the dates of the review
- notify the provider of the review team members and seek comments on any potential conflicts of interest
- invite the provider to identify a facilitator no later than 12 weeks before the visit
- schedule a **preliminary meeting** for the provider.

A briefing event to introduce providers to the method may also be provided in addition to the preliminary meeting.

Preliminary meeting

22 The **preliminary meeting** is held at the provider's premises and involves key staff involved in the preparation for the review, including the facilitator, and the QAA officer. This will take place no later than 10 weeks before the visit of the review team.

23 The purpose of the preliminary meeting is to discuss the arrangements for the review visit, including the information to be provided to the review team such as the self-evaluation document and the student submission. It is also an opportunity for the QAA officer to meet key staff, clarify the process, and provide an opportunity for staff to ask questions. Student representatives may also attend to discuss the preparation of the student submission.

Self-evaluation document

24 The **self-evaluation document** (SED) is a key element of the review that should be submitted to QAA six weeks in advance of the review visit. The SED should cover all aspects of the provider's higher education provision and needs to be fully referenced to supporting **evidence** submitted at the same time. The SED should provide an analytical self-reflection on the provider's approach to the management of academic standards, the management and enhancement of the quality of learning opportunities, and information about its higher education provision. It should clearly identify roles, responsibilities and reporting structures. For further information about preparing the SED, see Annex C.

25 The SED should outline how the provider uses relevant external reference points relating to academic standards and quality for higher education, including the UK Quality Code for Higher Education (the Quality Code). The Quality Code gives all higher education providers a shared starting point for setting, describing and assuring the academic standards

of their awards and programmes, and for assuring the quality of the learning opportunities and information provided. The Quality Code is available on the QAA website.⁴

Desk-based analysis

26 The review team will analyse the SED and supporting evidence, and student submission if provided, prior to the review visit. The review team may ask for additional evidence or for clarification on particular matters prior to the visit in order to avoid delays during the visit. Typically, additional information would be requested around three weeks prior to the review visit with an expectation that this is provided prior to the review visit. Requested information can be made available at the start of the review visit by arrangement. All requests for additional information will be formally made through the QAA officer.

The review visit

27 The visit by the review team will normally last for one day. It is designed to allow reviewers to meet the provider's staff, students and other stakeholders, and where necessary, to scrutinise evidence on-site. Reviewers do not observe teaching or review student assessments, but will consider evidence of how the provider assures standards, the quality of teaching and other learning opportunities. Reviewers are responsible for analysing the evidence, which leads to their conclusions and judgements. The role of the QAA officer is one of leadership and facilitation. The QAA officer supports the team in making their evidence-based judgements. The visit concludes with a private meeting of the review team, at which the reviewers will arrive at conclusions and judgements.

28 The conclusions and judgements will not be disclosed to the provider at this stage. Instead, the provider and awarding bodies/organisations will be informed of the outcomes in the key findings letter within two weeks of the end of the visit (see paragraph 45).

Judgements

29 At the end of the visit, the review team will agree summaries of evidence and provide the following:

- a provisional judgement on the provider's management of its responsibilities for academic standards
- a provisional judgement on the management and enhancement of the quality of learning opportunities
- a provisional judgement as to whether reliance can or cannot be placed on the information the provider produces about the learning opportunities it offers.

30 For academic standards and the quality of learning opportunities, the reviewers will make judgements of confidence, limited confidence or no confidence. A provisional **confidence** judgement will be made where:

- the provider is found to be effective in managing its responsibilities for the management of academic standards/management and enhancement of the quality of learning opportunities
- the prospects for academic standards and quality being maintained at current levels appear sound
- the provider has rigorous mechanisms for the management of its higher education provision.

⁴ The UK Quality Code for Higher Education: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code.

- 31 A provisional **limited confidence** judgement will be made where:
- significant concerns exist about aspects of a provider's current or likely future management of academic standards/management and enhancement of the quality of its higher education provision.
- 32 A provisional **no confidence** judgement will be made where:
- major concerns exist about significant aspects of a provider's current or likely future capacity to secure and maintain academic standards/manage or enhance the quality of its higher education provision.
- 33 The reviewers will also reach a judgement on whether or not information about learning opportunities that the provider produces for its intended audiences is fit for purpose, accessible and trustworthy. This includes:
- information for the public about the provider, including its status
 - information about its higher education provision and the awards to which it leads
 - information for prospective students
 - information for current students
 - information for students upon completion of their studies
 - information for those with responsibility for academic standards and quality.
- 34 A judgement that **reliance can** be placed on the information the provider produces for its intended audiences about the learning opportunities it offers will be reached where the provider:
- recognises all the information that it is responsible for publishing within the area under review
 - has effective mechanisms for making sure that the information is fit for purpose, accessible and trustworthy
 - has supplied evidence that this is the case.
- 35 A judgement that **reliance cannot** be placed on the information the provider produces for its intended audiences about the learning opportunities it offers will be reached where:
- a provider does not recognise all of the information that it is responsible for producing, and/or
 - a provider does not have effective mechanisms for ensuring that the information is fit for purpose, accessible and trustworthy.
- 36 In order to gain or retain Tier 4 sponsor status, UKVI requires the provider to achieve judgements of 'confidence' in academic standards and quality of learning opportunities, and 'reliance' in information.⁵
- 37 Further details of the criteria for making judgements are set out in full in Annex A.

⁵ See Home Office Tier 4 of the Points Based System: Guidance for Sponsors, Document 1: www.gov.uk/government/uploads/system/uploads/attachment_data/file/514312/Tier_4_Sponsor_Guidance_-_Document_1_-_Applying_for_a_Tier_4_licence_2016-04.pdf (PDF, 624KB).

Recommendations

38 The review report may also include **recommendations**, which are categorised according to priority.

- **Essential** recommendations refer to issues that the reviewers believe are currently putting quality and/or standards at risk and hence require urgent corrective action. Judgements of limited or no confidence will normally be accompanied by one or more recommendations for action considered to be essential and, almost certainly, others for action considered to be advisable and/or desirable.
- **Advisable** recommendations relate to matters that the reviewers believe have the potential to put quality and/or standards at risk and hence require preventative corrective action.
- **Desirable** recommendations relate to matters that the reviewers believe have the potential to enhance quality, build capacity and/or further secure standards.

Features of good practice

39 The review report may also identify features of good practice. These relate to matters that the reviewers regard as making a particularly positive contribution to the provider's management of academic standards and/or academic quality/information, and which are worthy of wider dissemination within and/or beyond the provider.

QAA Concerns Scheme

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

41 When a concern becomes known to QAA in the immediate build up to a review visit, QAA may investigate the concern within that review rather than conduct a separate investigation. If investigated through the review, QAA will pass the information and accompanying evidence to the reviewers. QAA may add extra reviewers to the review team. QAA will explain the nature of the concern to the provider and invite it to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome.

42 Where a concern becomes known to QAA during a review visit, QAA may investigate the concern during the review visit and this could be grounds for extending the visit. If investigated in this way, QAA will pass the information and accompanying evidence to the reviewers. QAA will explain the nature of the concern to the provider and invite it to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome. Alternatively, QAA may choose to investigate the concern after the review visit has ended and this may also affect the review outcome, and delay publication of the review report.

43 QAA may also use the review to follow up on a provider's response to the outcomes of a Concerns full investigation following the publication of the investigation report, or its response to Concerns initial inquiries. If the review is used for this purpose, the QAA officer will inform the provider and describe how the review is likely to be affected. It may, for instance, involve the submission by the provider of additional evidence, or an additional

meeting at the review visit. The reviewers' view of the provider's response to the Concerns investigation may affect the review outcome.

44 QAA has separate and more detailed guidance on how it considers Concerns during reviews.⁶

After the review visit

Key findings letter

45 Within two weeks of the end of the review visit, the QAA officer will send the provider a key findings letter, which will summarise the review team's conclusions. The letter will be copied to UKVI and relevant degree-awarding bodies/organisations. All judgements, good practice and recommendations remain provisional until the report is finalised.

Draft report

46 The review team is responsible for writing a report of its findings. The draft report sets out the provisional judgements, good practice and recommended actions as described above, together with contextual information and supporting evidence.

47 Six weeks after the end of the visit, the QAA officer will send a draft version of the report to the provider for comment. This gives the provider the opportunity to draw attention to any areas that it regards as inaccurate or incomplete. The provider should submit its response to the draft report within three weeks of receipt. The review team will be able to consider only supporting evidence that was available at the time of the review visit. The review team will then decide whether or not any aspect of the report, including the provisional judgements, should be amended in response. When the judgements are finalised, QAA will also inform UKVI.

Final report

48 Normally, once the review team has considered and responded to the provider's comments, it will confirm the judgements. The final report will normally be published on the QAA website **12 weeks after the end of the visit**. The final publication date will be deferred if a second draft report is required, or if a provider appeals the review team's confirmed judgements. QAA will notify the provider when the final version of the report has been published.

⁶ *Referring Concerns to Reviews*, available at: www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2850.

Table 1: Indicative timeline for review visit⁷

Time +/- visit	Actions required	Who
-14 weeks (minimum)	QAA informs provider and degree-awarding bodies/organisations (DAB/O) of the review visit	<ul style="list-style-type: none"> • QAA, following consultation with provider and DAB/O
-10 weeks (minimum)	Preliminary meeting	<ul style="list-style-type: none"> • QAA officer • Provider • DAB/O
-6 weeks	Provider's self-evaluation and student submission	<ul style="list-style-type: none"> • Provider • Students
-3 weeks	Team requests additional documentation	<ul style="list-style-type: none"> • QAA officer
-1 week	Provider uploads additional documentation	<ul style="list-style-type: none"> • Provider
0 weeks	Review visit to provider	<ul style="list-style-type: none"> • Provider • Students • QAA review team • DAB/O
+2 weeks	Key findings letter to provider, UKVI and DAB/O	<ul style="list-style-type: none"> • QAA officer
+6 weeks	Draft report to provider for comments on factual accuracy	<ul style="list-style-type: none"> • QAA officer
+9 weeks	Provider submits comments on factual accuracy to QAA	<ul style="list-style-type: none"> • Provider
+12 weeks	Review report published at www.qaa.ac.uk and provider publishes action plan	<ul style="list-style-type: none"> • QAA • Provider

Action plan

49 After the report has been published, the provider will be expected to provide and publish an **action plan**. The action plan describes how the provider intends to take forward the review team's findings, and the effectiveness of the action taken will form part of the evidence base for any future review activity, including the annual return and monitoring visit (see paragraph 54 for further details of the annual return and monitoring visit). The plan will also constitute a published record of the provider's commitment to developing its provision. A template for the action plan and further guidance is provided in Annex B.

Process for unsatisfactory judgements

50 If the review team makes a judgement of 'no confidence' or 'limited confidence', and/or 'no reliance', a second draft of the report will be produced. Where the second draft report (that is, the version of the report produced in light of the provider's comments on the first draft) contains unsatisfactory judgements, QAA will not publish that report but rather send it back to allow the provider to consider whether it wishes to appeal the judgements. Any appeal should be made within one month of dispatch of the second draft report, and should be based on that second draft. An appeal based on a first draft report will not be considered. **QAA will not publish a report, meet a third party request for disclosure of**

⁷ Please note that timings may be altered to take account of public holidays.

the report, or consider a provider's action plan while an appeal is pending or is under consideration. Please refer to the procedure on appeals for further information.⁸

51 Where an unsatisfactory judgement is not appealed, or where an appeal against an unsatisfactory judgement is unsuccessful, the review report will be published and the provider will be notified of publication. Upon publication of the report, the provider will receive confirmation that it will not be eligible to use the QAA Review Graphic (or the QAA Quality Mark, if the provider is a QAA subscriber) and will be asked to remove it from all its communications materials.

52 Please see the latest Tier 4 Sponsor Guidance published by UKVI for the consequences of receiving a negative judgement.

Complaints and appeals

53 QAA has formal processes for receiving complaints and appeals. Details of these processes are available on the QAA website.⁹

Annual monitoring

54 Following the review, the provider will be subject to annual monitoring. An **annual return** and **monitoring visit** are an integral part of the overall review process. They serve as a short check on the continuing management of academic standards; the management and enhancement of the quality of learning opportunities; and the information published about the academic provision.

55 Significant material changes in circumstances, or complaints or concerns raised about the provider, may trigger a review of the provider instead of a monitoring visit. Further details on the annual monitoring process are available on the QAA website.¹⁰

⁸ Complaints about QAA and appeals against decisions: www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions.

⁹ QAA Concerns scheme: www.qaa.ac.uk/complaints/pages/default.aspx.

¹⁰ Educational oversight reviews: www.qaa.ac.uk/en/ReviewsAndReports/Pages/Educational-Oversight-.aspx.

Annex A: Conclusions for the review

Teams will draw a conclusion based on the criteria below.

Confidence	Limited confidence	No confidence
<ul style="list-style-type: none"> • the provider is found to be effective in managing its responsibilities for the management of academic standards/management and enhancement of the quality of learning opportunities • the prospects for academic standards and quality being maintained at current levels appear sound • the provider has rigorous mechanisms for the management of its higher education provision. 	<ul style="list-style-type: none"> • significant concerns exist about aspects of a provider's current or likely future management of academic standards/management and enhancement of the quality of its higher education provision. 	<ul style="list-style-type: none"> • major concerns exist about significant aspects of a provider's current or likely future capacity to secure and maintain academic standards/manage or enhance the quality of its higher education provision.
<p>A confidence judgement will be reached on the basis of evidence that the provider has sound structures and procedures for assuring and enhancing quality, that it is successful in managing them, and that they are applied effectively to each higher education programme. This judgement will be accompanied by recommendations for actions that are considered advisable and/or desirable (but never essential); however, the overall judgement should not be seen as being qualified by such recommendations.</p> <p>A judgement of confidence is, therefore, an expression of belief in a provider's</p>	<p>A limited confidence judgement indicates that there is evidence that the provider's capacity to manage academic standards and/or the quality of learning opportunities soundly and effectively is limited or is likely to become limited in the future. The reason for this judgement may be significant weaknesses either in the management of the provider's structures and procedures or in their implementation.</p> <p>Confidence may be limited either because of the extent or the degree of weaknesses identified. The determining factor in reaching a judgement of limited confidence is not simply evidence of problems in some programmes -</p>	<p>A no confidence judgement will be reached where major doubts exist about significant aspects of a provider's current or likely future capacity to deliver, secure and maintain the quality of learning opportunities. The report will identify the main areas of concern, discuss the means by which such a situation was able to arise and be sustained, and advise students and other stakeholders of the existence of failing or unsatisfactory quality of provision. It will contain one or more recommendations considered essential and others considered advisable and/or desirable.</p> <p>A judgement of no confidence will reflect serious procedural inadequacies or</p>

<p>commitment and ability to identify and address any situation that potentially threatens the delivery of the quality of student learning opportunities, or the provider's ability to meet its contractual obligations. This includes considering and addressing in a mature and engaged manner, through its own procedures and those of its academic partners, any recommendations contained in the report.</p>	<p>no provider could be expected to avoid these entirely. It is, instead, the fact that the provider may not have been fully aware of the problems and/or has failed to take prompt and appropriate action to remedy them. The review team may also express limited confidence where the provider makes a less than full use of independent external persons in internal quality management procedures. Limited confidence judgements are likely to be accompanied by a number of advisable or essential recommendations.</p>	<p>implementation failures, and will be indicative of fundamental weaknesses in the provider's capacity to manage its responsibilities for providing higher education of an appropriate quality. It will have serious implications for any academic partners, which are likely to wish to take urgent action.</p>
<p>Reliance</p>	<p>No reliance</p>	
<ul style="list-style-type: none"> • the provider recognises all the information that it is responsible for publishing within the area under review • the provider has effective mechanisms for making sure that the information is fit for purpose, accessible and trustworthy • the provider has supplied evidence that this is the case. 	<ul style="list-style-type: none"> • the provider does not recognise all of the information that it is responsible for producing, and/or • the provider does not have effective mechanisms for ensuring that the information is fit for purpose, accessible and trustworthy. 	

Annex B: Guidance notes on completing the action plan

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

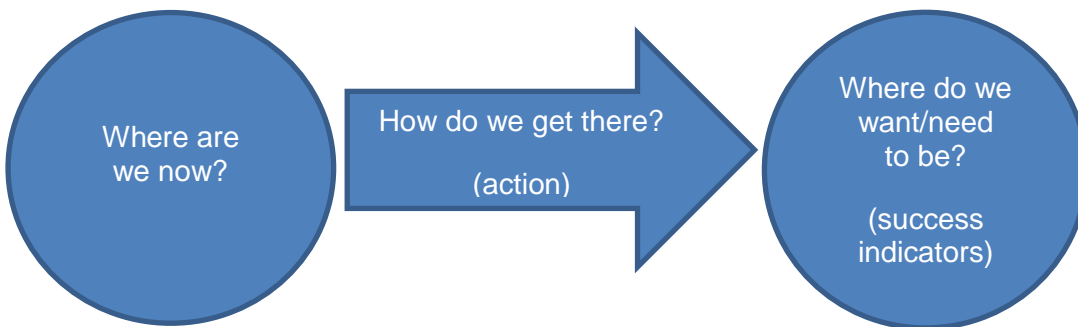
This action plan should be produced jointly with student representatives, or representatives should be able to post their own commentary on the action plan. It should be signed off by the head of the provider and be published on the provider's website. A link to the report page on QAA's website should also be provided.

We do not specify a template for the action plan because we recognise that each provider will have its own, however, an example template is attached with an explanation of what is required in each column.

Completing the action plan

Before completing the action plan template, it might be useful to consider beginning with the end in mind. What would success look like? What will be different as a result of the actions taken?

Figure 4: Completing the action plan



For example:

Recommendation	Success indicators
Develop and embed a robust system for programme design and approval.	<p>Effective processes are in place to approve and periodically review the validity and relevance of programmes.</p> <p>All programmes are approved and validated prior to students beginning their course of study.</p>

Actions can then be developed that will lead to the success indicators.

The template

The column headings in the action plan template are:

Column 1: Good practice and recommendations

This column should repeat precisely the wording of the good practice and recommendations identified in the report.

Column 2: Actions to be taken

The provider should state how it proposes to address each of the recommendations and good practice in this column. Actions should be 'SMART' (specific, measurable, achievable, realistic and time-bound).

Examples:

Recommendations	Actions to be taken to meet success indicators	Success indicators
Develop and embed a robust system for programme design and approval	<p>In consultation with the Academic Board, Senior Management Team and awarding bodies, develop new system for programme design and approval.</p> <p>Ensure all programmes are approved before students are enrolled. No new programmes to run without validation.</p>	<p>Effective processes are in place to approve and periodically review the validity and relevance of programmes.</p> <p>All programmes are approved and validated prior to students beginning their course of study.</p>
Introduce a more reliable method for the systematic collection of data on student retention, academic standing and achievement	<p>Develop and implement new system of data compilation and analysis.</p> <p>Reflection on data during annual monitoring process (at annual monitoring validation panels) informs strategic and operational management decisions.</p> <p>Annual data returns produced and shared with college staff.</p> <p>Includes section on previous year's actions and responses to actions.</p>	<p>Coherent, comprehensive and accurate student data on retention, academic standing and achievement.</p> <p>Annual monitoring process systematically takes due account of relevant data.</p> <p>Student retention 85% or higher.</p>

Column 3: Date for completion (see action plan example)

The provider should specify dates for when the actions proposed in the previous column will be completed within the timescale specified by the review team. The more specific the action, the easier it will be to set a realistic target date. Ensure there is a specific target date for each milestone or subsidiary action. Avoid using 'ongoing', as it cannot be measured.

For example:

- 17 September 20XX
- 4 January 20XX, 8 February 20XX, 8 March 20XX
- second week of every term starting January 20XX.

Column 4: Action by (see action plan example)

State the role or job title of the specific person or committee who is responsible for carrying out the action and who is to be accountable for this. Do not include individuals' names.

Column 5 Success indicators (see action plan example)

The provider should identify how it will know - and how it will demonstrate - that a recommendation has been successfully addressed, or feature of good practice appropriately disseminated. If there is a specific action and a clear date for completion, it will be easier to identify suitable success indicators. The provider's responsibilities to its awarding bodies/organisations should be considered when developing the success indicators.

It may be helpful to consider the following questions.

- What will be different as a result of the action(s) taken?
- What will success look like?
- How can success be measured?

Column 6: Progress (see action plan example)

This column should be updated after each internal review of progress. Regular updating should assist with preparations for any future monitoring. Examples of evidence in support of progress made may include:

- external verifier reports
- end-of-term course feedback
- quarterly academic board meeting minutes
- student learning journals
- teaching and learning policy and completed teaching observation reports
- annual monitoring reports.

Some final points for consideration

- Do the actions provide a sufficient framework for the provider to move forward in a structured and timely way?
- Can progress be monitored and evaluated?
- Does the action plan show someone external to the provider what evidence could be used to confirm that the actions have been achieved and their effectiveness evaluated?

Action plan example

1. Findings	2. Actions to be taken	3. Date for completion	4. Action by	5. Success indicators	6. Progress (add date of review)
Good practice					
List features of good practice					
Affirmation					
List affirmations					
Recommendations					
<ul style="list-style-type: none"> develop and embed a robust system for programme design and approval 	<p>In consultation with Academic Board, Senior Management Team and awarding bodies, develop new system for programme design and approval.</p> <p>Ensure all programmes are approved before students are enrolled. No new programmes to run without validation.</p>	<p>September 20XX</p> <p>September 20XX</p>	<p>SMT/Academic Board</p> <p>Heads of department/ Academic Board</p>	<p>Effective processes are in place to approve and periodically review the validity and relevance of programmes.</p> <p>All programmes are approved and validated prior to students beginning their course of study.</p>	<p><i>A draft procedure for programme design and approval has been produced by Senior Management Team and will be submitted to Academic Board in June 20XX</i></p>

<ul style="list-style-type: none"> introduce a more reliable method for the systematic collection of data on student retention, academic standing and achievement 	<p>Develop and implement new system of data compilation and analysis.</p> <p>Review of data during annual monitoring process (at annual monitoring validation panels) informs strategic and operational management decisions.</p> <p>Annual data returns produced and shared with college staff.</p> <p>Includes section on previous year's actions and responses to actions.</p>	<p>October 20XX to be implemented by December 20XX</p> <p>From January 20XX, third month of each term</p> <p>Annually from August 20XX</p> <p>Annually from September 20XX</p>	<p>Director of Studies and Information Services Manager</p> <p>Heads of school</p> <p>Senior Management Team</p> <p>Director of Studies</p>	<p>Coherent, comprehensive and accurate student data on retention, academic standing and achievement.</p> <p>Annual monitoring process systematically takes due account of relevant data.</p> <p>Student retention at 85% or higher.</p>	<p><i>Information Services Manager has developed new process, to be discussed at SMT in April 20XX</i></p> <p><i>Director of Studies has revised annual data returns to include section on previous year's actions and responses</i></p>
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Annex C: Preparing a self-evaluation document

Preparing a self-evaluation - points to remember

Self-evaluation is a key feature of all QAA reviews. The self-evaluation document (SED) should contain an evaluative, self-critical commentary and supporting evidence. An effective SED is key to the provider gaining substantial benefit from the method and to the smooth running of the review. QAA therefore encourages providers to give due time and attention to preparing this document. It is important to remember that all the evidence should be in existence and not specially written for the review. The SED should take the form of a portfolio of existing documents accompanied by a short commentary that signposts and contextualises the evidence contained within them, and that reflects on the effectiveness of processes and procedures. QAA officers may offer guidance on the form and structure of the SED. They may also advise on the sort of supporting evidence to include. QAA officers will not comment on a draft SED.

In simple terms, the SED explains:

- what the provider is doing
- why the provider is doing it
- how the provider is doing it
- how the provider knows that what it is doing works
- how the provider can improve what it is doing.

The SED should be structured in the following way:

- introduction and context
- analysis of management of academic standards
- analysis of management and enhancement of the quality of learning opportunities
- analysis of management of information about learning opportunities
- evaluative summary to include strengths, areas for development, and actions currently being taken to improve any previously identified areas for development (arising from any previous reviews or internal quality assurance processes)
- an electronic, numbered master list of evidence with documents clearly named and numbered, and clearly cross-referenced to the appropriate text in the self-evaluation.

The commentary should reflect the provider's capacity for critical self-reflection on the effectiveness of its processes and procedures for managing higher education. A possible approach is to provide an opening statement containing an evaluation, then qualify it with supporting evidence, for example:

There is a comprehensive staff development policy (1 Policies: doc 1i) and the provider offers a wide range of staff development activities, which are recorded systematically (4 Staff development and training: doc 4ii). The analysis of the impact of higher education developmental activities on academic standards and the quality of learning opportunities is underdeveloped.

Such a statement would typically be followed by a clear indication of what is being done to address an area identified for development, for example:

The provider's Director of Quality and human resources managers are currently reviewing the staff development policy. It will be strengthened by requiring course convenors to conduct an annual evaluation of the impact of staff development and training on the standard and quality of teaching. This will serve to improve the

planning and sharpen the focus of future events. The revised policy (2 Draft Policies: doc 2i) will be available from the start of the semester, supported by training for course convenors and briefings for staff (6 Minutes, Course Convenors team meeting, 23 July 2010, para 2).

Evidence

It is vital that the SED identifies the evidence that illustrates or substantiates the narrative. It is not the responsibility of the review team to seek out this evidence. The selection of evidence is at your discretion and we would encourage you to be discerning in that selection, limiting the evidence to that which is clearly relevant to the SED. It is quite acceptable - indeed it is to be expected - that you will reference the same key pieces of evidence in several different parts of the SED. The following sets of information tend to be very helpful for the review team. You may, therefore, find it easiest to reference this information from the SED, rather than provide it separately later on in the process.

- Agreements with degree-awarding bodies and/or awarding organisations, where applicable.
- Reports of the processes through which the provider and the partner degree-awarding bodies approved the embedded college relationship and arrangements for the management of academic standards and quality of learning opportunities.
- The provider's policy, procedures and guidance on quality assurance and enhancement (this may be in the form of a manual or code of practice).
- A diagram of the structure of the main bodies (deliberative and management) that are responsible for the assurance of quality and standards.
- Minutes of quality assurance bodies.
- Annual overview reports (for example, on external examining or annual monitoring) where these have a bearing on the assurance of quality and standards.
- The most recent annual and periodic review reports, together with the report of the most recent programme or provision approval.

Submission

The SED should be provided to QAA six weeks before the start of the visit. Once it has been approved by the QAA officer, the reviewers will analyse the SED prior to the visit. QAA may return the SED to the provider for further work if it does not enable the team to identify the provider's responsibilities and understand how these are discharged. In these circumstances, the QAA officer will advise the provider. The QAA officer may also contact the provider with a list of questions or requests for additional information and/or evidence prior to the review visit.

You will need to upload your SED and the accompanying evidence six weeks before the start of the review period. The precise date for doing this will be explained at the preliminary meeting. We will also explain by letter how the SED and supporting evidence should be uploaded. The key technical points you will need to consider as you put the SED and supporting evidence together are as follows.

- Please supply your SED and supporting evidence in a coherent structure (that is, all files together, with no subfolders or zipped files) with documents clearly labelled numerically, beginning 001, 002 and so on.
- File names must only use alphanumeric characters (a-z and 0-9) and the hyphen (-).
- The underscore (_), full stops, spaces and any other punctuation marks or symbols will not upload successfully and, therefore, must be avoided.

- QAA's systems cannot accept shortcut files (also known as .lnk and .url files). Any temporary files beginning with a tilde (~) should not be uploaded, and you do not need to upload administrative files such as thumbs.db and .DS_Store.

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

Annex D: Glossary

Academic standards	Academic standards are defined as the level of achievement a student has to reach in order to achieve a particular award or qualification. In the UK, there are nationally-agreed reference points for the academic standards of the various levels of higher education qualifications set out in the frameworks for higher education qualifications published by QAA.
Action plan	After the review visit, the provider will be asked to develop an action plan describing how the provider plans to take action on the findings of the review visit.
Advisable recommendation	Reports will include recommendations about how a provider might improve the management of its higher education provision. Recommendations are categorised according to priority. Advisable recommendations relate to matters that the review team believes have the potential to put quality and/or standards at risk and hence require preventative corrective action.
Annual return	The annual return is part of the monitoring process. The annual return includes links to key documents that provide evidence of any action taken in response to all previous good practice and recommendations.
Awarding bodies/ organisations	Providers may be working with one or more higher education provider(s), which retain responsibility for the academic standards of all awards granted in their name(s) and for ensuring that the quality of learning opportunities offered through collaborative arrangements are adequate to enable students to achieve the academic standard required for their awards.
Concerns Scheme	<p>QAA investigates concerns about the standards and quality of higher education provision raised by students, staff, and other people and organisations, where we think these concerns indicate serious systemic or procedural problems.</p> <p>Concerns may be followed up through educational oversight reviews or as a separate process. Further information about the concerns process can be found on the QAA website: www.qaa.ac.uk/concerns.</p>
Confidence	<p>Reviewers are required to make a judgement about the provider's management of academic standards and management of the quality of learning opportunities.</p> <p>The judgements are: confidence, limited confidence or no confidence. See Annex A for further information.</p>
Conflicts of interest	Team members will not be eligible to be part of a team when a conflict of interest is identified.
Desirable recommendation	Reports may include recommendations about how the provider might improve the management of its higher education provision.

	<p>Recommendations are categorised according to priority. Desirable recommendations relate to matters that the review team believes have the potential to enhance quality, build capacity and/or further secure standards.</p>
Essential recommendation	<p>Reports may include recommendations about how the provider might improve the management of its higher education provision. Recommendations are categorised according to priority. Essential recommendations refer to issues that the review team believes are currently putting quality and/or standards at risk and hence require urgent corrective action.</p>
Evidence	<p>The review is an evidence-based process. This means that review teams conduct their enquiries primarily by comparing evidence about the provider's management of its higher education provision with its own policies and procedures, the agreements it has with its academic partners, and the expectations of relevant external reference points.</p> <p>Evidence comes in a wide range of forms and will vary from provider to provider. It is likely to include formal agreements with academic partners, policies and procedures for the management of the student learning experience of higher education programmes, review and inspection reports of other organisations, and any information arising from meetings with staff and students.</p> <p>Some of this evidence, such as review reports by other organisations, will be available publicly. Other elements should be supplied by the provider as part of its self-evaluation or supporting evidence. There is guidance on developing the self-evaluation document (SED) in Annex B of this handbook. Once the review team has read the SED, the QAA officer may ask for more evidence to be available at the review visit itself. The QAA officer will confirm at the preliminary meeting, or at least three weeks before the review visit, precisely what further evidence is required.</p>
Facilitator	<p>For the review, the provider is invited to nominate a facilitator. The facilitator acts as a single point of contact between the provider and the QAA officer, and through her/him, the review team.</p> <p>The facilitator's responsibilities include, consultation with the QAA officer, ensuring that team members have the relevant evidence to enable them to conduct the review (including when the team members are off-site), bringing additional information to the attention of the team members and helping to clarify any matters of fact.</p> <p>In addition, the facilitator attends all meetings of the review team other than those with students, or where judgements are discussed. The facilitator does not contribute to the review report or its judgements.</p>
Good practice	<p>Good practice is practice that the reviewers regard as making a particularly positive contribution to the provider's management of</p>

	academic standards and/or academic quality in the context of that particular provider, and which is worthy of wider dissemination within and/or beyond the provider.
Information about learning opportunities	Information about learning opportunities is information about the academic standards and the quality of learning opportunities that is in the public domain. This includes information available to students and staff.
Limited confidence	<p>Reviewers are required to make a judgement about the provider's management of academic standards and management of the quality of learning opportunities.</p> <p>The judgements are: confidence, limited confidence or no confidence. See Annex A for further information</p>
Monitoring visit	The monitoring visit takes place following the submission of the annual return. The monitoring visit will normally last for one day, and will normally include meetings with the provider's staff and students.
No confidence	<p>Reviewers are required to make a judgement about the provider's management of academic standards and management of the quality of learning opportunities.</p> <p>The judgements are: confidence, limited confidence or no confidence. See Annex A for further information.</p>
Partnership agreement	Providers have formal partnership agreements, and many of these describe precisely the provider's responsibilities for any given higher education programme.
Peer review	The review is a peer review process. This means that the reviews are conducted by people with current or very recent experience of managing, developing, delivering and/or assessing higher education. As a result, reports are based upon a working knowledge of UK higher education and, more specifically, an understanding of the challenges of managing academic standards and quality effectively.
Preliminary meeting	<p>Typically 10 weeks before a visit, there is a preliminary meeting for the visit between the provider's staff, students and the QAA officer.</p> <p>The purpose of the preliminary meeting is to develop the agenda for the visit and identify further evidence for the provider to supply to the team, based on an analysis of the provider's SED and the student submission. This meeting also gives the provider the opportunity to ask the QAA officer any questions.</p>
QAA	The Quality Assurance Agency for Higher Education (QAA) was established in 1997 and is an independent body funded by subscriptions from UK universities and providers of higher education, and through contracts with the main UK higher education funding bodies.

QAA officer	<p>Each review is managed by a QAA officer. The QAA officer is responsible for guiding the provider on preparing its SED; chairing the preliminary meeting; discussing and agreeing the programme for the visit with the provider; identifying the most effective way of engaging with students; leading the review team at the visit; editing reports; responding to any comments on the report from the provider; and keeping in touch with the provider.</p> <p>The QAA officer is the provider's first and main point of contact throughout the review.</p>
Quality of learning opportunities	<p>Quality of learning opportunities means the effectiveness of everything that is done or provided (the 'learning opportunities') by the provider to ensure that its students have the best possible opportunity to meet the intended learning outcomes of their programmes and the academic standards of the awards they are seeking.</p> <p>The review considers the quality of learning opportunities against all aspects of the provider's provision, leading to a judgement that is subsequently published.</p>
Recommendations	<p>Reports will include recommendations for the provider about how it might improve the management of its higher education provision. Recommendations are for actions categorised as essential, advisable or desirable according to priority.</p>
Reliance can/cannot be placed on information about learning opportunities	<p>Reviewers are required to make a judgement about the provider's information about learning opportunities produced for a range of stakeholders.</p> <p>The judgements are: reliance can/reliance cannot be placed on information about learning opportunities.</p>
Reports	<p>The review culminates in a report of the team's findings. Reports will be published on QAA's public website.</p>
Review	<p>In this handbook, 'review' means Educational Oversight - Exceptional Arrangements.</p>
Reviewers	<p>Reviewers are external peers with current or recent experience of managing, developing, delivering and/or assessing higher education in higher education providers. Reviewers are not employees of QAA, although they are paid for taking part. Reviewers are trained specifically for the role by QAA.</p>
Self-evaluation	<p>The review is based on a self-evaluation prepared by the provider. The self-evaluation document describes the responsibilities that the provider has for the management of its higher education provision and evaluates the effectiveness of the policies and procedures it has adopted for discharging these responsibilities.</p>
Student submission	<p>QAA will also invite students to prepare a voluntary submission before the visit, to help them make sure that students' views inform the arrangements for the visit.</p>

	<p>Student submissions may take a variety of forms, such as a summary of responses to recent student questionnaires or a written report of student focus groups. The principle of the submission, irrespective of its form, is that it should reflect the students' own views of their experiences as learners. Providers may, however, have a valuable role to play in helping their students to prepare a submission, for example by sharing information with them. QAA will provide further guidance to providers during preparations.</p>
Team	<p>The review team comprises the QAA officer and two reviewers. QAA will avoid known conflicts of interest.</p>
Visit	<p>Each visit normally takes one day. The purpose of visits is to allow the review team to scrutinise evidence on-site, meet the provider's staff, students and other stakeholders (where appropriate), and consider the extent of the provider's engagement with relevant external reference points.</p>

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