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## Introduction

### Background

1 The mission of the Quality Assurance Agency (the Agency) is to safeguard the public interest in sound standards of higher education qualifications and to encourage continuous improvement in the management of the quality of higher education. To this end, the Agency carries out reviews and audits of the academic performance of institutions. This *Handbook* describes the Agency's method and procedures for undertaking reviews of higher education institutions (HEIs) in Wales. The arrangements for auditing and reviewing institutions in England, Northern Ireland and Scotland are described in separate documents.

2 The process of institutional review described in this *Handbook* has been developed by the Agency in partnership with the Higher Education Funding Council for Wales (HEFCW). For Welsh HEIs, it replaces the previous processes of continuation audit at institutional level, undertaken by the Agency at the request of Universities UK and the Standing Conference of Principals, and assessments and engagements relating to the quality and standards of provision at subject level. The former were undertaken by HEFCW and the latter were undertaken by the Agency on behalf of HEFCW as part of HEFCW's statutory responsibility for assessing the quality of education that it funds.

3 Institutional review is an evidence-based process carried out through peer review. It is part of a wider quality assurance and standards framework for Wales, developed by the HEFCW Quality Working Group, which has representatives from across the higher education sector in Wales. The framework has been developed in the context of previous assessments of the quality of subject provision in Wales having found all provision to be at least satisfactory, and more than a third of all provision to be excellent. All engagements at subject level have found grounds for confidence in the academic standards of the subjects reviewed, and have judged the quality of the students' learning experience to be either commendable or approved. These outcomes provide the basis for an approach to external quality assurance that is designed to ensure that high quality and standards are maintained and allows for swift action to address any identified weaknesses.

4 Within this *Handbook*, the word **discipline** is used to describe defined areas of academic study and the word **programme** is used to describe the full diet of modules, options, and other structured learning opportunities, individual research study, and associated learner support, which together comprise a pathway that leads to an award. To avoid confusion with the Agency's subject review process, the use of the word **subject** is limited to references to the 42 subject groupings used by the Agency in relation to both subject review and the *Subject benchmark statements* developed by academic communities under the aegis of the Agency.

### Purpose, core principles and requirements

5 The purpose of institutional review is to meet the public interest in knowing that institutions in Wales are providing higher education awards and qualifications of an acceptable quality and appropriate academic standard. Institutional review addresses the ultimate responsibility for the management of the quality of provision and the academic standards of awards that rests with an institution as a whole. It is concerned, particularly, with the way in which an institution exercises its powers to grant degrees and/or other awards in its own name or that of an awarding body.

- 6 Institutional review is based on a number of core principles. The process seeks:
  - to provide robust assurance of the effectiveness of quality assurance and standards mechanisms embedded across HEIs in Wales;
  - to make available to a wide range of stakeholder groups accurate and timely data and reliable information about the quality of the learning opportunities and academic standards across Wales;
  - to provide clear statements and evidence of continuous quality enhancement and improvement activities being undertaken within HEIs in Wales;
  - to provide an efficient and cost effective process for HEFCW to operate and institutions to work within.
- 7 In support of these principles, the process depends on:
  - continuing commitment by institutions to an external element in quality assurance mechanisms, exemplified through involvement in external examining, assessment, curriculum design, course and programme validation, feedback processes and student complaints procedures;
  - ownership of quality and standards residing with institutions with a recognition of the need for this to be widespread, particularly in the context of promoting quality improvement and enhancement across the sector;
  - an emphasis on 'proportionality' - that intervention should be in proportion to risk, but recognising that where problems are identified firm action will be taken by HEFCW;
  - comparability of judgements with other countries of the UK, although not necessarily based on identical processes and procedures;
  - recognition of the context of quality assurance in Wales including, in particular, the requirements of the Welsh Assembly Government.
- 8 Institutional review applies to all higher education provision in Wales.

## The review cycle

9 Reviews will take place on a six-year cycle beginning during the academic year 2003-04. Three years after each review, the institution concerned will be required to submit a report to the Agency commenting on its progress since the review and on other relevant developments, and will receive a short visit from the Agency to discuss these matters (see **Annex I**). Institutions with reviews in the latter half of the first six-year cycle (ie in 2006-07, 2007-08 or 2008-09) will also be required to submit a report, three years before the review, on the progress made in addressing the findings of previous audit and engagement reports by the Agency.

10 The institutional review process includes consideration of each institution's approach to the information requirements developed by the HEFCW Quality Working Group as part of the quality assurance and standards framework for Wales (see **Annex D**). Institutions in Wales are expected to meet the information requirements described in **Annex D** by the end of the calendar year 2004, subject to developments elsewhere in the UK. The Agency is aware that institutions visited early in the review cycle may not have complete information sets available for consideration, and will provide advice to review teams as appropriate.

## The Agency's operational principles and process standards

11 The process of institutional review requires a high degree of openness, transparency and trust in the partnership between the Agency and each HEI. To ensure that the process is robust, impartial and deserving of that trust, the Agency's work is underpinned by a set of general principles and the adoption of explicit process standards. Further details are provided in **Annex J**.

12 Reviews are conducted in accordance with the terms of the Agency's approved Welsh Language Scheme (the Scheme), the full details of which are published on the Agency's web site ([www.qaa.ac.uk](http://www.qaa.ac.uk)). The specific terms of the Scheme relating to the process of institutional review are provided in **Annex K**.

## The institutional review process in summary

### Scope

13 Institutional reviews examine two main areas:

- the methods by which an institution secures the quality of its programmes and the academic standards of its awards, and the effectiveness of its internal quality assurance structures and mechanisms. This provides public information on an institution's soundness as a provider of higher education qualifications of national and international standing;
- the accuracy, completeness and reliability of the information that an institution publishes about the quality of its programmes and the academic standards of its awards. This provides information on the trust that can be placed in an institution's own published descriptions of the quality and standards of its provision; it also makes that description more useful to students and other interested parties.

14 In examining these areas, review teams give consideration to:

- publicly available information about the quality of programmes and the standards of awards;
- internal reviews of academic provision, and their outcomes;
- the ways in which the institution monitors its provision through the use of external evaluation;
- the use made of external reference points, including the Agency's *Code of practice for the assurance of academic quality and standards in higher education (the Code of practice)*, *The framework for higher education qualifications in England, Wales and Northern Ireland (the FHEQ)*, *Subject benchmark statements*, and the Credit and Qualification Framework for Wales;
- the development and use of programme specifications;
- the ways in which the academic standards expected of students are articulated through programme specifications;
- the experience of students as learners;
- the engagement of students in the evaluation and review of programmes;
- procedures for student complaints and academic appeals;
- the means by which the quality of teaching staff is assured, including appointment criteria and the ways in which teaching effectiveness is appraised, improved and rewarded.

15 As part of the process, review teams consider the ways in which an institution's quality assurance structures and mechanisms operate in practice. Teams carry out this task by selecting a range of thematic trails for pursuit during the review visit. The trails are concerned with testing how well institutional procedures work and how effective they are in practice.

## Collaborative provision

16 The review process applies to all higher education provision in Wales. It includes higher education programmes provided by further education institutions (FEIs). Such provision is assessed through the appropriate HE partner institution and, where relevant, representatives from partner FEIs are asked to participate in reviews. However, where an institution's collaborative provision is too large or complex for a reliable scrutiny to be undertaken, it is not included in the review. Instead, the Agency undertakes a separate collaborative audit, using a separate process, of the way in which the provision is managed by the institution concerned. The Agency also expects to continue with its programme of audits of specific partnerships between UK institutions and providers overseas.

17 Reviews of institutions that are members of, or have another form of relationship with, the federal University of Wales include consideration of the interaction with the University of Wales, particularly in respect of quality assurance structures and mechanisms, and academic standards. The review cycle also includes a review of the University of Wales in its own right, as a separate entity.

## Information and evidence

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

- the information required as part of the quality assurance and standards framework for Wales. The Agency is aware that institutions visited early in the review cycle may not have complete information sets available for consideration, and will provide advice to review teams as appropriate;
- a self-evaluation document (SED);
- the mid-cycle progress report produced by the institution;
- information submitted by representatives of students of the institution;
- reports on the institution by the Agency and other relevant bodies within the six years preceding the review, including the Agency's brief report on the mid-cycle review;
- information (written or oral) acquired during and after the briefing visit, and during the review visit. This is likely to include contextual information relating to the information sets, such as committee papers.

19 In 2002 the Agency undertook a number of subject-level engagements in HEIs in Wales. The reports of the engagements were not published and remain confidential to HEFCW and the HEI concerned. As a result, the Agency informs review teams of the engagements that have taken place but does not itself provide the reports for the teams. However, it strongly encourages institutions to make the reports available to teams, to provide as full a picture as possible of external review activity and findings in the period preceding the institutional review.

## Judgements and reports

20 Each institutional review results in a report published by the Agency. The report sets out the review team's judgements on:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of its programmes and of the academic standards of its awards. This judgement provides one of three expressions of confidence - 'broad confidence', 'limited confidence' or 'no confidence'; and
- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that an institution publishes about the quality of its programmes and the standards of its awards.

21 In making these judgements, review teams give particular attention to the Agency's expectations in two key areas. The first expectation is that institutions are making strong and scrupulous use of independent external examiners in summative assessment procedures. The second is that a similar use is made of independent external persons in the internal periodic review of disciplines or programmes. Teams are unable to make a judgement of broad confidence in an institution if either of these elements is seriously deficient.

22 Institutional review reports also provide comment on other matters, including the characteristics, strengths and limitations of the institution's internal quality assurance methods. The reports highlight features of good practice and make recommendations for further consideration by the institution.

## Students

23 Students are central both to the principal focuses of review and to the review process itself. Review teams scrutinise a range of matters directly relevant to students, including the accuracy of the information provided for them, the ways in which their learning is facilitated and supported, the means by which they can give feedback on the quality of provision, the means by which they can make a complaint or an academic appeal, and their involvement in internal reviews. In each review, students are invited to participate in the key stages of the process. Their representative body - normally the Students' Union, or equivalent - has the opportunity to participate in the preliminary meeting between the Agency and the institution and may make a written submission to the team in advance of the review visit. Officers of the representative body and other students are invited to participate in specified meetings during the briefing and review visits, and have the opportunity to ensure that the team is aware of matters of primary interest or concern to them. Further information about the involvement of students is provided in **Annex C**.

## Review personnel

24 Review teams comprise three reviewers and a review secretary, all of whom have expertise and recent experience relevant to their roles. Reviewers and review secretaries are selected by the Agency, generally from nominations made by institutions, on the basis of published selection criteria. All teams are expected to include at least one member with recent and substantial experience of the higher education sector in Wales, and at least one member from a HEI in England, Scotland or Northern Ireland.

25 All review team members are provided with training to ensure that they are familiar with the purpose, core principles and requirements of the review process, and their own roles and tasks within it. The training includes the provision of specific information about the context of higher education in Wales and the role of the federal University of Wales. Further information about the Agency's arrangements for selecting and training review teams is provided in **Annex E**.



26 Institutions are 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. Further details about the role of the facilitator are provided in **Annex F**.

27 Each review is coordinated by an assistant director of the Agency. In the period preceding the review visit, the assistant director provides advice to the institution on its preparations for the review. He or she accompanies the team during the briefing visit and for part of the review visit, providing advice as appropriate. It is the responsibility of the assistant director to test that the team's findings are supported by adequate and identifiable evidence, and that the review report provides information in a succinct and readily accessible form.

## How the process works

### Preparation

28 An outline of the institutional review process is provided in **Annex A**. A preliminary meeting between the institution and the Agency takes place around nine months before the review visit. The purpose of the meeting is to clarify the scope of the review; to discuss the interactions between the institution, the Agency and the review team; to ensure that the SED will be well-matched to the process of review; and to discuss the information requirements. The meeting also includes an opportunity for discussion between the Agency and officers of the student representative body about the student contribution to the review. Thereafter, until the submission of the SED, the Agency offers additional advice and guidance on the process at the request of the institution.

29 The review team is appointed by the Agency no later than 12 weeks before the review visit. The institution is notified of the names of the members of the team as soon as the full membership has been confirmed.

### Documentation

30 The institution is required to submit its initial documentation for the review no later than 12 weeks before the review visit. The initial documentation comprises the SED and other documents that the institution wishes to provide for the review team in advance of the briefing visit. If representatives of students within the institution wish to make a separate written submission to the team, it is also sent to the Agency at this stage. Guidance on preparing the SED and the student submission is provided in **Annexes B** and **C**. On receipt, the documentation submitted by the institution and its students is distributed by the Agency to the team.

### The briefing visit

31 The visit to the institution has two parts. The first part, the briefing visit, is held around five weeks before the review visit and lasts for three days, of which two days are spent at the institution. The purposes of the briefing visit are to permit the review team to gather any additional (written or oral) information that it requires to clarify what it has already received; to consider its detailed lines of enquiry for the review visit, including thematic trails (see below, paragraphs 37-38); to propose a programme for that visit; and to allocate particular responsibilities to individual team members. The assistant director accompanies the team throughout the visit.

32 The briefing visit is focused at the level of institutional management. It has a standard structure and includes meetings with representatives of the institution's staff (normally those who are involved in quality management at a senior level) and its students. The meetings with staff offer the institution an opportunity to bring the review team up to date on institutional developments and changes since the SED was submitted. The meeting with students offers an opportunity for student representatives to offer their perspective on the SED, and a further opportunity to draw the team's attention to matters of interest to the student body.

33 Following the briefing visit, the assistant director writes to the institution to confirm the programme for the review visit (including the thematic trails to be followed) and the illustrative documentation that the review team would wish to be made available in advance of, or at the start of, the visit. The documentation is limited to no more than what is necessary to inform the team's proposed enquiries.

### The review visit

34 For most institutions, the review visit extends over five working days, Monday to Friday. The detailed programme for each visit, based around meetings with staff and students, is decided by the review team. Most visits include:

- opportunities for the team to read the documentation provided to support the review, including external examiners' reports, documentation relating to internal reviews, and reports from professional, statutory and regulatory bodies;
- discussions with staff and students of the institution and, where appropriate, its collaborative partner institutions;
- pursuit of the selected thematic trails;
- during the closing stages, a meeting with senior staff to discuss aspects of the review, and any matters that are outstanding or that require further clarification;

and exploration of:

- the institution's approach to quality assurance;
- the relationship between institutional procedures and their operation at the level of the programme, discipline or academic department, giving particular attention to the effectiveness of internal reviews of programmes and awards;
- where appropriate, the institution's interaction with the University of Wales, particularly in respect of quality assurance structures and mechanisms, and academic standards;
- where appropriate, the role of collaborative partner institutions in quality assurance processes;
- the ways in which the institution is using the *FHEQ*, the *Code of practice*, *Subject benchmark statements* and the Credit and Qualification Framework for Wales;
- procedures for student complaints and academic appeals, with particular reference to the relevant section of the *Code of practice*;
- the accuracy, completeness and reliability of the information published for students, potential students and others;
- the ways in which students are supported and their opportunities to learn are optimised;
- the ways in which the quality of teaching staff is assured, including appointment criteria, and the appraisal, improvement and reward of teaching effectiveness.

35 On the final day of the review visit, the review team considers its overall conclusions. It formulates its judgements, identifies features of good practice, and agrees its recommendations. The assistant director joins the team for this final part of the process.

36 There is no oral report to the institution at the end of the visit, but a letter is sent to the head of the institution within two weeks, outlining the main findings of the review and the likely recommendations in the draft report.

## The selection of thematic trails

37 The review team's selection of thematic trails is made at the briefing visit and is communicated formally to the institution at the end of that visit. The trails are concerned with testing how well institutional processes work and how effective they are in practice, at local level and across the institution as a whole. They enable the team to gather information in relation to the institutional processes on which it is required to report (see **Annex H**). In undertaking its trails, the team may gather information at the level of individual disciplines, programmes, and/or academic departments.

38 In making its selection of trails, the review team takes account of:

- indications in the SED or other documentation of potential strengths or possible weaknesses in institutional quality assurance arrangements, which might be best explored by the team through testing how those arrangements operate at local level, or across the institution as a whole;
- lack of clarity in the SED about particular aspects of institutional quality assurance arrangements, which might be better illustrated for the team through examination of how those aspects operate at local level, or across the institution as a whole;
- the desirability of selecting a range of trails that, when taken together, provide a good representative sample of procedures in operation at local level and across the institution as a whole.

39 The institution is not required to produce additional SEDs to support the trails.

40 In the event that any emerging or unforeseen areas of concern come to light during the review visit, the review team may diverge from its previously identified areas of discussion to address those areas.

## Use of reference points

41 When considering the institution's management of quality and standards, the review team draws upon a range of external reference points, including the *FHEQ*, *Subject benchmark statements*, the *Code of practice* and the Credit and Qualification Framework for Wales. In so doing, it is not seeking evidence of compliance, but rather for evidence that the institution has considered the purpose of the reference points, has reflected on its own practices in the relevant areas, and has taken, or is taking, any necessary steps to ensure that appropriate changes are being introduced:

- in respect of the *FHEQ*, the team considers the institution's procedures for relating its awards to the appropriate level of the *FHEQ*, where relevant using the thematic trails to gain further insight;
- in respect of the *Code of practice*, the team does not seek information about adherence on a precept-by-precept basis. It expects to see a statement in the SED about how the intentions of the precepts have been addressed, and to discuss during its visits any key

changes that the institution has made to its practices and any areas that have caused particular difficulty, where relevant using the thematic trails to gain further insight. The team looks in particular at how the institution has addressed the additional *Guidelines for providers of higher education programmes in Wales for effective practice in assessing and examining in a language other than the language of tuition*, a supplement to the section of the *Code of practice* relating to the assessment of students;

- in respect of *Subject benchmark statements*, the team enquires into the way in which the statements have been taken into account when establishing and/or reviewing programmes and awards, as illustrated through programme specifications. It may request evidence of practice during the thematic trails. The Agency views the statements as authoritative reference points, but not as definitive regulatory criteria for individual programmes or awards.

## Judgements and reports

42 The review results in a report published by the Agency. The report sets out the review team's judgement on:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of its programmes and of the academic standards of its awards.

The judgement is based on a number of factors, including the extent and degree to which the team concludes that quality and standards are managed successfully, with reference to the institution's individual situation, context and mission, as well as to external reference points.

43 The judgement provides one of three expressions of confidence - 'broad confidence', 'limited confidence' or 'no confidence' - the detailed criteria for which are set out in **Annex G**. The statement of confidence is, in essence, a judgement of probability: it cannot be unconditional. In general terms, where the review team judges that the institution is managing quality and standards soundly and effectively and that its future capacity for maintaining quality and standards appears good, broad confidence is expressed. Where the team has doubts, either about the current assurance of quality and standards, or about the institution's capacity to maintain quality and standards in the future, it expresses limited confidence. Very occasionally, a team may make a judgement of no confidence in an institution. The team is required to indicate clearly the areas of concern that have given rise to any limitation of confidence and the reasons for its judgement.

44 The report also sets out the review team's judgement on:

- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes about the quality of its programmes and the standards of its awards.

This judgement contributes to the confidence judgement described in paragraph 42.

45 There are no separate judgements on the thematic trails, or on individual disciplines, programmes or academic departments.

46 In making its two judgements, the review team gives particular attention to the Agency's expectations in two key areas. The first expectation is that the institution is making strong and scrupulous use of independent external examiners in summative assessment procedures. The second is that a similar use is made of independent external persons in the internal periodic review of disciplines or programmes. The team is unable to make a judgement of broad confidence in an institution if either of these elements is seriously deficient.

47 The two judgements are accompanied by recommendations for consideration by the institution, categorised in order of priority:

- 'essential' recommendations refer to important matters that the review team believes are currently putting quality and/or standards at risk and which require urgent corrective action;
- 'advisable' recommendations refer to matters that the team believes have the potential to put quality and/or standards at risk and require preventive, or less urgent, corrective action;
- 'desirable' recommendations refer to matters that the team believes have the potential to enhance quality and/or further secure standards.

48 The report provides comment on other matters, including the characteristics, strengths and limitations of the institution's internal quality assurance arrangements. It highlights features of good practice and indicates any area in which the team considers that an action plan should be produced and implemented by the institution.

49 The draft report is prepared and submitted to the institution as soon as possible following the review visit, normally within eight weeks. The assistant director coordinates its production and the format and contents follow a standard structure (see **Annex H**). The institution is asked to provide the Agency, within four weeks of receipt of the draft report, with corrections of errors of fact. The final report is prepared in light of the institution's response.

50 As the published report is intended to provide information of use to both lay and professional readers, it includes a summary intended primarily for the public, especially potential students, which is available separately from the rest of the report. The summary is submitted to the institution in draft form as part of the report text. In addition, the institution is invited to provide a brief statement to be published as an appendix to the report. The statement provides an opportunity for the institution to report on developments since the review visit, particularly in respect of actions taken or proposed to address the recommendations of the review team.

51 The normal expectation is that the report is published within 20 weeks of the review visit.

## **Sign-off and follow-up**

52 The review is completed when it is formally signed off. Where the report makes a statement of broad confidence, the review is signed off on report publication. A brief enquiry is made by the Agency through correspondence with the institution after one year on the way in which the institution has responded to the report.

53 Where the report makes a statement of limited confidence, the report is published, but there is a programme of follow-up action. The Agency consults with HEFCW and requires, within three months of the report's publication, an action plan from the institution and, subsequently, a progress report on how the action plan has been implemented. The review is not formally signed off until the Agency is satisfied that the plan has been implemented successfully, with a maximum time limit of 18 months. If at that point concerns remain about the effectiveness of the remedial action, the Agency conducts a further visit.

54 Where the report makes a statement of no confidence, the report is published, but a further review of the institution is required by HEFCW. The review is initiated no later than 12 months, and normally no earlier than six months, following publication of the report. The nature, scope and timing of the review is determined in accordance with the principle of proportionality, and through a dialogue between the institution, the Agency and HEFCW.

55 A summary of the relationship between the review team's judgements and recommendations, and the follow-up action required, is provided in **Annex G**.

56 Three years after the review, the institution is required to submit a report to the Agency commenting on its progress since the review and outlining its intentions in respect of managing quality and standards over the three years until the next review. The Agency makes a short visit to the institution to discuss the progress report and provides feedback to the institution on its perceptions of the progress that has been made and of any strengths and weaknesses in the institution's current and future plans (see **Annex I**).

### **Review administration and institutional contacts**

57 Responsibility for the coordination of the review rests with the assistant director, but the review team makes the judgements and recommendations resulting from the review. However, it is the responsibility of the assistant director to test that the team's findings are supported by adequate and identifiable evidence, and that the review report provides information in a succinct and readily accessible form. To this end the Agency retains editorial responsibility for the final text of the report.

58 The Agency endeavours to protect the quality of the review process through the adoption of explicit operational principles and process standards (see **Annex J**) and quality assurance mechanisms. The latter include the opportunity for participants in the process, including students, to provide structured feedback on their experiences.

59 The Agency operates a institutional liaison scheme through which each institution is invited to nominate a correspondent to liaise with designated staff of the Agency on a continuing basis. The liaison scheme is separate from the process of review management and is conducted by a different member of the Agency's staff.

### **Complaints and representations**

60 Complaints about the conduct of the review and representations against the judgements made by the review team are considered by the Agency in accordance with the formal procedures published on its web site ([www.qaa.ac.uk](http://www.qaa.ac.uk)).

## Annex A: Outline of the institutional review process

<b>Review visit minus not less than 36 weeks = Preliminary visit</b>	<p>Assistant director (AD) visits institution to meet institutional representatives and students.</p> <p>AD provides briefing on process of review and provides guidance on SED and the student submission.</p>
Review visit minus 12 weeks	<p>The Agency (QAA) appoints review team and notifies institution of the names of team members.</p> <p>QAA receives the SED.</p> <p>QAA receives the student submission.</p>
<b>Review visit minus 5 weeks = Briefing visit</b>	<p>Review team and AD undertake briefing visit to the institution.</p> <p>Review team holds meetings with Vice Chancellor/Principal, appropriate staff of the institution, and student representatives.</p> <p>Review team identifies detailed lines of enquiry for the review visit, including thematic trails.</p> <p>Review team meets institutional representatives to agree programme for the review visit.</p> <p>Any additional information required before or at the review visit is identified.</p>
<b>Review visit</b>	<p>Review team visits the institution for up to five working days; AD joins team for the final day.</p> <p>Review team meets staff and students for discussions, and pursues selected trails.</p>
Review visit plus 2 weeks	<p>Letter outlining the review findings is agreed by review team and sent to institution by AD.</p>
Review visit plus 8 weeks	<p>QAA sends draft report and summary to institution.</p>
Review visit plus 12 weeks	<p>Institution responds to the draft report.</p>
Review visit plus 20 weeks	<p>Report is published.</p>

## Annex B: Guidelines for producing the self-evaluation document (SED)

### Purpose of the SED

- 1 The institution's SED is a key reference point for the review team. Its importance reflects the focus in institutional review on the institution's own methods for assuring the quality of its programmes and the standards of its awards, and on the information that it publishes about quality and standards.
- 2 The SED provides the main opportunity for the institution to set the context for the review by describing and analysing its practices and procedures in relation to the particular focuses of institutional review (see this *Handbook*, paragraphs 13-15).
- 3 In the case of an institution without the powers to award taught and/or research degrees, and thus without some of the responsibilities of a degree-awarding body, the SED also provides an opportunity for the institution to demonstrate the ways in which it meets the requirements of its degree-awarding partner(s); exercises its responsibilities for awarding certificates and diplomas; and is committed to its general responsibilities for assuring quality.

### Structure and content

- 4 In structuring its SED, the institution is invited to take account of the structure of the report to be produced following the review (see **Annex H**) and to make use of some or all of the report subheadings, as appropriate.
- 5 In producing its SED, the institution should:
  - provide the context for the review by outlining its size, style, mission, relationship to the University of Wales (where relevant), and the nature and extent of its collaborative provision;
  - describe and analyse any major developments since the last review/audit;
  - describe and analyse its responses to external reviews and professional, statutory or regulatory body accreditations undertaken since the last review/audit, and the ways in which the key findings of these reviews have contributed to the enhancement of institutional practice;
  - describe and analyse the key features of its institutional framework and arrangements for assuring the quality of programmes, the quality of learner support, and the standards of awards;
  - describe and analyse its arrangements for assuring the accuracy, completeness and reliability of the information that it publishes about quality and standards;
  - describe and analyse how the intentions of the precepts in the *Code of practice* have been addressed, highlighting any key changes that have been made to institutional practices as a result, and any areas that have caused particular difficulty;
  - describe and analyse its use of other external reference points, including the *FHEQ*, *Subject benchmark statements* and the Credit and Qualification Framework for Wales;
  - provide a view on the perceived strengths and limitations of its current arrangements for the assurance of quality and standards;
  - describe and discuss its intended strategy for the next three years to further enhance practice and remedy any shortcomings it has identified;



- cite evidence and provide examples to support its claims, and to illustrate particular aspects of institutional procedures in operation at local level and across the institution as a whole.
- 6 The institution should include the following as appendices to the SED:
- its register of collaborative arrangements;
  - a list of all relevant reports on the institution since the last review/audit, including all reports by the Agency and by professional, statutory and regulatory bodies;
  - a list of the institutional documents cited in the SED that will be available, on request, to the review team.
- 7 If, at the time of the review, the institution is in the process of making changes to aspects of its systems or procedures, the Agency accepts that evidence may not yet be available to illustrate the effectiveness of the revised arrangements. Where this is the case, the institution should address in the SED the way in which it is managing the process of change.

### Collaborative provision

8 Unless the institution and the Agency have agreed that the institution's collaborative provision should be the subject of a separate review, the SED should include discussion of the institution's approach to assuring the quality of the programmes and securing the standards of the awards offered collaboratively. The discussion should make reference to the *Code of practice*: Section 2, Collaborative provision. The institution's register of collaborative arrangements, as described in the *Code of practice*, should be attached as an appendix. The register should include distance learning arrangements.

### Length and style

- 9 The SED should:
- be balanced and relevant;
  - be concise and accessible to the review team;
  - adopt an institution-wide perspective;
  - have an appropriate balance of evaluation and description.
- 10 The SED should provide sufficient description to enable the review team to understand the key features of the institution's approach to assuring quality and standards, but should focus primarily on the effectiveness of that approach. Where the institution expresses confidence in its arrangements, the evidence upon which its view is based should be made clear: a successful SED will minimise the need for further clarification by the team. Because it is largely upon the SED that the team's perceptions of, and confidence in, the institution is based (at least in the first instance), it is important that the SED is both accurate and verifiable.
- 11 The SED may typically be 30 to 40 pages in length, although there is no penalty for a shorter or longer submission.

### Documentation linked to the SED

12 So far as possible, the SED should be a self-standing document: it need not be accompanied by supporting materials when it is submitted to the Agency. However, the institution may, if it wishes, supplement the SED with other documents that it believes will assist the review team in gaining a fuller understanding of the institution.

**Submission**

13 The institution is required to submit the SED and any supporting documentation to the Agency no later than 12 weeks before the review visit.

**Confidentiality**

14 It is likely that the review report will refer to and include quotations from the SED, but, subject to prevailing legislation, the SED itself remains confidential to the institution, the Agency and the review team. The institution is strongly encouraged to involve students in the preparation of the SED and to make the completed document available to them.

## Annex C: The involvement of students

### Background

1 Students are central both to the principal focuses of institutional review and to the review process itself. In each review, students are invited to participate in the key stages of the process. Their representative body in the institution - normally the Students' Union, or equivalent - has the opportunity to participate in the preliminary meeting between the Agency and the institution, held around nine months before the review. Officers of the representative body and other students are also invited to take part in specified meetings during the review team's briefing and review visits to the institution. These meetings provide a means through which students can ensure that the team is aware of matters of primary interest or concern to them.

2 The review process requires the institution to submit to the Agency a self-evaluation document (SED) in which it evaluates its methods for assuring quality and standards and for ensuring that the information it provides (to students and other stakeholders) is accurate, complete and reliable. The Agency strongly encourages the institution to consult its students on the contents of the SED, but also invites students, through their representative body, to make their own written submission to the review team.

3 The written submission provides a further means by which students, through their representative body, can make the review team aware of matters of primary interest or concern to them. It is, however, an entirely voluntary part of the review process, and no institution is penalised if its students do not wish to make a written submission to the team.

4 The following paragraphs offer advice on making a written submission.

### Format, length and content

5 There is no prescribed format or length for the written submission, nor a prescribed list of contents. Within the parameters set out below, students should feel free to provide whatever information they feel is appropriate (providing that it is relevant to the focuses of the review) and to organise it as they choose.

6 The written submission must include a statement of how it has been compiled, its authorship, and the extent to which its contents have been shared with and endorsed by the student body as a whole. If, for example, the submission has been prepared entirely from the perspective of undergraduate students or full-time students, then this should be made clear. The review team will welcome a submission that endeavours to represent the views of as wide a student constituency as possible including, where relevant, the views of students studying on the institution's programmes in further education institutions.

7 The submission is not an alternative SED, nor should it take the form of a commentary on the SED. Students may wish, however, to take account of the broad headings used by the institution in constructing its SED (see **Annexes B and H**), and/or to consider in particular the areas that are the particular focuses of institutional review. These include:

- the accuracy, completeness and reliability of the information published by the institution about the quality of its programmes and the standards of its awards (this might include the accuracy of publicity materials and the use made of programme specifications);
- the information that students receive about the academic performance expected of them, their experience of the challenges posed by their programmes of study, and the ways in which their performance is assessed (this might include the usefulness of programme handbooks, aspects of assessment arrangements, and the feedback that students receive on their academic performance);

- the experience of students as learners (this might include the quality of academic and non-academic support, and access to learning facilities);
  - the opportunity for students to participate in the management of quality and standards within the institution (this might include opportunities for committee representation at institutional and programme level, other means of providing feedback to staff, and the ways in which staff respond to matters raised by students).
- 8 The submission should not name, or discuss the competence of, individual members of staff. It should not discuss personal grievances.

## Style

- 9 The written submission should:
- be balanced and relevant;
  - be concise and accessible to the review team;
  - adopt an institution-wide perspective;
  - be appropriately balanced between analysis and description;
  - make reference to the evidence upon which the views expressed in the submission are based (for example, student surveys or feedback from student representatives).

## Submission

10 The written submission should be forwarded to the Agency no later than 12 weeks before the review visit. The date will be confirmed by the Agency's assistant director at the preliminary meeting held nine months before the review visit.

## Confidentiality

11 The Agency strongly encourages the student body to share its written submission with the institution, and the institution to share its SED with the student body. This openness is desirable because it enables the review team to discuss both documents freely with staff and students during the review, and to check the accuracy of their contents. The student body may, if it so wishes, request that its written submission is not shared with the institution and is kept confidential to the Agency and the team. The Agency will respect this wish, subject to prevailing legislation, but students are asked to bear in mind that the team's use of a confidential submission will inevitably be restricted by the fact that its contents are unknown to the institution's staff.

12 If the contents of the written submission are not to be shared with the institution, this must be stated clearly on the front of the document.

## Continuity

13 Activities relating to an institutional review extend over a period of some 12 months, from the preliminary meeting to the Agency's receipt of the institution's comments on the draft report. The Agency is aware that officers of the Students' Union, or equivalent, will often change over this period and that the students who meet the assistant director at the preliminary meeting, some nine months before the review visit, will not necessarily be those who participate in the visit itself. In the event of such changes, retiring student officers are requested to take steps, where possible, to brief their successors on the review process, and incoming officers are encouraged to contact the assistant director if they need additional information or guidance.

## Annex D: Information

### Information requirements

1 The institutional review process depends to a large extent on the availability of information for the review team to consider. Most of the information needed by the team is covered by the information requirements developed by the HEFCW Quality Working Group as part of the quality assurance and standards framework for Wales. These comprise two information sets, the first (Part A) being information which should be available in each institution for internal purposes, and the second (Part B) which is routinely published by the institution. Both sets are listed in full at the end of this annex.

2 Institutions in Wales are expected to meet the information requirements by the end of the calendar year 2004, subject to developments elsewhere in the UK.

3 The review team will routinely require access to the items in Part A and Part B of the information sets. The precise information needs of the team will depend on the particular nature of its enquiries, and the institution should be prepared to make any items in Part A and Part B available, on request, during the team's visits. The Agency is aware that institutions visited early in the review cycle may not have complete information sets available for consideration, and will provide advice to teams as appropriate.

4 For the most part, the review team will draw upon Part A and Part B information relating to the academic year in which the review takes place and to the preceding academic year. However, the institution should be prepared to make information from the whole of the period since the last review/audit available, on request, to the team, and it may cite evidence or use examples from information drawn from the whole of this period.

5 The review team will also need access to some information additional to that listed in the information sets. This additional information includes:

- the institution's SED;
- the mid-cycle progress report produced by the institution;
- information submitted by representatives of students of the institution;
- reports on the institution by the Agency and other relevant bodies within the six years preceding the review, including the Agency's brief report on the mid-cycle review. All such reports should be listed as an appendix to the SED (see **Annex B**);
- information (written or oral) acquired during and after the briefing visit, and during the review visit. This is likely to include contextual information relating to the information sets, such as committee papers.

The information is limited in all cases to no more than is necessary to inform the team's proposed enquiries.

6 In 2002 the Agency undertook a number of subject-level engagements in HEIs in Wales. The reports of the engagements were not published, and remain confidential to HEFCW and the HEI concerned. As a result, the Agency itself does not provide the reports for review teams. However, it strongly encourages institutions to make the reports available to teams, to provide as full a picture as possible of external review activity and findings in the period preceding the institutional review.

## Submission of information to the Agency

7 The assistant director will discuss with the institution the timing and format of submission of information for the review. Where possible, information should be submitted in an electronic format. Further advice on preferred formats for information submission will be provided on the Agency's web site ([www.qaa.ac.uk](http://www.qaa.ac.uk)).

## The Agency's approach to the management of information

8 The Agency recognises that clarity of process in relation to the management of information, derived from institutions and from other sources, is essential. A formal information policy is under development and will be published on the Agency's web site in due course. The policy covers matters relating to the collection, collation, evaluation, use and dissemination of information. It is intended to promote a common understanding, both within the Agency and amongst external stakeholders and institutions, of the ways in which the Agency uses information, taking into account the requirements of the Data Protection Act (1998) and other prevailing legislation.

## The information requirements

### Part A: Information which should be available in all HEIs for review purposes

*[There is no expectation that this information should be available in a standard format across all HEIs.]*

#### 1 Institutional context:

- (a) Mission statement.
- (b) Relevant sections of the HEI's strategic plan.
- (c) Statement of quality assurance policies and processes.
- (d) Learning and teaching strategy and periodic reviews of progress.

#### 2 Student admission, progression and completion:

- (a) Student qualifications on entry.
- (b) Range of entrants classified by age, gender, ethnicity, socio-economic background, disability and geographical origin as returned to Higher Education Statistics Agency (HESA).
- (c) Annual progression and retention data, differentiating between failure and withdrawal, presented on a course, module, programme or departmental basis.
- (d) Data on student completion.
- (e) Data on qualifications awarded.
- (f) Data on employment/training outcomes from the First Destination Survey.

### 3 Internal procedures for assuring academic quality and standards:

- (a) Programme approval, monitoring and review:
- programme specifications;
  - a statement of the respective roles, responsibilities and authority of different bodies within the HEI involved in programme approval and review;
  - key outcomes of programme approval, and annual monitoring and review processes;
  - periodic internal reports of major programme reviews;
  - reports of periodic internal reviews of departments or faculties;
  - accreditation or monitoring reports by professional, statutory and regulatory bodies.
- (b) Assessment procedures and outcomes:
- assessment strategies, processes and procedures;
  - external examiners' reports, analysis of their findings, and the actions taken in response;
  - reports of periodic reviews of the appropriateness of assessment methods used.
- (c) Student satisfaction, covering the views of students on:
- arrangements for academic and tutorial guidance, support and supervision;
  - library services and IT support;
  - suitability of accommodation, equipment and facilities for teaching and learning;
  - perceptions of the quality of teaching and the range of teaching and learning methods;
  - assessment arrangements;
  - quality of pastoral support.
- (d) Evidence available to teams undertaking HEIs' own internal reviews of quality and standards:
- the effectiveness of teaching and learning, in relation to programme aims and curriculum content as they evolve over time;
  - the range of teaching methods used;
  - the availability and use of specialist equipment and other resources and materials to support teaching and learning;
  - staff access to professional development to improve teaching performance, including peer observation and mentoring programmes;
  - the use of external benchmarking and other comparators both at home and overseas;
  - the involvement of external peers in the review method, their observations, and the action taken in response.

## Part B: Information for publication

### 4 Quantitative data:

- (a) HESA data on student entry qualifications and tariff points.
- (b) HESA data on students continuing at the institution, completing awards and leaving without awards (separately for students after the first year of study, and for all years of study).

- (c) HESA data on class of first degree achieved by students.
- (d) HESA data on leavers entering employment, further study or unemployed, and data on the most common job types held by employed leavers.

## **5 Qualitative data**

- (a) A summary statement of the institution's learning and teaching strategy. A template will be provided.
- (b) Summaries of HEI's links with relevant employers, how the institution identifies employer needs and opinions, and how these are used to develop the relevance and richness of learning programmes. This information can be provided as a separate summary or included as part of learning and teaching strategies and in individual programme specifications.
- (c) Feedback from recent graduates, disaggregated by institution, collected through a national survey.



## Annex E: The selection and training of review teams

### Introduction

1 Reviewers and review secretaries are selected by the Agency on the basis of published selection criteria, and generally from nominations made by institutions. Institutions may nominate members of their own staff and members of staff from partner FEIs as members of review teams. Existing institutional auditors for England and Northern Ireland, and reviewers in Scotland, may be nominated to participate in institutional reviews in Wales. Reviewers and review secretaries are recruited on the basis that they are available for at least three reviews over a period of two years. They may continue beyond this period by mutual agreement.

2 The qualities required in reviewers and review secretaries are outlined below. Every attempt is made to ensure that the cohorts of reviewers and review secretaries reflect appropriate sectoral, discipline, gender and ethnic balances. All review teams are expected to include at least one member from a HEI in England, Scotland or Northern Ireland, and at least one member with recent and substantial experience of the higher education sector in Wales (based, for example, on having worked in a HEI in Wales). Experience acquired only through participation in previous Agency reviews in Wales is not regarded as sufficient in this context.

3 The appointment of review teams will be informed by the language preference of the institution, in accordance with the Agency's approved Welsh Language Scheme, the details of which are published on its web site ([www.qaa.ac.uk](http://www.qaa.ac.uk)) (see **Annex K**).

4 Reviewers and review secretaries are not appointed to teams reviewing their own institutions.

5 Training for reviewers and review secretaries is undertaken by the Agency. The purpose of the training is to ensure that all:

- understand the purpose, core principles and requirements of the institutional review process for Wales, and the ways in which the process differs from review methods in use elsewhere in the UK;
- are acquainted with the procedures to be followed;
- are provided with specific information about the context of higher education in Wales, the higher education policies of the Welsh Assembly Government, and the role of the federal University of Wales;
- understand their own roles and tasks, the importance of team coherence, the Agency's expectations of them, and the rules of conduct governing the process;
- have an opportunity to explore and practise the techniques of data assimilation and analysis, the development of programmes for visits, the construction and testing of hypotheses, the forming of judgements and statements of confidence, and the preparation of reports.

### Qualities required in all reviewers

- Wide and recent experience of academic management and quality assurance at institutional level in UK higher education.
- Personal and professional credibility with heads of institutions and senior managers in the higher education sector.
- Ability to assimilate a large amount of disparate information; to analyse and draw reliable conclusions about complex arrangements; and to undertake research and investigation into documentary and oral evidence in order to form judgements.
- Clear oral and written communication skills.

**Qualities required in all review secretaries**

- Current or recent experience (within five years) of administration of academic management and/or quality assurance at institutional level in UK higher education.
- Wide experience of working with senior committees in UK higher education.
- Ability to assimilate a large amount of disparate information, and to analyse and make reliable judgements about complex arrangements.
- Ability to keep a reliable record of discussions; to summarise the key outcomes; and to draft notes to a specified format and to deadlines.

## Annex F: The institutional facilitator

### The role of the institutional facilitator

1 The institution is invited to appoint an institutional facilitator to support the review. The role of the facilitator is to:

- act as the primary institutional contact for the assistant director during the preparations for the review, including the preliminary meeting;
- act as the primary institutional contact for the review team during the briefing and review visits;
- participate in the review team's discussions about the SED and any supporting documentation on the first day of the briefing visit, and thereafter provide advice and guidance to the team on further sources of information and on institutional structures, policies, priorities and procedures;
- attend the review team's private meetings during the briefing visit and also its meeting with the group of staff involved in quality management at a senior level;
- ensure that the institution has a good understanding of the matters raised by the review team at the briefing visit, thus contributing to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the institution;
- meet the review team at the team's request during the review visit, in order to provide further guidance on sources of information and clarification of matters relating to institutional structures, policies, priorities and procedures.

2 The facilitator is not present for the review team's private meetings during the review visit, all of which include discussions about the team's emerging findings and/or judgements.

3 If the institution does not wish to appoint a facilitator, the Agency requests that a member of the institution's staff is designated as the primary institutional contact for the assistant director and the review secretary.

### Appointment and training

4 The person appointed as institutional facilitator must possess:

- a good working knowledge of the institution's systems and procedures, and an appreciation of quality and standards matters;
- knowledge and understanding of the institutional review process;
- an ability to communicate clearly, build relationships and maintain confidentiality.

5 When making the appointment, the institution is asked to bear in mind that the review process scrutinises and comments upon the effectiveness of institutional arrangements for assuring quality and standards. A member of staff who has significant responsibilities relating to the design, maintenance and/or operation of those arrangements may not feel comfortable with playing a key role in the review process, or be best placed to provide objective advice and guidance to the review team.

6 The person appointed by the institution is expected to act as the facilitator for both the briefing and review visits. After the briefing visit has commenced, the institution may change its appointed facilitator only in exceptional circumstances, and only with the agreement of the Agency.

7 All facilitators are provided with appropriate training by the Agency.

## Protocols

8 Throughout the briefing visit, the institutional facilitator may help the review team to come to a clear and accurate understanding of the structures, policies, priorities and procedures of the institution. The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with assistant director and the review secretary. The facilitator should not act as advocate for the institution. However, he or she may legitimately:

- bring additional information to the attention of the team;
- seek to correct factual inaccuracy;
- provide advice on institutional matters;
- assist the institution in understanding matters raised by the team.

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

9 The facilitator is required to observe the same conventions of confidentiality as members of review team. In particular, the confidentiality of written material produced by team members before or during the briefing visit must be respected, and no information gained may be used in a manner that allows individuals to be identified. However, providing appropriate confidentiality is observed, the facilitator may make notes on team discussions and report back to other staff, in order to ensure that the institution has a good understanding of the matters raised by the team at this stage in the process. This can contribute to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the institution.

10 The facilitator does not have access to ARCS, the Agency's electronic communication system for review teams.

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

## **Annex G: Criteria for confidence judgements, and the relationship between confidence judgements, recommendations and follow-up action**

Set out below are the criteria to be used by the review team in judging the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of its programmes and the academic standards of its awards. The relationship between the confidence judgement, the nature of the review team's recommendations, and the follow-up action after the review, is also summarised.

### **Broad confidence**

A judgement of broad confidence indicates that the institution is judged both to possess rigorous mechanisms for the management of the quality of its programmes and the standards of its awards and to be using these effectively and consistently. The mechanisms will include a strong and scrupulous use of independent external examiners in summative assessment procedures and independent external persons in the internal periodic review of disciplines or programmes. The institution will also have provided evidence to demonstrate that it has the capacity to, and is very likely to continue to, secure and maintain quality and standards in the future and that the publicly available information it provides is complete, accurate and reliable.

**Evidence:** The judgement will be reached on evidence that demonstrates that the institution has sound structures and procedures for the assurance and enhancement of quality and standards; that it is successful in the management of those structures and procedures at institutional level; and that the procedures are applied effectively at local level and across the institution as a whole. A judgement of broad confidence implies confidence in the institution's capacity and commitment to identify and address any situation that has the potential to threaten the quality of programmes or standards of awards.

**Recommendations:** A judgement of broad confidence may be accompanied by a small number of recommendations that are considered advisable and it will not be unusual for there to be a number that are considered desirable, but there will be none that are considered essential. Broad confidence in an institution indicates confidence that the recommendations set out in the report are likely to be considered and dealt with through the institution's normal structures for quality enhancement.

### **Follow-up**

**After one year:** the institution is required to submit a brief report to the Agency on how it has responded to the report.

**After three years:** the institution is required to submit a report to the Agency commenting on its progress since the review and outlining its intentions in respect of managing quality and standards over the three years until the next review. The Agency makes a short visit to the institution to discuss these matters (see **Annex I**).

### **Limited confidence**

A judgement of limited confidence indicates that there is evidence that the institution's capacity to manage the quality of its programmes and/or standards of its awards soundly and effectively is limited or is likely to become limited in the future. The reason for this judgement may be notable weaknesses either in the management of the institution's structures and procedures or in their implementation at local level or across the institution as a whole. The determining factor in reaching a judgement of limited confidence is not simply evidence of problems - no institution could be expected to avoid these entirely. It is, instead, the fact that

the institution 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 there is reason for reservations about whether the publicly available information provided by the institution can be considered complete, accurate and reliable, or where the institution makes a less than full use of independent external examiners in summative assessment procedures and independent external persons in the internal periodic review of disciplines or programmes.

**Evidence:** Where there is evidence to question either the effectiveness of the current assurance of quality and standards, or the institution's capacity to maintain quality and standards in the future, the judgement will indicate whether the concerns are limited to a small number of matters or are more widespread, and whether or not these matters place quality and/or standards at risk.

**Recommendations:** A judgement of limited confidence is likely to lead to a small number of recommendations that are considered essential, as well as a number that are considered advisable and desirable.

### **Follow-up**

Within three months of report publication: the institution is required to submit an action plan to the Agency indicating how it intends to address the recommendations in the report, and to provide, subsequently, a progress report on how the action plan has been implemented. The review is not formally signed off until the Agency is satisfied that the action plan has been implemented successfully, with a maximum time limit of 18 months. If at that point concerns remain about the effectiveness of the remedial action, the Agency conducts a further visit.

After three years: the institution is required to submit a report to the Agency commenting on its progress since the review and outlining its intentions in respect of managing quality and standards over the three years until the next review. The Agency makes a short visit to the institution to discuss these matters (see **Annex I**).

### **No confidence**

A judgement of no confidence indicates that there is substantial evidence of serious and fundamental weaknesses in the institution's capacity both at institutional and local level to secure and maintain the quality of its programmes and standards of its awards.

**Evidence:** A judgement of no confidence will be reached either because of serious absences or flaws in the institution's procedures themselves or because of ineffectiveness in their management, and where either quality or standards can be seen to be at immediate risk, or there is serious doubt as to the institution's capacity to secure and maintain them in the future. A judgement of no confidence may also be reached where it can be demonstrated that the information made available to the public by the institution cannot be relied upon and can be shown to be inaccurate and/or misleading.

**Recommendations:** A judgement of no confidence will be accompanied by a significant number of recommendations that are considered essential, as well as a number that are considered advisable and desirable.

### Follow-up

**Between six and 12 months after report publication:** HEFCW requires a further review of the institution. The nature, scope and timing of the review is determined in accordance with the principle of proportionality, and through a dialogue between the institution, the Agency, and HEFCW.

**After three years:** the institution is required to submit a report to the Agency commenting on its progress since the review and outlining its intentions in respect of managing quality and standards over the three years until the next review. The Agency makes a short visit to the institution to discuss these matters (see **Annex I**).

## Annex H: Indicative report structure

The indicative report structure is set out below.

### Preface

*[A standard summary, common to all reports, of the institutional review process and its possible outcomes]*

### Summary

*[A summary intended primarily for the public, especially potential students, and to be made available separately from the rest of the report]*

- Introductory statement.
- Statement of confidence.
- Features of good practice.
- Recommendations for action.
- National reference points.
- Reliability of information.

### The findings of the review

*[An overview of the findings of the review, providing comment on the institution's capacity to manage and enhance the quality of its programmes; its capacity to underpin its programmes with effective learning support; and its capacity to manage effectively the security of the academic standards of its awards]*

- The effectiveness of institutional procedures for assuring the quality of programmes.
- The effectiveness of institutional procedures for securing the standards of awards.
- The effectiveness of institutional procedures for supporting learning.
- External involvement in internal quality assurance mechanisms.
- The institution's use of national reference points.
- The reliability of information.
- The institution's intentions for the enhancement of quality and standards.
- The utility of the SED as an illustration of the institution's capacity to reflect upon its own strengths and limitations, and to act on these to enhance quality and standards.
- Features of good practice [bulleted list].
- Recommendations for action by the institution [bulleted list].

### Main report

#### Section 1: Introduction

*[A standard introduction to this review]*

- The institution and its mission.

*[Size, style and mission of the institution - any special features - how these influenced the directions taken by the review]*



- Relationship to the University of Wales

*[Where relevant, a statement on the institution's relationship to the University of Wales and how this impacts on its quality assurance arrangements]*

- Collaborative provision.

*[A statement of the scale/complexity of collaborative provision - the way it is addressed in this review (embedded or identified for separate review of collaborative provision)]*

- Background information.

*[The information base for the review, including the nature and status of any submission to the review team by the student body]*

- The review process.

*[The review process as applied to this particular review - schedule and sequence - a note on the selection of thematic trails]*

- Developments since the previous review or audit.

*[Outline of key actions taken since the last review/audit: indication of any major structural change that has taken place since the last review/audit that will have a bearing on this review; outline of matters emerging from any overseas audit; outline of matters emerging from PSB reports]*

## **Section 2: The review investigations: institutional processes**

*[A narrative that evaluates the impact that various aspects of the institution's processes have on the quality of its programmes and learning support, and on the academic standards of its awards. The following represents a core set of sub-sections that will be included. Other sub-sections may be added where appropriate - for example, to reflect the particular features of the institution, or where identified by the institution in its SED]*

- The institution's framework for managing quality and standards, including collaborative provision.
- The institution's view of the effectiveness of the framework.
- The institution's intentions for the enhancement of quality and standards.
- Internal approval, monitoring and review processes.
- External participation in internal approval, monitoring and review processes.
- Programme-level review and accreditation by external agencies.
- Assessment practice and procedures.
- External examiners and their reports.
- Student admissions, and the use made of progression and completion statistics.
- External reference points.
- Student representation at local and institutional level.
- Feedback from students, graduates and employers.
- Procedures for student complaints and academic appeals.
- The means by which the quality of teaching staff is assured: appointment, appraisal and reward.

- The means by which the quality of teaching staff is assured: staff support and development.
- Assurance of the quality of teaching delivered through distributed and distance methods.
- Learning support resources.
- Academic guidance, support and supervision.
- Personal support and guidance.
- Collaborative provision.

### **Section 3: The review investigations: published information**

- The students' experience of published information and other information available to them.
- Reliability, accuracy and completeness of published information.

## Annex I: Mid-cycle reviews and progress reports

### Introduction

- 1 Reviews take place on a six-year cycle, commencing during the academic year 2003-04. Three years after each review, the institution concerned is required to submit a report to the Agency commenting on its progress since the review and on other relevant developments, and receives a short, mid-cycle review visit from the Agency to discuss these matters.
- 2 Institutions with reviews in the latter half of the first six-year cycle (ie in 2006-07, 2007-08 or 2008-09) are also required to submit a report on the progress made in addressing the findings of previous audit and engagement reports by the Agency.
- 3 Further information about both forms of activity is provided below.

### Mid-cycle reviews

4 The purpose of mid-cycle review is to provide feedback to the institution on the Agency's perceptions of its progress since the previous review, and of the strengths and weaknesses in its current and future plans for quality assurance and enhancement.

5 The process of mid-cycle review involves:

- preliminary contact from the Agency to confirm the arrangements for the review, including the date of the visit and the information required;
- no later than six weeks before the visit, the submission by the institution of a brief report to the Agency, summarising:
  - actions taken to address the recommendations in the institutional review report;
  - actions taken to address the recommendations in the reports of professional, statutory and regulatory bodies since the review;
  - any major changes in the structure and organisation of the institution since the review;
  - any key strategic developments (for example, in learning and teaching, widening participation, research or information management) since the review;
  - where relevant, any development of collaborative arrangements with partner institutions or other organisations since the review;
  - the institution's intentions for the further development of quality assurance procedures and for the enhancement of learning opportunities.

If the institution so wishes, the report may be accompanied by a limited range of supporting documentation.

- a visit to the institution by a member of the Agency's staff. The visit is no more than a day in length and includes:
  - a structured discussion with one or two of the institution's senior staff with responsibility for quality and standards;
  - an opportunity to read relevant internal review reports produced in the three years since the review, together with all relevant reports from professional, statutory and regulatory bodies;

- an opportunity to consider a range of published material relating to quality and standards, including information published on the institution's web site.
- within eight weeks of the visit, the submission of a brief report to the institution setting out the Agency's conclusions about the progress made since the previous review and highlighting perceived strengths and weaknesses in current and future plans for quality assurance and enhancement. The report is not published. A copy is provided for HEFCW.

6 The mid-cycle review process cannot result in a recommendation or decision that the judgements of the previous review team are modified or revised.

7 If the mid-cycle review indicates the existence of potentially serious difficulties in the institution's management of quality and standards, the Agency may decide that a further mid-cycle visit should be undertaken by two reviewers and a member of the Agency's staff. If the second visit indicates that there are matters of serious concern that the institution is not addressing satisfactorily, the Agency, in consultation with HEFCW, may bring forward the date of the next review.

### **Progress reports**

8 Progress reports produced by institutions with reviews in the latter half of the first six-year cycle should be similar in content to those produced for mid-cycle reviews. They should include a summary of the actions taken to address the recommendations of the previous audit report and of engagement reports by the Agency since the audit.

9 The reports are requested by the Agency three years before the date of the institutional review, and are considered by an Agency assistant director. No visit takes place. The process includes consideration of publicly available information about the institution, including the information published by the institution itself on its web site.

10 The process results in a brief response to the institution by the Agency. The response comments on the progress that appears to have been made since the previous audit and identifies any points for further consideration. The response is not published. A copy is provided for HEFCW and, in due course, for the institutional review team.

11 If the progress report raises matters of serious concern that the institution does not appear to be addressing satisfactorily, the Agency, in consultation with HEFCW, may bring forward the date of the next review.

## Annex J: The Agency's operational principles and process standards

### Background

1 The Agency's approach to undertaking institutional reviews draws upon the practices and process standards developed and enhanced by its predecessor bodies. Since those bodies began their work, good practice in auditing (guided by published standards of auditing practice) and requirements relating to accountability and reporting, have developed considerably. The Agency recognises that some of the process standards it has observed in the past have been implicit rather than explicit, and that the institutional review process should be underpinned by a more explicit statement on operational principles and process standards.

2 In developing its operational principles and process standards, the Agency has taken note of the principles underpinning the AA1000 series accountability standard and the Seven Principles of Public Life developed by the Nolan Committee.

### Principles

3 The Agency seeks to observe and promote several general principles within both the strategic and operational levels of its work. The principles are:

- **Inclusiveness** - taking into account the needs of all stakeholder groups and facilitating their participation in aspects of the Agency's work.
- **Openness** - transparency in the work and methods of the Agency, to build trust and confidence among stakeholders, and to provide information about the Agency's work to the wider public.
- **Accountability** - demonstrating that the Agency is using its resources to good effect and with probity; conducting its work with integrity and impartiality; and ensuring that stakeholders are able to depend on the information provided.
- **Timeliness** - the need for regular, systematic and timely action in all reporting processes to support the decision-making of the Agency and its stakeholders.
- **Comparability** - using experience drawn from within the Agency and other organisations as a means with which to inform future work.
- **Relevance** - ensuring that the information provided by the Agency is useful to, and understood by, all stakeholders.

4 These principles have been used to develop explicit process standards for institutional review, the details of which are published on the Agency's web site ([www.qaa.ac.uk](http://www.qaa.ac.uk)).

### Quality assurance mechanisms

5 The Agency is committed to the regular monitoring and evaluation of its policies, procedures and processes, to ensure their ongoing credibility and to improve continuously its performance in response to the results. In respect of institutional review, this commitment includes providing the opportunity for participants in the process, including students, to provide structured feedback on their experiences.

## **Annex K: The specific terms of the Agency's Welsh Language Scheme relating to the institutional review process**

### **Institutional review**

1 In planning, conducting and reporting on institutional reviews in Wales, the Agency is committed to treating Welsh and English on the basis of equality. The Agency is also committed to meeting the expectations placed upon it with regard to equal status for both languages. In any review in higher education institutions in Wales, the Agency acknowledges the right of any person, including students, to speak to the review team in Welsh. The Agency also acknowledges the right of any bilingual member of a review team during a review in Wales to speak in Welsh. For such situations the Agency will provide simultaneous translation facilities. If it is impractical to do so, the member of staff or the reviewer will provide a synopsis or translation of what he or she said in English.

2 The Agency ensures that in the initial review-planning meetings with higher education institutions, the designated Assistant Director identifies the language preferences expressed by the institution for the conduct of the review. The Assistant Director negotiates with the institution what elements of the review process are to be conducted in Welsh, taking into consideration the potential of simultaneous translation services facilitating this. For the purposes of the initial visit by the Assistant Director, the Agency will elicit, through bilingual correspondence with the institution, the extent to which that initial visit will be conducted bilingually.

3 The Agency will seek to recruit reviewers and review secretaries that are bilingual. Its arrangements for advertising and recruiting will be amended to support this objective for the purposes of review in Wales.

4 Following agreement with the Agency about which elements of the review will be conducted bilingually, institutions will be invited to submit to the Agency, according to the normal schedule, bilingual versions of the key documents underpinning the review process, for example the self-evaluation document. It would be a matter for institutions to decide whether any supplementary material supporting the key documentation would also be provided bilingually.

5 The Agency will make arrangements for, and meet the costs of, providing simultaneous translation of those review proceedings which the Agency and the higher education institution have agreed to conduct bilingually. Normally, these arrangements are when reviewers as a team meet with groups of staff of the higher education institution, of whom one or more prefer to participate in Welsh.

6 The Agency acknowledges that some higher education institutions in Wales, more so than others, operate within a context and ethos in which both Welsh and English have equal currency in their routine activities. The Agency respects this and seeks to appoint bilingual review secretaries to facilitate the smooth operation of the review process in such institutions.

*The full details of the Agency's Welsh Language Scheme are available on its web site ([www.qaa.ac.uk](http://www.qaa.ac.uk)).*

**QAA 036 10/2003**

*Published by*  
Quality Assurance Agency for Higher Education  
Southgate House  
Southgate Street  
Gloucester GL1 1UB

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© Quality Assurance Agency for Higher Education 2003

ISBN 1 85824 969 4

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