Institutional Review (Wales)

Handbook

April 2012

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Preface

The mission of the Quality Assurance Agency for Higher Education (QAA) is to safeguard standards and improve the quality of UK higher education. One way in which QAA achieves its mission is to carry out Institutional Reviews of higher education institutions in Wales. The separate arrangements for reviewing institutions in England, Northern Ireland and Scotland are described in *Institutional Review of higher education institutions in England and Northern Ireland: A handbook for higher education providers, March 2011* and the *Enhancement-Led Institutional Review handbook: Scotland 2008*.[1]

The providers of higher education have the primary responsibility for protecting the academic standards and quality of their awards; QAA works with them to meet that responsibility. Institutional Review is an evidence-based process carried out through peer review. Institutional Review balances the need for publicly credible, independent and rigorous scrutiny of institutions with the recognition that the institutions themselves are best placed to provide stakeholders with valid, reliable and up to date information about the academic standards of their awards and the quality of their educational provision. Institutional Review encourages institutions to be self-evaluative, and is therefore a process that, in itself, offers opportunities for enhancement of institutional management of standards and quality. At the centre of the process is an emphasis on students and their learning opportunities.

This handbook has been developed by QAA in partnership with the Higher Education Funding Council for Wales (HEFCW) and Higher Education Wales (HEW), following wide consultation with the sector. It describes the revised process of Institutional Review that will operate in Wales within the context of a 'rolling programme', whereby all institutions will be reviewed between 2009-10 and 2014-15.

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[1] www.qaa.ac.uk/publications/informationandguidance/pages/IRENI-handbook-second.aspx and www.qaa.ac.uk/publications/informationandguidance/pages/enhancement-led-institutional-review-handbook-Scotland.aspx.

Institutional Review

1   This handbook describes the revised Institutional Review process for the institutional management of academic quality and standards which will run **from 2012-13 onwards**. This process replaces the Institutional Review process that has run from 2009-10 to 2011-12. The revisions to the review method were adopted as part of the rolling programme of reviews, which enables changes to be made to the review method when required. The changes to the review method were set out in the HEFCW document *Consultation on amendments to the Institutional Review: Wales (W11/18HE).*
The outcomes of the consultation were considered by the HEFCW Quality Assessment and Enhancement Subgroup in September 2011, and implementation agreed from 2012-13.

2   This handbook takes full account of the recommendations from the HEFCW Quality Assessment and Enhancement Subgroup. The main substantive changes to the review method from the previous method are as follows:

- there will be four judgements on: the threshold standards of awards, the quality of students' learning opportunities, the enhancement of students' learning opportunities, and the quality of public information (paragraph 10)
- changes to the terminology for judgements to 'commended', 'meets UK expectations', 'requires improvement to meet UK expectations', and 'does not meet UK expectations' (paragraph 12)
- recommendations will not be graded (paragraph 16)
- affirmations of action in progress will be included (paragraph 16)
- there will be no specifically defined, predetermined review trails; however, review teams will wish to see some of the evidence that institutions use to assure themselves that central policies and processes for quality and standards operate at local level (Annex F)
- replacement of the three-day briefing visit by a one-and-a-half-day first team meeting at the institution (paragraph 42)
- a published action plan will be prepared as a result of all reviews, whatever the judgement (paragraph 55)
- a judgement indicating that an area of the review fails to reach the required standard will lead to a follow-up process which may lead to a revised judgement (Annex A)
- changes to the timetable and terminology for amendments to the review method under the rolling programme of reviews procedures (paragraphs 63 to 71)
- inclusion of student charters within the documentation (paragraph 17).

There are also a number of operational changes, as follows:

- the review team will meet or receive information from a larger number of students (paragraph 48)
- more use will be made where appropriate of videoconferencing and teleconferencing for meetings (Annex B)
- all documentation will be submitted electronically and team members will work with electronic documents (paragraph 39)
- introduction of lead student representatives (paragraph 33)
- reports will be published after 14 weeks (paragraph 51)
- a QAA officer will be present throughout the review visit (Annex A).

The aims and objectives of Institutional Review

3   The aim of this revised Institutional Review process is to meet the public interest in knowing that higher education institutions in Wales have effective means of:

- ensuring that the awards and qualifications in higher education are of an academic standard that is consistent with *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), and are, where relevant, exercising their powers as degree awarding bodies in a proper manner
- providing learning opportunities of a quality that meets the expectations of the UK Quality Code for Higher Education (the Quality Code) and enables students, whether taught or research, to achieve an award or specific credit towards an award from an awarding body
- enhancing the quality of their educational provision, particularly by building on information gained through monitoring, internal and external reviews, and feedback from stakeholders.

4   The objectives of the process are to:

- ensure that the academic standards of higher education awards and qualifications are maintained and securely managed, wherever they are delivered
- enable students and other stakeholders to have confidence in the proper management of the quality of programmes of study that lead to the award of credit and qualifications
- ensure that student learning opportunities are central to the focus of Institutional Review
- contribute, in conjunction with other mechanisms and agencies in higher education, to promoting and enhancing quality in teaching, learning and assessment
- ensure that students, employers and others can have ready access to easily understood, reliable and meaningful public information about the academic quality and standards of higher education provision in Wales
- ensure that if the management of academic standards or of the quality of provision is found to have significant weaknesses, the process forms a basis for ensuring action to improve it
- provide a means of securing accountability for the use of public funds received by higher education institutions
- recognise the context of higher education in Wales, including the priorities of the Welsh Government
- provide an efficient and cost-effective process for HEFCW and higher education institutions
- minimise, wherever possible, the burden on higher education institutions.

The Institutional Review process in summary

5   Institutional Reviews will examine the effectiveness of the policies, structures and processes that an institution uses to:

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

Collaborative provision

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

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

Postgraduate research programmes

8   The Institutional Review method will assess and report upon the extent to which institutional arrangements for securing the academic standards of awards and the quality of provision in postgraduate research degree programmes are in alignment with the Expectations on postgraduate research programmes in the Quality Code. The Indicators of sound practice give institutions clear guidance on the expectations of funding councils, research councils and QAA in respect of the management, quality and academic standards of research programmes.

9   A review team's formal comment on postgraduate research programmes will form part of the findings of the Institutional Review report.

Judgements

10   As noted in paragraph 2, review teams will make judgements on:

- the institution's threshold academic standards
- the quality of students' learning opportunities (teaching and academic support)
- the quality of public information
- the institution's enhancement of students' learning opportunities.

11   The judgement will be determined by several factors, the primary factor being institutional awareness of and local engagement with the Quality Code and other agreed external reference points (including, for example, the Credit and Qualifications Framework for Wales). Detailed information about judgements is given in Annex D. The information on judgements sets out the list of factors to which review terms will refer. Judgements represent the reasonable conclusions that informed academic peers are able to reach based on the evidence and time available to them in review.

12   The model chosen involves a greater gradation of judgements in each of the four areas. The grades to be used are '**commended**', '**meets UK expectations**', '**requires improvement to meet UK expectations**', and '**does not meet UK expectations**'. The expectations which would enable an institution to meet the grades are explained in Annex D.

13   Reviewers will find it difficult to express a **meets UK expectations** judgement if certain elements of quality assurance processes are found to be missing or neglected.

The first of these is a strong and scrupulous use of independent external examiners in summative assessment procedures, and the second is a similar use of independent external participants in internal review at discipline and/or course/programme level. In both cases, the emphasis is on appropriate independence and externality being built into processes.

14   Review judgements at any level will be open to high-level differentiation so that they may apply, for example, only to collaborative provision or on-campus provision, or to provision at a certain level.

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

16   Institutional Review reports will include recommendations for further consideration by the institution. The recommendations will not be graded, but review teams will identify the timescale by which they would expect recommendations to be implemented. The review teams will identify features of good practice that they consider to make a particularly positive contribution to the institution's approach to the management of academic standards, quality of learning opportunities, provision of public information, and enhancement. They will also affirm courses of action being taken by an institution to eliminate weaknesses or unsatisfactory practice.

Information base for the review

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

- a self-evaluation document prepared by the institution, outlining the evidence that the institution uses to assure itself that its approach to managing academic standards, the quality of students' learning opportunities, public information, and enhancement is effective
- the evidence that supports the institution's view of the effectiveness of its approach
- other key documents; see Annex F
- a student submission prepared on behalf of the student body by representative students of the institution (see Annex H)
- a copy of the student charter
- reports on the institution or its provision produced by QAA and other relevant bodies, such as professional, statutory and regulatory bodies (PSRBs), within the six years preceding the review; the previous mid-review follow-up report; institutions' action plans and progress reports.

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

Use of reference points

19   Reviewers will draw upon a range of external reference points, including: the FHEQ, the Credit and Qualifications Framework for Wales (CQFW), the *Foundation Degree*

qualification benchmark,[2] relevant subject benchmark statements,[3] and relevant sections of the UK Quality Code for Higher Education (the Quality Code)[4], published by QAA. In so doing, the reviewers will not seek evidence of compliance, but rather evidence that the lead 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, necessary steps to introduce appropriate changes to develop practice consistent with the intended effect of the Quality Code.

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

21   Review teams will not be asking institutions about their engagement with the Quality Code on an Indicator by Indicator basis. However, a team will expect to see, in the self-evaluation document, a reflection on how the institution has gone about engaging with the Indicators of the Quality Code overall.

22   Review teams will also enquire into the way in which any relevant subject benchmark statements have been taken into account when establishing or reviewing programmes and awards. They provide authoritative reference points, which students and other interested parties will expect to be taken into account when programmes are designed and reviewed in order to ensure that the standards of the programme are appropriate.

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

24   Review teams may also wish to enquire into the ways in which an institution has considered the expectations of the *Standards and Guidelines for Quality Assurance in Higher Education in the European Higher Education Area*[5] and any other guidance relating to European or other international practices, such as the European Credit Transfer System and the Framework for Qualifications of the European Higher Education Area. While the Quality Code and other UK reference points are considered to subsume the expectations and good practice of Part 1 of the *Standards and Guidelines*, institutions that have collaborative links with non-UK European institutions or a particular focus on internationalisation may find it useful to articulate in greater detail their engagement with European reference points.

25   Review teams may wish to take into account the UK Professional Standards Framework (UKPSF) for teaching and supporting learning in higher education, which has been developed by the sector for higher education institutions to apply to their professional development programmes and activities. Review teams may also wish to consider the extent to which the higher education institution makes use of the services offered by the Higher Education Academy (HEA) to support the development of professional standards.

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[2] www.qaa.ac.uk/publications/informationandguidance/pages/foundation-degree-qualification-benchmark-may-2010.aspx
[3] www.qaa.ac.uk/assuringstandardsandquality/subject-guidance/pages/subject-benchmark-statements.aspx
[4] www.qaa.ac.uk/assuringstandardsandquality/pages/default.aspx
[5] www.enqa.eu/files/ENQA%20Bergen%20Report.pdf

Reviewers and review teams

26   Roles:

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

27   Size:

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

28   Selection:

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

29   Training:

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

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

Institutional facilitator and lead student representative

31   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 G.

32   The role of institutional facilitator has been enhanced so that at the review visit the institutional facilitator will play a more active role through regular meetings. This will provide opportunities for both the team and the institution to seek further clarification outside of the formal meetings.

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

34   QAA will provide briefing for facilitators and lead student representatives.

The review process

Preparation for the review

35   In preparation for the Institutional Review, QAA will provide an initial briefing for the institution up to 12 months in advance on aspects of the process and to answer any questions. The briefing will be held well in advance of the Preparatory meeting in order to maximise the opportunity for institutions to digest the information, and be well placed to discuss any possible issues with the Assistant Director when they meet formally for the first time.

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

37   The next step is the Preparatory meeting, which will take place 16 weeks before the review visit. In the case of hybrid reviews, this meeting will take place 22 weeks before the review visit. Both staff and student representatives should be present. At the Preparatory meeting the QAA officer coordinating the review will meet representatives of the institution to discuss the structure of the review as a whole. The purpose of the meeting will be to clarify the scope of the exercise, to answer any questions about the revised methodology, and to confirm the information to be made available by the institution. The meeting will give an opportunity to discuss the likely interactions between the institution, QAA and the review team; to confirm that the institution's self-evaluation document will be well matched to the process of review; to emphasise that documentary evidence should be based primarily on existing material used in internal quality management, not on material prepared specially for the review; and to discuss any matters relating to the required public information set.

Between the Preparatory meeting and submission of the institution's self-evaluation document, QAA will continue to offer such advice and guidance on the process as it can at the request of the institution.

38   The Preparatory meeting will also normally provide an opportunity for a separate discussion with student representatives about the student submission to be prepared on behalf of the student body. The purpose of the Preparatory meeting will be to confirm the scope and purpose of the student submission, and to confirm any topics beyond the standard template for the student submission that the student representatives consider appropriate. After that, until the submission of the student submission, QAA will continue to offer such advice and guidance on the process as it can at the request of the student representatives.

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

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

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

First team visit

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

43   One week after this meeting, the QAA officer will confirm with the institution the plan of activity for the review visit and the length of the visit (which will normally be five days). The programme of activity will normally start five working weeks after the institution has received the activity plan.

The visit to the institution

44   The activity carried out at the visit will not be prescribed but may include meetings with staff, external examiners, partner link staff, recent graduates, or employer link visits. Meetings with students will always be held.

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

46   On the final day of the review visit, the review team will consider its findings in order to:

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

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

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

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

50   Two weeks after the end of the review the key findings will be sent to the institution and to HEFCW. After a further four weeks the draft report and the evidence base for the findings will be sent to the institution.

Reports

51   There will be a single Institutional Review report, normally published after 14 weeks, which will comprise the findings of the review. This will be as concise as possible while including enough explanation for it to make sense to an audience not necessarily familiar with the concepts and operation of higher education. The intention is to produce a report of about 10 pages in length. The report will not contain detailed evidence for the findings: this will be provided for the institution in the evidence base. While the evidence base will not be published by QAA, it will not be a confidential document and will be made available on request.

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

53   The format of the report will follow a template that aligns with the structure recommended for the institution's self-evaluation document (see Annex E). Its production will be managed by the QAA officer coordinating the review. The report will be prepared and

submitted to the institution as soon as possible following the review visit, normally within six weeks, with a request for corrections of errors of fact. The institution will have three working weeks to supply factual corrections to the report, and the report will then be finalised and published. The institution is expected to share the draft report and any proposed corrections with the student representative body.

54   The normal expectation is that the report is finalised and published within 14 working weeks of the review visit.

Action planning and sign-off

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

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

Mid-review follow-up

57   Three years after the review visit, as part of the mid-review follow-up (MRFU) process (see Annex K), the institution will report on its review action plan to QAA. QAA will wish to ensure that all recommendations are being followed up. Institutions that fail to engage seriously with review recommendations may be referred to QAA's Concerns scheme.[6] Future review teams will take into account the progress made on the actions from the previous review.

58   Where HEFCW's Unsatisfactory Quality Procedure (UQP)[7] has been invoked, the MRFU process may take place later and/or be accompanied by a peer review (see Annex J).

Full follow-up

59   Where a review team makes a judgement of **requires improvement to meet UK expectations** or **does not meet UK expectations** in at least one area of the review, the report will be published, the initial action plan produced, and there will be a programme of follow-up activity to address the area of the review which has received a **does not meet UK expectations** or **requires improvement** judgement. Any action attached to areas of the review which have received a passing judgement will be addressed over the normal lifetime of the review process, as specified in paragraphs 56 to 57. Detailed information on the follow-up process is provided in Annex A.

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[6] www.qaa.ac.uk/Complaints/concerns/Pages/default.aspx
[7] www.hefcw.ac.uk/documents/publications/circulars/circulars_2010/W10%2001HE%20Procedure%20for%20add ressing%20unsatisfactory%20quality%20in%20institutions%20in%20Wales.pdf

Summary of actions following judgements (see also Annex J)

Judgement	Action
Commended and/or meets UK expectations	The institution submits its action plan.
Requires improvement to meet UK expectations	If there is only one such judgement, the institution submits its action plan, with a series of progress reports to be provided over the following year. If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for a peer visit to establish whether the judgement can be changed to **meets UK expectations**. If there is more than one such judgement, HEFCW invokes its UQP procedure (see paragraph 62).
Does not meet UK expectations	The institution submits its development plan, with a series of progress reports to be provided over the following year. If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for a second Institutional Review to take place. If the second review returns **commended** or **meets UK expectations** judgements in all areas, the judgement(s) will be changed and the review signed off. If neither of these conditions are met, HEFCW invokes its UQP procedure (see paragraph 62).

Other quality assurance mechanisms

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

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

62   HEFCW has a policy for addressing unsatisfactory quality in institutions (UQP), which is currently triggered: if an institution receives a judgement of **does not meet UK expectations** in two successive QAA Institutional Reviews; if an institution does not make sufficient progress on an action plan made following a judgement of **does not meet UK expectations;** if an institution has more than one judgement of does not meet UK expectations; or if an institution is unable to agree such an action plan within a reasonable time frame.

Making changes to the review process

63   In 2009 it was established that the Institutional Review process should be organised on a rolling basis rather than as a fixed cycle. This includes the possibility of both minor and substantive changes to the process being introduced at any point. A rolling process is intended to allow greater flexibility in the review process and enable changes to be made to the review method in a timely way, rather than waiting for the end of a cycle. This means that changes elsewhere in review methods which are considered good practice can be introduced into the programme of reviews without waiting for a particular review cycle to come to an end. The identification and operation of changes to the review process will be subject to agreement with HEFCW's Quality Assurance and Enhancement Subgroup (QAESG).

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

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

66   A substantive change recommended by the QAESG will be consulted upon with the sector, with a view to determining how it might best be implemented to reduce the amount of inconsistency that introducing such a change would bring. It would then need to be agreed by the Boards of the sponsoring body based on the QAESG recommendation in the light of the consultation responses. A substantive change would be introduced in time for the beginning of a tranche of reviews (that is, those operating within one academic year), in order to be able to distinguish easily the point at which different versions of the method became operational. This will also provide time to brief institutions adequately and, where necessary, provide refresher training or briefing for review team members.

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

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

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

70   Minor changes are envisaged as changes to the operation of the process, rather than to the principles underpinning it.

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

Administration of the process

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

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

moderate reports to help to promote consistency in the application of the judgement guidance by review teams.

Complaints and appeals

74   QAA has processes for receiving complaints and appeals. Details of the complaints procedure can be found on the QAA website.[8]

Institutional Review and Welsh language provision

75   In planning, conducting and reporting on Institutional Reviews in Wales, QAA is committed to treating the Welsh and English languages on the basis of equality. For further information, see Annex I and QAA's *Welsh Language Scheme*.[9]

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[8] www.qaa.ac.uk/Complaints/Pages/default.aspx
[9] www.qaa.ac.uk/aboutus/corporate/policies/pages/welsh-language-scheme.aspx.

Annex A: Institutional Review which includes collaborative provision

Notes for higher education providers

Timeline

The standard timeline for Institutional Review is given below. This shows what the institution needs to do and when.

18 months before start of review year (except first year, when notice will be one year)	March	• Institution provides information about academic year. • Institution completes collaborative provision pro forma. • QAA sets dates for all reviews in a particular year.
1 year before start of review year	September	• Institution submits key information (student numbers, number of programmes, and so on). • Institution reports major changes to collaborative provision arrangements. • Institution nominates institutional facilitator (IF) and lead student representative (LSR).
9 months before start of review year	December	• Size of review team confirmed. • Mode of collaborative provision review agreed. • QAA identifies coordinating officer.
6 months before start of review year	March	• Topic for the thematic element is confirmed by QAA. • Any agreed changes to review process are confirmed by QAA.
4-5 months before start of review year	May	• Briefing event for IFs and LSRs. • QAA gives institutions the names of review team members.

Working weeks	**Cumulative weeks**	
- 16	0	• Preparatory meeting between the institution and QAA officer at the institution.
- 11	5	• Document upload: institution uploads information to QAA secure folder, including self-evaluation document and student submission.
- 7	9	• Team considers documentation remotely; QAA analyses public information set.
- 6	10	• Review team makes first visit to the institution (1.5 days).
- 5	11	• QAA informs institution of any further documentation required and confirms review visit details. • QAA confirms length of review visit.
0	16	• Review visit.
2	18	• QAA informs institution and HEFCW of key findings.
6	22	• QAA sends draft report and evidence base to institution.

9	25	• Institution provides factual corrections; QAA finalises report.
14 (includes 2 weeks for translation)	30	• QAA publishes report.
24	40	• Institution publishes its action plan on its website.
3 years		• Mid-review follow-up.
Within 6 years		• Next review.

First contact with QAA - 18 months before review

The first contact that you will have with QAA about your review will take place about 18 months before the start of the year in which the review is due to take place. QAA will contact your institutional contact to let the institution know that it will be having a review in the next-but-one academic year. Your institution will be asked to provide some information to help QAA schedule your review dates:

- dates of your academic year
- dates of major examination periods
- register of collaborative provision.

You can let us know at the same time whether there are other times when you think that it would be impossible to schedule your review, but we cannot promise to take into account anything other than the critical periods noted above.

When we have collated all dates for the review year we will write back and confirm the dates and schedule for your review. The dates that we will confirm will include:

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

There will then be a period of about six months when you may hear nothing further about your review. We will contact you again about one year before the start of your review year.

Size and scope of your review - nine to 12 months before the start of your review year

QAA will again contact you for information to help us plan the size and scope of your review. We will ask you to provide some basic information about the scope of your provision: student numbers, number of campus sites, number of programmes, and so on. We will also ask you to give an update on your collaborative provision. At this stage we will ask you to nominate your institutional facilitator (IF) and lead student representative (LSR), if known. We realise that it might be too early to know the name of the LSR. Until this is confirmed, if we need to contact the student representative body, then we will contact the President of the Students' Union (or equivalent).

About nine months before the start of the review year we will contact you to let you know the mode of review for collaborative provision (within the standard, hybrid or separate process) and the size of the review team.

At the same time we will confirm with you the name of the QAA officer who will be coordinating your review, and the administrative support officer who has been assigned to

support your review. You are welcome to phone or email your coordinating officer, or visit him or her at QAA, if you need to understand the review process better. The QAA officer can provide advice about the review process but cannot act as a consultant for your preparation for review, nor comment on whether the processes that you have for quality assurance are appropriate or fit for purpose: that is the job of the review team.

The protocol for the rolling review programme allows for changes to take place as necessary.

Briefings for the institutional facilitator and lead student representative

QAA will provide a briefing for IFs and LSRs on their role and responsibilities. We will also explain how we anticipate that electronic information will be placed into the secure folder for the review. These briefing events will be for all institutions having a review in the same year. We will invite your institution to send its nominees and give you any information that you need for the briefing.

About this time we will also let you know the names of the members of the review team. We will ask you to let us know of any potential conflicts of interest that members of the team might have with your institution, and may make adjustments in the light of that.

After your IF and LSR have had their role briefings, we suggest that you begin to use the detailed online review briefing that will be available on QAA's website. The package will include: details of the review process, roles of key players, guidance on the preparation of the self-evaluation document and the student submission, guidance on other documentation required, FAQs, and other guidance. We shall expect all relevant colleagues in the institution to have used the online briefing by the time that the Preparatory meeting takes place (which is 16 weeks before the review). You will need to be confident by the Preparatory meeting that production of your self-evaluation document is in hand, or be comfortable with being able to prepare it in the five weeks between the Preparatory meeting and document upload.

Preparatory meeting - 16 weeks before your review visit

The Preparatory meeting will take place about 16 weeks before the review visit. At the Preparatory meeting the QAA officer coordinating the review will meet representatives of the institution to discuss the structure of the review as a whole. The purpose of the meeting will be to answer any questions about the revised methodology, to agree the information to be made available by the institution, and to confirm the detailed arrangements for the review. The meeting should, therefore, include those who are most immediately involved with the production of the self-evaluation document and the student submission. In general, attendance by other staff should be confined to those with responsibility for the operational arrangements for the review. The IF and LSR should attend. If required, the QAA officer can give you further guidance about who should participate in the meeting.

The meeting will give an opportunity to discuss the likely interactions between the institution, QAA and the review team; to confirm that the institution's self-evaluation document and student submission will be well matched to the process of review; to emphasise that documentary evidence should be based primarily on existing material used in internal quality management, not on material prepared specially for the review; and to discuss any matters relating to the required public information set.

The discussion about the self-evaluation document will be particularly important. The usefulness of the self-evaluation document to the review team will be one of the main factors that we shall take into account when we decide the length of your review. If the self-evaluation document is reflective, well targeted to the areas of the review and the evidence

carefully chosen, the greater the likelihood that the team will be able to verify your institution's approaches and gather evidence of its own quickly and effectively. The same is true of the quality of accompanying documentation that you provide.

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

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

At the Preparatory meeting the coordinating officer will discuss the format of the first team visit, and will confirm the arrangements in writing with you shortly afterwards. The QAA officer will also discuss the mechanism for how the institution's action plan will be drawn up after the review visit.

Uploading information - 11 weeks before your review visit

At the Preparatory meeting we will have clarified with you the information that the review teams will expect to find in the electronic review folder. We hope that you will also have a good idea of what that information should include by reading this handbook. There are more details in Annex F.

After the Preparatory meeting you will have a maximum of five weeks to upload your self-evaluation document, accompanying documentation, and the required public information to the secure electronic folder. The precise mechanism for doing this will have been explained at the IF/LSR briefing and recapped by your QAA officer at the Preparatory meeting.

Information about the requirements for the self-evaluation document is given in Annex E. If you are unsure about the format of the self-evaluation document, you can contact your QAA officer. We will expect the self-evaluation document to adhere to advice given about page limits. Similarly the LSR (or other appointed student representative) can talk to the QAA officer about the form and content of the student submission (see Annex H).

We envisage that much of the information that will need to be uploaded will consist of the institution's required public information set, other public information, and other documentation available on intranets or extranets (see the list in Annex F for what we expect to be available). However, you will also need to bear in mind that some categories of information, while available in the institution, may not normally be available online, and so provision will need to be made to upload those documents to the QAA secure electronic folder as well.

At the same time that QAA is preparing its report on public information, the review team will also be reviewing the self-evaluation document, accompanying documentation, and public information that the institution has posted to the QAA secure electronic folder. This will allow team members to reach an overview of the public information, and to become familiar with the institution's quality assurance processes before its first team visit. Also during this four-week period, the team will be posting preliminary comments on the institution's processes and its public and other information to the QAA secure electronic folder.

First team visit - six weeks before your review visit

Six weeks before the review visit there will be a one-and-a-half-day visit to the institution for the team to discuss its initial commentaries and decide on issues for exploration, any extra documentation needed, and a programme for the review visit (the format and arrangements will have been confirmed by the QAA officer following the Preparatory meeting). The team will be in your institution from approximately 2pm on day one until 5pm on day two. Practical details of the visit will have been discussed with you at the Preparatory meeting.

The first team visit will include meetings with the head of institution, student representatives, and usually some staff members. The requirements will have been discussed at the Preparatory meeting. The QAA officer will be present throughout the first team visit to ensure that the review process is adhered to and to support the team in the process.

The IF and LSR will be invited to contribute to this meeting and their involvement will have been discussed at the Preparatory meeting. We suggest (and make financial provision for) the IF and LSR joining the review team for lunch on the first evening of the visit. In general we do not expect that the IF and LSR will be present with the team for all of its private meetings, nor in the meetings it has with institutional colleagues or students, but we do expect the team to have regular contact with them - perhaps at the beginning and end of the day, or when invited to meet the team at other times to clarify evidence or provide information. The IF and LSR can also suggest informal meetings to alert the team to information it might have missed. We want this to be an informal but productive relationship, helping the review team to get speedy access to the kind of information that will help it come to robust and clear findings. There is more information about the role of the IF and LSR in Annex G and Annex H, respectively.

The final decision concerning the length of the review visit will be made after this first team visit, and will be relayed to you by the QAA officer.

Confirmation of the review visit schedule - five weeks before your review visit

One week after the first team visit the QAA officer will confirm with the institution the plan of activity for the review visit and its length. At this stage we will ask you to plan meetings with colleagues whom the review team wishes to meet. The QAA officer will liaise with the LSR to ensure that the student groups the team wishes to meet will be available.

The programme of activity will start five working weeks after the institution has received the activity plan. Before the review visit we will confirm practical details for the review visit, including the length of the visit, and ask you to ensure that IT provision and any necessary conferencing facilities are set up and working. If you have any questions at this stage - as for any part of the review - you can contact your QAA officer or the administrative officer assigned to your review.

The review visit - week 0

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

The activity carried out at the visit will not be the same for every review, but may include contact with staff, external examiners, partner link staff, recent graduates, or employers. The review team will ensure that its programme includes meetings with a wide variety of students, to enable it to gain first-hand information on students' experience as learners and on their engagement with the institution's approach to quality assurance and enhancement.

The team will meet student representatives who have been involved in the preparation of the student submission, as well as members of the student body who do not have representative functions.

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

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

As with the first team visit, the IF and LSR will be invited to contribute to the review visit and their involvement will have been discussed at the Preparatory meeting. In general we do not expect that the IF and LSR will be present with the team for its private meetings, nor in the meetings with institutional colleagues or students, but we do expect the team to have regular contact with the IF and LSR - perhaps at the beginning and end of the day, or when they are invited to clarify evidence or provide information. The IF and LSR can also suggest informal meetings if they want to alert the team to information which it might find useful.

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

- decide on the grades of the four judgements
- decide on the commentary on research degree programmes
- agree the features of good practice that it wishes to highlight as making a contribution to the management of academic standards and quality of provision
- agree recommendations for action by the institution
- agree affirmations of courses of action that the institution has identified.

You can find more detail about the expectations that teams use to make judgements in Annex D.

The QAA officer will be present throughout the review visit, but will not direct the team's deliberations or lead it as it comes to its conclusions and findings. On the last day of the review the QAA officer will test the evidence base for the team's findings.

After the review - report

Two weeks after the end of the review a letter setting out the provisional key findings will be sent to you and to HEFCW. After a further four weeks you will receive the draft report and the evidence base for the findings. We expect you to share the report with the LSR and/or other student officers. We will ask you to respond within three weeks, telling us of any factual errors or errors of misinterpretation. We do not ask you at this stage to respond to the content of the report or evidence base. The report will be finalised three weeks after you have let us have corrections. After a further three weeks it will be published on QAA's website. The normal expectation is that the report is finalised and published within 14 working weeks of the review visit.

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

moderate reports to help to promote consistency in the application of the judgement guidance by review teams.

The report will be written as concisely as possible while including enough explanation for it to make sense to an audience not necessarily familiar with the concepts and operation of higher education. The intention is to produce a report of about 10 pages in length. The report will not contain detailed evidence for the findings: this will be provided for the institution in the evidence base. The report will contain a summary in a format accessible to members of the public.

The format of the report will follow a template that aligns with the structure recommended for the institution's self-evaluation document (see Annex E) and student submission (see Annex H). Its production will be coordinated by the QAA officer.

Action planning and sign-off

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

The review will be completed when it is formally 'signed off'. Where the review report offers **commended** or **meets UK expectations** judgements in all four areas, the review will be formally signed off on publication of the initial action plan. Upon sign-off, you will be allowed to place the QAA logo and judgement (as supplied by QAA according to its published protocol) on the homepage of your website and on other documents, as a public statement of the outcome of your review.

Mid-review follow-up

Three years after the review visit we will ask you, as part of the mid-review follow-up (MRFU) process, to report back to us on the review action plan, noting only those areas (exceptions) where you have not been able to meet the objectives of the action plan. A concise tabulated format, providing references to evidence, will be adequate for these purposes. We will not ask you to provide any accompanying documentation in the first instance. If you have dealt with all the review findings this will have become evident in your annual updates, and the work for mid-review follow-up will be negligible. We expect you to involve student representatives in preparing the mid-review report.

QAA will review your exception report to ensure that recommendations are being followed up or have been dealt with. In some instances we may choose to follow up some of the evidence links that you provide.

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

Full follow-up

A review team will make judgements in the areas of academic standards, quality of student learning opportunities, enhancement of quality, and public information. Within the area of academic standards, review teams will judge whether an institution's academic standards meet or do not meet UK threshold academic standards. In the areas of quality of student learning opportunities, public information and enhancement of quality, the review team will make a judgement of whether the provision is to be commended, meets UK expectations, requires improvement to meet UK expectations, or does not meet UK expectations (see Annex D).

Where a review team makes a judgement of **requires improvement to meet UK expectations** or **does not meet UK expectations** in at least one area of the review, the report will be published and there will then follow a formal programme of follow-up activity to address the recommendations of the review.

If a judgement of 'requires improvement' is given in any area
If you receive a 'requires improvement' judgement, you will be asked to produce an action plan to address the review findings within one academic term/semester. We will expect this to be more detailed than the action plan required for a **meets UK expectations** judgement, since it will need to explain how the identified weaknesses or risks that are germane to the **requires improvement** judgement are to be addressed within one year of the publication of the review report.

We will ask you to submit your action plan to your coordinating QAA officer, who will plan with you a series of progress reports to be provided over the following year. Both the action plan and the progress reports should be drawn up jointly with student representatives. If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for a peer visit to establish whether the judgement can be changed to **meets UK expectations**. If this is the case, the judgement will be changed, the review signed off, and you will be able to use the QAA logo as mentioned above.

If after one year peers do not feel that sufficient progress has been made in dealing with the review findings, you will be required to take part in the next level of follow-up: that for a **does not meet UK expectations** judgement.

If you receive more than one **requires improvement** judgement, HEFCW's Unsatisfactory Quality Procedure (UQP) is invoked;[10] in certain circumstances this may affect the timing of the mid-review follow-up process.

If a judgement of 'does not meet UK expectations' is given in any area
If you receive a judgement of **does not meet UK expectations** in any area, or if you do not make sufficient progress in dealing with a **requires improvement** judgement, you will be asked to provide a detailed development plan to deal with the weaknesses or risks identified in the review that are germane to the **does not meet UK expectations** or **requires improvement** judgement. In addition, the development plan should include plans to review and strengthen institutional quality assurance structures, processes and policies to limit the risk of such a judgement being delivered in future.

We will ask you to submit your development plan to your QAA officer, who will plan with you a series of progress reports to be provided over the following year. Both the development plan and the progress reports should be drawn up jointly with student representatives. If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for a second Institutional Review to take place. We reserve

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[10] www.hefcw.ac.uk/documents/publications/circulars/circulars_2010/W10%2001HE%20Procedure%20for%20addressing%20unsatisfactory%20quality%20in%20institutions%20in%20Wales.pdf

the right to charge institutions for this activity. If the second review returns **commended** or **meets UK expectations** judgements in all areas, the judgement(s) will be changed, the review signed off, and you will be able to use the QAA logo as mentioned above.

If at the second Institutional Review any judgement of less than **meets UK expectations** is achieved, or if insufficient progress is made to make holding a second review worthwhile, HEFCW's Unsatisfactory Quality Procedure (UQP) will be invoked. This may also affect the timing of a subsequent mid-review follow-up process (see Annex K). The UQP sets out a range of possible actions that might be taken, including, as a last resort, withdrawing funding from an institution. In the case of institutions not in receipt of public funding, QAA will use its discretion to decide whether the matter is of sufficient importance to warrant a further separate focused activity, with a published report.

Annex B: Institutional Review through the hybrid model

This part of the handbook outlines the process for reviewing collaborative provision through the hybrid model.

The hybrid model follows the process for the Institutional Review of 'home' provision (see Annex A), with the exception that the hybrid model includes visits to up to three partner institutions (partner link visits), which will take place between the first team visit and the review visit. To accommodate these visits, the timeline for the review is extended (see below).

Timeline

Differences from the standard timeline given in Annex A are shaded.

18 months before start of review year (except first year, when notice will be one year)	March	• Institution provides information about academic year. • Institution completes collaborative provision pro forma. • QAA sets dates for all reviews in a particular year.
1 year before start of review year	September	• Institution submits key information (student numbers, number of programmes, and so on). • Institution reports major changes to collaborative provision arrangements. • Institution nominates institutional facilitator (IF) and lead student representative (LSR).
		• Institution submits its case for the preferred mode of review for its collaborative provision (hybrid or separate).
9 months before start of review year	December	• Size of review team confirmed. • Mode of collaborative provision review agreed. • QAA identifies coordinating officer.
6 months before start of review year	March	• Topic for the thematic element is confirmed by QAA. • Any agreed changes to review process are confirmed by QAA.
4-5 months before start of review year	May	• Briefing event for IFs and LSRs. • QAA gives institutions the names of review team members.

Working weeks	**Cumulative weeks**	
- 22	0	• Preparatory meeting between the institution and QAA officer at the institution.
- 17	5	• Document upload: institution uploads information to QAA secure folder, including self-evaluation document and student submission.
- 15	7	• QAA confirms partner link visits to the institution.
- 10	12	• Deadline for documentary upload for partner link visits.
- 7	15	• Team considers documentation remotely; QAA analyses public information set.

- 6	16	• Review team makes first visit to the institution (1.5 days).
- 6 to - 1		• Review team members make visits to partner links.
- 5	17	• QAA informs institution of any further documentation required and confirms review visit details • QAA confirms length of review visit.
0	22	• Review visit.
2	24	• QAA informs institution and HEFCW of key findings.
6	28	• QAA sends draft report and evidence base to institution.
9	31	• Institution provides factual corrections; QAA finalises report.
14 (includes 2 weeks for translation)	36	• QAA publishes report.
24	46	• Institution publishes its action plan on its website.
3 years		• Mid-review follow-up.
Within 6 years		• Next review.

First contact with QAA - 18 months before review

As outlined in Annex A.

Size and scope of your review - nine to 12 months before the start of your review year

The following is in addition to the information outlined in Annex A.

The decision regarding the mode of review for any collaborative provision will be taken in negotiation with the institution. Where QAA has proposed that review of collaborative provision should be either through a hybrid or separate collaborative review, you will be given the opportunity to submit a case for your preferred mode of review. We will consider your case alongside other criteria, such as:

• the number of overseas partners
• the number of UK partners
• the number of private partners
• the number of students on each type of partnership
• whether your institution manages quality and academic standards of collaborative provision differently from other provision
• the rate of growth and planned growth for your institution's collaborative provision
• the outcomes of previous review activities
• the level of forthcoming review activities.

We will then confirm our decision about review mode with you.

Briefings for the institutional facilitator and lead student representative

As outlined in Annex A.

Preparatory meeting - 22 weeks before your review visit

The following is in addition to the information outlined in Annex A.

The Preparatory meeting will include discussion and confirmation of the number of partner link visits that will take place between the first team visit and the review visit, up to a maximum of three.

The number of links to be visited will depend on a mix of factors, including the overall size of the awarding institution's portfolio of collaborative provision and its variety, the range of formal arrangements within that portfolio, and the location of the partner links (overseas or UK).

All arrangements for the partner link visits will be made through the awarding institution and QAA will not normally contact the partner directly at any stage of the process.
Final arrangements for the visits will be confirmed at the end of the review team's first visit.

Uploading information - 17 weeks before your review visit

As outlined in Annex A.

Confirmation of the partner links to be visited - 15 weeks before your review visit

Two weeks after the upload of your information, the review team will select the partner links to be visited. This will be based on a variety of factors, including:

- achieving a spread of provision across the awarding institution
- covering the range of types of partnership arrangements
- covering mature and more recently established provision
- covering both undergraduate and postgraduate provision
- achieving a balance between large and small provision
- achieving a geographic spread
- choosing areas where recent internal review documentation is likely to be available
- choosing areas which appear to offer interesting or innovative features
- avoiding areas reviewed separately under contract from another body (for example, Her Majesty's Inspectorate for Education and Training in Wales (Estyn)).

Your QAA officer will inform the IF of the selection.

Where the review team selects an overseas partner link, a virtual visit will take place through teleconferencing or videoconferencing, normally using the facilities at your institution.

Uploading partner link visit information - 10 weeks before your review visit

Ten weeks before your review visit, the following documentation should be uploaded for each partner link visit selected:

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

For a sample of programmes from within the link, identified by the team, the following documentation should be uploaded:

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

First team visit - six weeks before your review visit

The following is in addition to the information outlined in Annex A.

To accommodate the additional discussion needed about the partner link visits, the review team will be in your institution from approximately 11am on day one until 5pm on day two.

Partner link visits take place - between six weeks and one week before your review visit

Partner link visits enable the review team to see how an awarding institution's procedures for collaborative arrangements are put into practice, and to take a view on the reliability of the evidence that an awarding institution uses to ensure that the academic standards and the quality of learning opportunities at the partner are appropriate.

Each visit will last one day and will typically involve meetings with senior staff, students, and teaching and support staff involved in the programmes delivered through collaborative arrangements. The exact nature of each partner link visit will be discussed with your QAA officer.

Confirmation of the review visit schedule - five weeks before the review visit

As outlined in Annex A.

The review visit - week 0

The following is in addition to the information outlined in Annex A.

Where the partner link visits and/or the review visit raises concerns in relation to collaborative provision, QAA reserves the right to extend the review activity to enable further investigation to take place. This will be discussed with your IF during the review visit.

After the review - reports

As outlined in Annex A.

Action planning and sign-off

As outlined in Annex A.

Mid-review follow-up

As outlined in Annex A.

Full follow-up

As outlined in Annex A.

Annex C: Separate collaborative provision review

In 2011-12 QAA will research, design and consult on a new method for the review of collaborative provision. We shall publish details of the method, as an addition to this handbook, in time for any institution which might be required to take part in a separate collaborative provision review in 2012-13, in order that they have sufficient time and information to prepare for it.

Annex D: Format of judgements for Institutional Review

There are four judgements in Institutional Review.

In order for an institution to meet a judgement, review teams will see whether certain expectations that apply to all UK institutions are being fulfilled. To help the team come to its decision we have set out below what those expectations are, and some of the considerations that teams will need to discuss to arrive at a particular decision. The expectations have been drawn from the headings of the former Academic Infrastructure, and are being revised as and when the new chapters of the UK Quality Code for Higher Education come into effect. The tables talk about 'factors': these are explained further below.

The academic standards of the institution's awards...
The standards judgement has two grades: standards either **meet UK expectations for threshold standards** or **do not meet UK expectations for threshold standards**. Below is the guidance that teams will use to come to these judgements.

…meet UK expectations for threshold standards	…do not meet UK expectations for threshold standards
All, or nearly all, expectations have been met.	Several expectations have not been fully met or there are major gaps in one or more key areas of the expectations.
Expectations not fully met do not, individually or collectively, present any risks to the management of academic standards.	Expectations not fully met present serious risk individually or collectively to the management of academic standards, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.
Required actions may relate, for example, to: • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • completion of activity that is already underway in a small number of areas that will allow it to meet the factors more fully.	Required actions may relate, for example, to: • ineffective operation of parts of the institution's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to the institution's quality assurance • breaches by the institution of its own quality assurance management procedures.

The need for action has been acknowledged by the institution in its review documentation or during the review, and it has provided clear evidence of appropriate action being taken within a reasonable timescale. There is evidence that the institution is fully aware of its responsibilities for assuring standards and quality: previous responses to external review/audit activities provide confidence that areas of weakness will be addressed promptly and professionally.	Plans for addressing identified problems that the institution presents before or at the review are not adequate to rectify the problems, or there is very little or no evidence of progress. The institution has limited understanding of the responsibilities associated with of one or more key areas of the criteria, or is not fully in control of what happens in all parts of the organisation.

The quality of student learning opportunities, the public information provided by the institution, and the enhancement of student learning opportunities...

These judgements have four grades that can be awarded: **is commended**, **meets UK expectations**, **requires improvement to meet UK expectations**, and **does not meet UK expectations**. Below is the guidance that teams will use to come to these judgements.

…is commended	…meets UK expectations	…requires improvement to meet UK expectations	…does not meet UK expectations
All, or nearly all, expectations have been fully met.	All, or nearly all, expectations have been fully met.	Most expectations have been fully met.	Several expectations have not been fully met, or there are major gaps in one or more of the expectations.
Expectations not fully met do not, individually or collectively, present any significant risks to the management of this area.	Expectations not fully met do not, individually or collectively, present any significant risks to the management of this area.	Expectations not fully met do not present any immediate or severe risks. Some moderate risks may exist which, without action, could lead to serious problems over time with the management of this area.	Expectations not fully met present serious risk individually or collectively to the management of this area, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.
The review identifies frequent and widespread examples of good practice in the management of this area. The institution has plans to improve this area further.	Required actions may relate, for example, to: • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not	Required actions may relate, for example, to: • weakness in the operation of part of the institution's governance structure (as it relates to quality assurance) or lack of clarity about	Required actions may relate, for example, to: • ineffective operation of parts of the institution's governance structure (as it relates to quality assurance) • significant gaps in policy, structures

<table>
<tr>
<td>There is substantial evidence from outside the institution that the institution is sector-leading in this area.

Student engagement in the management of this area is widespread and supported.

Managing the needs of students is a prime and clear focus of the institution's strategies and policies in this area.</td>
<td>require or result in major structural, operational or procedural change
• completion of activity that is already underway in a small number of areas that will allow it to meet the factors more fully.</td>
<td>responsibilities
• insufficient emphasis or priority given to assuring quality and standards in the institution's planning processes
• quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied to protect quality and/or standards.</td>
<td>or procedures relating to the institution's quality assurance
• breaches by the institution of its own quality assurance management procedures.</td>
</tr>
<tr>
<td></td>
<td>The need for action has been acknowledged by the institution in its review documentation or during the review, and it has provided clear evidence of appropriate action being taken within a reasonable timescale.

There is evidence that the institution is fully aware of its responsibilities for assuring standards and quality: previous responses to external review activities provide confidence that areas of weakness will be addressed promptly and professionally.</td>
<td>Plans that the institution presents for addressing identified problems before or at the review are under-developed or not fully embedded in the institution's operational planning.

The institution's priorities or recent actions suggest that it may not be fully aware of the significance of certain factors. However, previous responses to external review activities suggest that it will take the required actions and provide evidence of action, as requested.</td>
<td>Plans for addressing identified problems that the institution may present before or at the review are not adequate to rectify the problems, or there is very little or no evidence of progress.

The institution has not recognised that it has major problems, or has not planned significant action to address problems it has identified.

The institution has limited understanding of the responsibilities associated with one or more key areas of the factors, or may not be fully in control of all parts of the organisation.

The institution has repeatedly or persistently failed to take appropriate action in response to previous external review activities.</td>
</tr>
</table>

When teams make their judgements they will take into account whether broad expectations have been met. These expectations are in turn made up of factors, which will help reviewers decide whether the expectations have been met. Factors act as guidance for the sorts of processes, structures, policies, procedures and outputs that an institution should have in place to safeguard standards and quality. Both the expectations and the factors derive directly from the reference points in the UK Quality Code for Higher Education (the Quality Code) and other external reference points. The factors are not a checklist. Reviewers will appreciate that the precise details of how an expectation might be addressed may vary from institution to institution.

The expectations and factors, together with the UK reference points, are set out below.

Standards

Expectations	Factors (for further explanation, see the reference points)
Each qualification (including those awarded under collaborative arrangements) is allocated to the appropriate level in the FHEQ. Reference points: *Quality Code, Chapter A1 - FHEQ*	• Whether outcomes of programmes match the expectations of the qualification descriptors. • Whether there is sufficient volume of study to demonstrate that learning outcomes can be achieved.
Higher education providers make scrupulous use of external examiners. Reference points: *Quality Code, Chapter B7* *Quality Code Chapter B10, Indicators 21-23, 25-28* *Quality Code Chapter B3, Indicators 7-8, 9-12*	• Defining the role of external examiner. • The nomination and appointment of external examiners. • Carrying out the role of external examiner. • Recognition of the work of external examiners. • External examiners' reports. • Serious concerns.
Design, approval, monitoring and review of assessment strategies is effective in ensuring that students have the opportunity to demonstrate learning outcomes of the award. Reference points: *Quality Code, Chapter A6* *Quality Code, Chapter B1* *Quality Code, Chapter B4, Section 2, Indicator 12* *Quality Code, Chapter B6* *Quality Code, Chapter B8* *Quality Code, Chapter B10, Indicator 20*	• Input of assessment to student learning. • How panels and boards work. • Conduct of assessment. • Amount and timing of assessment. • Marking and grading. • Feedback to students. • Staff development and training in assessment. • Language of study. • PSRB requirements. • Regulations.

Quality Code, Chapter B3, Indicators 19-20 *Quality Code, Chapter B11, Indicators 21-24*	• Student conduct. • Recording and documentation of assessment.
Design, approval, monitoring and review of programmes enables standards to be set and maintained and allows students to demonstrate learning outcomes of the award. Reference points: *Quality Code, Chapter B1* *Quality Code, Chapter B8*	• Exercise of authority. • Use of externality. • Articulation of policy and practice. • Programme design. • Programme approval. • Programme monitoring and review. • Evaluation of processes.
Subject benchmark statements and qualification statements are used effectively in programme design, approval, delivery and review to inform standards of awards. Reference points: *Quality Code, Chapter A2: Subject benchmark statements* *Foundation Degree qualification benchmark* *Quality Code, Chapter B10, Indicators 5* and *14* *Quality Code, Chapter B3, Indicators 2* and *4*	• Subject benchmark statements and qualification statements are used in design and delivery and as general guidance when setting learning outcomes. • There is effective consideration of the relationship between standards in subject benchmark statements and any required for PSRBs.

Quality

Expectations	Factors (for further explanation, see the reference points)
Professional standards for teaching and support of learning are supported. Reference points: *Quality Code, Chapter B3* - especially *Section 1, Indicator 16* and *Section 2, Indicator 7* *Quality Code, Section B10, Indicator 17* Other sources of information: UK Professional Standards Framework	• Teachers can demonstrate an understanding of the student learning environment. • Research, scholarship and/or professional practice is incorporated in teaching activity. • Experienced teachers support and mentor less experienced colleagues. • Staff and others involved in delivering or supporting programmes are appropriately qualified.

Learning resources are appropriate to allow students to achieve the learning outcomes of their programmes. Reference points: *Quality Code, Chapter B4, Section 2, Indicators 3, 11, 14, 18* and *19* Other sources of information: *Quality Code, Chapter B8, Appendix 3*	• The collective expertise of the staff is suitable and available for effective delivery of the curricula; for the overall teaching, learning and assessment strategy; and for the achievement of the intended learning outcomes. • Appropriate staff development opportunities are available. • Appropriate technical and administrative support is available. • There is an overall strategy for the deployment of learning resources. • Learning is effectively facilitated by the provision of resources. • Teaching and learning accommodation is suitable. • Subject book and periodical stocks are appropriate and accessible. • Suitable equipment and appropriate information technology facilities are available to learners.
There is an effective contribution from students to quality assurance. Reference points: *Quality Code, Section B5* (currently out for consultation) Other sources of information: The factors have been taken from the findings of Institutional Audit 2003-07, which are set out in *Outcomes from Institutional Audit: Student representation and feedback arrangements*, *Series 1* and *Series 2*	• Students are represented on institutional decision-making bodies both at central and local levels. • Students are supported in making their voice heard in decision-making bodies, for example, through training or briefing. • There are close links between senior institutional managers and students' representative bodies. • Effective arrangements are in place to gather feedback from students on their learning experience, and to act on that feedback. • The results of the National Student Survey are used for enhancement of students' learning opportunities. • Efforts are made to gain the views of 'hard to reach' students, such as those studying part-time or off-campus. • The effectiveness of institutional policies and procedures for promoting the contribution of students to quality assurance and enhancement are regularly reviewed.
There is effective use of management information to safeguard quality and standards and to promote enhancement of students' learning opportunities. Reference points: *Quality Code, Chapter B4, Section 1, Indicator 13* and *Section 2,*	• There are centrally administered policies and systems to allow the collection of relevant management information. • Management information is considered at appropriate intervals by senior decision-making bodies to inform enhancement. • The following information, in particular, is collected and reviewed:

Indicators 3-4 *Quality Code, Chapter B9, Indicator 9* *Quality Code, Chapter B10, Indicator 27* *Quality Code, Chapter B11, Indicator 4*	- The success of postgraduate research programmes is monitored against appropriate internal and/or external indicators and targets. - In a collaborative arrangement, the awarding institution regularly monitors the information given by the partner organisation or agent to prospective students and those registered on a collaborative programme. This applies equally to students registered on a programme delivered through flexible or distance learning. - Information is collected by institutions on disclosure of impairments and is used appropriately to monitor the applications, admissions and academic progress of disabled students. - Systems operate to monitor the effectiveness of provision for disabled students, evaluate progress and identify opportunities for enhancement. - There are effective arrangements to monitor, evaluate and improve the effectiveness of student complaints and appeals procedures, and to reflect on their outcomes for enhancement purposes. - Relevant data and information is used to inform career education, information, advice and guidance provision.
Policies and procedures used to admit students are clear, fair, explicit and consistently applied. Reference points: *Quality Code, Chapter B2, Indicators 1-9 and 12*	• General principles. • Recruitment and selection. • Information to applicants. • Monitoring of policies and procedures.
There are effective complaints and appeals procedures. Reference points: *Quality Code, Chapter B2, Indicators 10-11* *Quality Code, Chapter B3, Section 1, Indicator 10* *Quality Code, Chapter B9* *Quality Code, Chapter B10, Indicator 26* *Quality Code, Chapter B11, Indicators 25-27*	• General principles. • Information. • Internal procedures. • Appropriate action. • Access to support and advice. • Monitoring, review and enhancement of complaints procedures. • Briefing and support.

There is an approach to career education, information, advice and guidance (CEIAG) that is adequately quality assured. Reference points: *Quality Code, Chapter B4, Section 1*	• General principles. • Curriculum design. • Students. • Stakeholder relations. • Staff. • Monitoring, feedback, evaluation and improvement.
The quality of learning opportunities is managed to enable the entitlements of disabled students to be met. Reference points: *Quality Code, Chapter B4, Section 2*	• General principles. • Institutional and strategic management. • Planning, monitoring and evaluation. • Continuing professional development. • Information for prospective students, current students and staff. • Admissions processes and policies. • Enrolment, registration and induction of students. • Curriculum design. • Learning and teaching. • Academic support. • ICT. • Access to student services. • Additional specialist support. • CEIAG. • Physical environment. • Facilities and equipment. • Institutional procedures.
The quality of learning opportunities for international students is appropriate. Other sources of information: *International students studying in the UK - Guidance for UK higher education providers* (QAA 2012)	• How the institution has ensured that its policies, structures and procedures have been applied appropriately to support the quality of learning opportunities for international students.
Appropriate support and guidance is provided to enable postgraduate research students to complete their programmes and to enable staff involved in research programmes to fulfil their responsibilities.	• Institutional arrangements. • The research environment. • Selection, admission and induction of students. • Supervision.

Reference points: *Quality Code, Chapter B11* (currently out for consultation) Other sources of information: Vitae's *Researcher Developer Framework (RDF)*	• Progress and review arrangements. • Development of research and other skills. • Feedback mechanisms. • Student representations.
The quality of learning opportunities delivered as part of collaborative arrangements is managed effectively to enable students to achieve their awards. Reference points: *Quality Code, Chapter B10*	• Policies, procedures and information. • Selecting a partner or agent. • Written agreements with a partner or agent. • Assuring quality of the programme. • Information for students. • Certificates and transcripts. • Publicity and marketing. • Awareness of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area.*
The quality of learning opportunities delivered through flexible and distributed arrangements, including e-learning, is managed effectively. Reference points: *Quality Code, Chapter B3, Indicators 1-6*	• Delivery. • Learner support.
The quality of learning opportunities delivered through work-based and placement learning is effective. Reference points: *Quality Code, Chapter B3, Section 2, Indicators 1* and *3-8*	• General principles. • Responsibilities of partners. • Responsibilities and entitlements of students. • Students. • Partners. • Staff development. • Monitoring and evaluation.
A student charter, or equivalent document, setting out the mutual expectations of the institution and its students, is available.	• Students know broadly what they should be able to expect, what is required of them, and what to do if things do not meet expected standards. • The charter covers all students, undergraduate and postgraduate (both taught and research students). • The charter includes clear signposting, for example to appeals and complaints procedures.

	• The charter is regularly reviewed by the institution and Students' Union officers.
	• There is a clear communication and dissemination strategy for the charter, which is reviewed regularly.

Public information

Expectations	Factors (for further explanation, see the reference points)

UK higher education providers produce information about the higher education they offer that is valid, reliable, useful and accessible.
 	
Reference points:
Quality Code, Part C
*HEFCW circulars 11/15HE,11/27HE, 11/33HE and 12/07HE
	• The kind of information detailed in HEFCW circulars* is available.
	• There are effective institutional mechanisms for making sure that the following information is valid, reliable, useful and accessible:
	  - information about the higher education provider
	  - information for prospective students
	  - information for current students
	  - information for students on completion of their studies
	  - information for assuring quality and standards.
	• External examiners' reports are shared as a matter of course with the institution's student representatives, for example through staff-student committees.

Enhancement

Expectations	Factors (for further explanation, see the reference points)
Deliberate steps are being taken at institutional level to improve the quality of students' learning opportunities. Reference points: *Outcomes from Institutional Audit: Institutions' intentions for enhancement* (QAA 2009) *Quality enhancement and assurance - a changing picture?* (QAA and HEA, June 2008)	• There is a strategic approach to enhancement of students' learning opportunities. • Enhancement initiatives are integrated in a systematic and planned manner at institutional level. • There is an ethos which expects and encourages enhancement of students' learning opportunities. • Good practice is identified, supported and disseminated. • Quality assurance procedures are used to identify opportunities for enhancement.

Annex E: Guidelines for producing the self-evaluation document for Institutional Review which includes collaborative provision

Notes for institutions

The usefulness of the self-evaluation document to the review team will be one of the main factors that we shall take into account when we decide the length of your review. The better targeted to the areas of the review, the more carefully chosen the evidence, and the more reflective the document is, the greater the likelihood that the team will be able to verify your institution's approaches and gather evidence of its own quickly and effectively.

The purpose of the self-evaluation document is to provide the review team with an account of how you know that your institution meets the expectations set out in the judgement scheme. The most useful format in which you can set out the information is, therefore, under the four judgement headings. You might wish to bear in mind not only the broad expectations for each judgement, but also the factors which review teams will use to guide them in reaching their judgements; these can be found in Annex D.

The quality of the learning opportunities which students experience in an institution, and the standard of the awards that they take away, are central to the review process. It will be difficult for a review team to work effectively with a self-evaluation document that does not start from an awareness of this centrality.

It is important that each section of the self-evaluation document can be clearly identified and that it has a comprehensive index giving references to the evidence that the institution wishes to cite. It is not the responsibility of the review team to seek out evidence to support the institution's views.

The self-evaluation document should indicate how the institution's policies, processes and structures relate to all levels of its provision: undergraduate, taught postgraduate and research postgraduate.

Suggested structure of the self-evaluation document for Institutional Review

Section 1: Brief description of the institution (two pages)

- Mission.
- Major changes since last review.
- Key challenges that the institution faces.
- Implications of changes and challenges for safeguarding academic standards and quality of students' learning opportunities.

Section 2: How the institution has addressed the recommendations of its last audit/review(s) (two pages)

Briefly describe how the recommendations from the last audit/review(s) have been acted upon, and how good practice indentified has been capitalised on. Refer to any action plans or progress reports which have been produced as a result of the audit/review(s). You can refer to your institution's mid-cycle follow-up report here.

Sections 3 to 7

You do not need to write a narrative to link this information. However, you can provide very brief notes or bullet points to contextualise it if you think that it will not make sense to the review team. We do not expect you to spell out how you have evaluated your institution's approach to safeguarding quality and standards. That will be implicit in the choice of convincing and robust evidence. The review team will decide whether the approach is effective or not as part of its judgement.

More information about what it might be relevant to consider as you present your evidence is given in the factors listed in Annex D.

Section 3: The institution's threshold academic standards

The following expectations apply in this area.

- Each qualification (including those awarded under collaborative arrangements) is allocated to the appropriate level of the FHEQ.
- Use of external examiners is strong and scrupulous.
- Design, approval, monitoring and review of assessment strategies are effective in ensuring that students have the opportunity to demonstrate learning outcomes of the award.
- Design, approval, monitoring and review of programmes enables standards to be set and maintained, and allows students to demonstrate learning outcomes of the award.
- Subject benchmark statements are used effectively in programme design, approval, delivery and review to inform standards of awards.

In the self-evaluation document you should list the evidence that your institution uses to assure itself that these expectations are being met and that you are managing the area effectively. The review team will need access to the evidence, as explained in Annex F.

Section 4: The quality of students' learning opportunities (teaching and academic support)

The following expectations apply in this area.

- Professional standards for teaching and support of learning are supported.
- Learning resources are appropriate to allow students to achieve the learning outcomes of their programmes.
- There is an effective contribution from students to quality assurance.
- There is effective use of management information to safeguard quality and standards, and to promote enhancement of student learning opportunities.
- Policies and procedures used to admit students are clear, fair, explicit and consistently applied.
- There are effective complaints and appeals procedures.
- There is an approach to career education, information, advice and guidance (CEIAG) that is adequately quality assured.
- The quality of learning opportunities is managed to enable the entitlements of disabled students to be met.
- The quality of learning opportunities for international students is appropriate.
- Appropriate support and guidance is provided to enable postgraduate research students to complete their programmes and to enable staff involved in research programmes to fulfil their responsibilities.
- The quality of learning opportunities delivered as part of collaborative arrangements is managed effectively to enable students to achieve their awards.

- The quality of learning opportunities delivered through flexible and distributed arrangements, including e-learning, is managed effectively.
- The quality of learning opportunities delivered through work-based and placement learning is effective.
- A student charter, or equivalent document, is available, setting out the mutual expectations of the institution and its students.

In the self-evaluation document you should list the evidence that your institution uses to assure itself that these expectations are being met and that you are managing the area effectively. The review team will need access to the evidence, as explained in Annex F.

Section 5: The quality of public information, including that produced for students and applicants

The following expectation applies in this area.

- UK higher education providers produce information about the higher education they offer that is valid, reliable, useful, and accessible.

In the self-evaluation document you should list the evidence that your institution uses to assure itself that this expectation is being met and that you are managing the area effectively. The review team will need access to the evidence, as explained in Annex F.

Section 6: The institution's enhancement of students' learning opportunities

The following expectation applies in this area.

- Deliberate steps are being taken at institutional level to improve the quality of students' learning opportunities.

In the self-evaluation document you should list the evidence that your institution uses to assure itself that this expectation is being met and that you are managing the area effectively. The review team will need access to the evidence, as explained in Annex F.

Section 7: The institution's approach to the management of research degree programmes

The Institutional Review method will assess and report on the extent to which institutional arrangements for securing the academic standards of awards and the quality of provision in postgraduate research degree programmes are in alignment with the Expectations and Indicators of quality and standards given in the Quality Code guidance on postgraduate research programmes.

Annex F: Provision of documentation for Institutional Review which includes collaborative provision

The review team will require access to the following three sets of information to prepare itself before the first team visit. All of the information specified should be currently available in the institution and does not have to be prepared specially for the review.

Information should all be made available electronically. Where the information is available online, the precise URL for where it can be found will be enough, but the institution must be able to give assurances that online documentation will not change during review activity (from document upload to receipt of draft report).

The three sets of information are:

- the required public information set
- any documents that are cross-referenced with the self-evaluation document
- standard documentation, as set out below, which may already be included in the second category.

The required information set

This information is specified in the HEFCW circulars W11/15HE, W11/27HE and W11/33HE.

Self-evaluation document cross-referenced material

The institution should cross-reference relevant documentation with the self-evaluation document. The referenced material should constitute the evidence that the institution itself would use in its own ongoing evaluation of its effectiveness in the areas of the self-evaluation document. The referenced material should not be manufactured specifically for the review.

Standard documentation

The institution should provide the following information, if it is not already covered in the two categories of information mentioned above.

- The institution's mission and strategic plan.
- Learning and teaching strategy (or equivalent document) and updates on the progress of the strategy since the last audit/review.
- Institutional policy, procedures and guidance on quality assurance and enhancement (including assessment).
- A diagram of the structure of the main bodies (deliberative and management) which are responsible for management of quality and standards. This should indicate both central and local (that is, school/faculty or similar) bodies.
- Minutes and papers of central (institutional-level) quality assurance bodies for the two academic years prior to the review.
- Annual reports (for example, to the governing body), where these have a bearing on the management of quality and standards for the two years prior to the review.
- A description of the institution's plans to enhance the quality of students' learning opportunities, if these are not included in the learning and teaching strategy or similar.
- Update of the collaborative provision pro forma, including a current register of collaborative provision.
- A list of programmes which are accredited by a PSRB, the PSRB in question, date of last visit, and accreditation status.

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

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

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

- examples of student assessment
- completed student evaluation forms.

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

Annex G: Institutional facilitator

The role of the institutional facilitator

The institution is invited to appoint an institutional facilitator to support the review. The role of the facilitator has been enhanced in order to improve the flow of information between the review team and the institution. 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 Preparatory meeting; where an institution is having a separate collaborative review or where the review includes visits to partner institutions (the hybrid model), the facilitator will act as the primary contact between the institution under review, the collaborative partner and QAA
- act as the primary institutional contact for the review team during the first team visit and review visits
- participate in the review team's discussions about the self-evaluation document and any supporting documentation on the first day of the first team 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 first team 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 first team 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
- ensure that the student representative body is informed of, and understands, the progress of the review team.

At the review visit the facilitator is not present for any of the review team's private meetings, all of which include discussions about the team's emerging findings and/or judgements. During the review visit the facilitator will have the opportunity for regular meetings, which will provide opportunities for both the team and the institution to seek further clarification outside of the formal meetings. This development is intended to improve communications between the institutions and the team during the review week, and enable institutions to gain a better understanding of the team's lines of enquiry during the review.

The institutional facilitator can act as a useful point of contact for students and their representatives when preparing for the review. They can ensure that the student representative body is fully aware of the review process, its purpose and the students' role within it, and provide guidance and support to them when preparing the student submission and in meetings with the review team.

If the institution does not wish to appoint a facilitator, QAA 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

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.

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.

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

All facilitators are invited to attend a briefing provided by QAA.

Protocols

Throughout the first team 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 the Assistant Director and the review secretary. The facilitator should not act as an 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.

The facilitator is required to observe the same conventions of confidentiality as members of the review team. In particular, the confidentiality of written material produced by team members before or during the first team visit must be respected, and no information gained may be used in a manner that allows individuals to be identified. However, providing that 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.

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

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

Annex H: Student engagement with Institutional Review

Introduction

Students are central to both the purpose of Institutional Review and to the process of review. Every review will present opportunities for students to inform and contribute to the review team's activities.

Officers and staff from the students' representative body in the institution will be invited to participate in the preliminary meeting between QAA and the institution. It will often be the case that student officers will change during the period of the review. Where this is the case, QAA requests that an appropriate handover of information takes place, and that the institutional facilitator maintains contact with the representatives, ensuring that the representatives of the student body are aware of the name and contact details of the Assistant Director responsible for the review.

Officers and staff of the student representative body and other students will be invited to take part in meetings during the review team's first team 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.

The lead student representative (LSR)

The LSR is designed to allow student representatives to play a more central part in the organisation of the review. We would like the LSR to encourage engagement of students with the review process and keep them informed of its progress. We also envisage that the LSR will oversee the production of the student submission (student submission). If possible, we would like to work with the LSR to select the students whom the review team will meet. We know that it might not be possible to designate the LSR for a particular review very early in the process. Until the LSR can be identified we will work with the President of the Students' Union (or similar role) to maintain communication.

It is up to the student representative body to decide who should take on the role of the LSR. It might normally be the President of the Students' Union, Education Officer, or equivalent, but where the review will cross over two academic years it might be appropriate for a Students' Union staff member to act as LSR.

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

QAA envisages that normally the LSR will:

- receive copies of key correspondence from QAA
- help the review team to select students to meet
- be present for the first team visit and review visit
- attend the final meeting in the institution
- liaise internally with the institutional facilitator to ensure smooth communications between the student body and the institution during the process
- disseminate information about the review to the student body
- organise or oversee the writing of the student submission
- ensure continuity of activity over the review process.

Where the review is a hybrid review or review of collaborative provision, we hope that the LSR will be able to advise on how best to include students from collaborative partners.

Student submission

The student submission provides a means by which students, through their representative body, can inform the review team ahead of the first team visit of matters they consider relevant, given the purpose of Institutional Review. QAA encourages the student representative body to use this opportunity to inform review teams of their views and evidence, and to work closely with the institution.

The student submission is an opportunity for the representative body to give the review team an impression of what it is like to be a student at that institution, and how their views are incorporated into the institution's decision-making and quality assurance processes.

Format, length and content

The student submission should not be over-long (no longer than 6,000 words) and should provide an explanation of the sources of evidence that informed its comments and conclusions.

The 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.

When gathering evidence for and structuring the submission, students may wish to take account of the broad headings used by the institution in constructing its self-evaluation document (see Annex E). Students may particularly wish to focus on the following.

- How the institution manages academic standards and the student learning experience, including:
  - student participation in internal and external review activities
  - students as partners in quality management
  - support for a range of modes of study (such as flexible learning or peer mentoring)
  - whether there are appropriate and adequate learning resources
  - dealing with student complaints and academic appeals
  - providing adequate support services and structures (for example, disability support or personal tutoring)
  - feedback on assessment.
- How the institution manages its collaborative arrangements and how the student learning experience of those on programmes delivered by collaborative partners is assured.
- The accuracy, completeness and reliability of the information published by the institution about the quality of its programmes and the standards of its awards, including:
  - information provided to prospective students (for example, that provided on websites or in prospectuses)
  - guidance on learning, teaching and assessment methods
  - assessment criteria
  - complaints and appeals procedures.

- The opportunity for students to participate in the decision-making and quality assurance structures within the institution. This might include:
  - formal representation structures, such as membership of committees and working groups, and how students are supported to engage in these
  - student involvement in internal review and approval activities such as periodic review, programme validation and annual programme monitoring.

The submission should not name, or discuss the competence of, individual members of staff. It should not discuss personal grievances.

If the student representative body and institution wish to present a joint self-evaluation document, this is acceptable so long as it is made clear in the document that the self-evaluation document is a genuine reflection of student views, and the process by which students were involved.

More information and guidance about producing the student submission can be found on QAA's website.[11]

Submission

The student submission should be forwarded to QAA no later than 10 weeks before the review visit. The date will be confirmed by QAA's Assistant Director at the Preparatory meeting held nine months before the review visit. In the case of a hybrid or separate collaborative review, the institution and students are requested to forward their submissions 18 weeks in advance of the review visit.

Confidentiality

QAA strongly encourages the student body to share its submission with the institution, and the institution to share its self-evaluation document with the student body. This openness is desirable because it enables the review team to discuss both documents freely with the institution and students during the review, and to check the accuracy of their contents. It also encourages an open and transparent approach to the review. The student body may, if it wishes, request that its submission is not shared with the institution and is kept confidential to QAA and the team. QAA will respect this wish, 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.

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

Continuity

Activities relating to an Institutional Review extend over a period of some 12 months, from the Preparatory meeting to QAA's receipt of the institution's comments on the draft report. QAA would ask institutions to ensure that students are fully informed and involved in the process throughout. Once the review is over, QAA recommends that the draft report is shared with student representatives and that they are given an opportunity to comment on matters of accuracy.

To support the regular and consistent internal review of quality management, and to assist the student representative body when it is preparing for external Institutional Review, the student representative body may wish to develop a means of supporting a regular exchange

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[11] www.qaa.ac.uk/partners/students/reviews/pages/guidance-students-preparing-for-review.aspx

of information with the institution about quality assurance and enhancement. This might take the form of an annual student statement, for example.

Related activities

QAA will work with HEFCW and the National Union of Students in Wales (NUS Wales) to facilitate opportunities for students to participate in training and support sessions that will develop their understanding of the purpose and methods of external review, and to help them gain a clearer understanding of the context within which higher education in Wales operates.

HEFCW and NUS Wales have established a project called 'Have Your Say'. This is supported by QAA, Higher Education Wales and the Higher Education Academy, and seeks to train and support student representatives to participate in the internal quality assurance and enhancement arrangements at their own higher education institution. This project forms part of a broader effort to coordinate efforts and share resources across Wales to improve student engagement in quality assurance and enhancement.

Annex I: Institutional Review and QAA's Welsh Language Scheme

In planning, conducting and reporting on Institutional Review in Wales, QAA is committed to treating the Welsh and English languages on the basis of equality and to meeting the expectations placed upon it with regard to equal status for both languages. In any review in higher education institutions in Wales, QAA acknowledges the right of any person, including students, to speak to the review team in Welsh. QAA also acknowledges the right of any bilingual member of a review team during a review in Wales to speak in Welsh. For such situations QAA 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 says in English.

QAA 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, QAA will elicit, through bilingual correspondence with the institution, the extent to which that initial visit will be conducted bilingually.

QAA will seek to recruit reviewers and review secretaries/coordinators who are bilingual. Its arrangements for advertising and recruiting will be amended to support this objective for the purposes of review in Wales.

Following agreement with QAA about which elements of the review will be conducted bilingually, institutions will be invited to submit to QAA, 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.
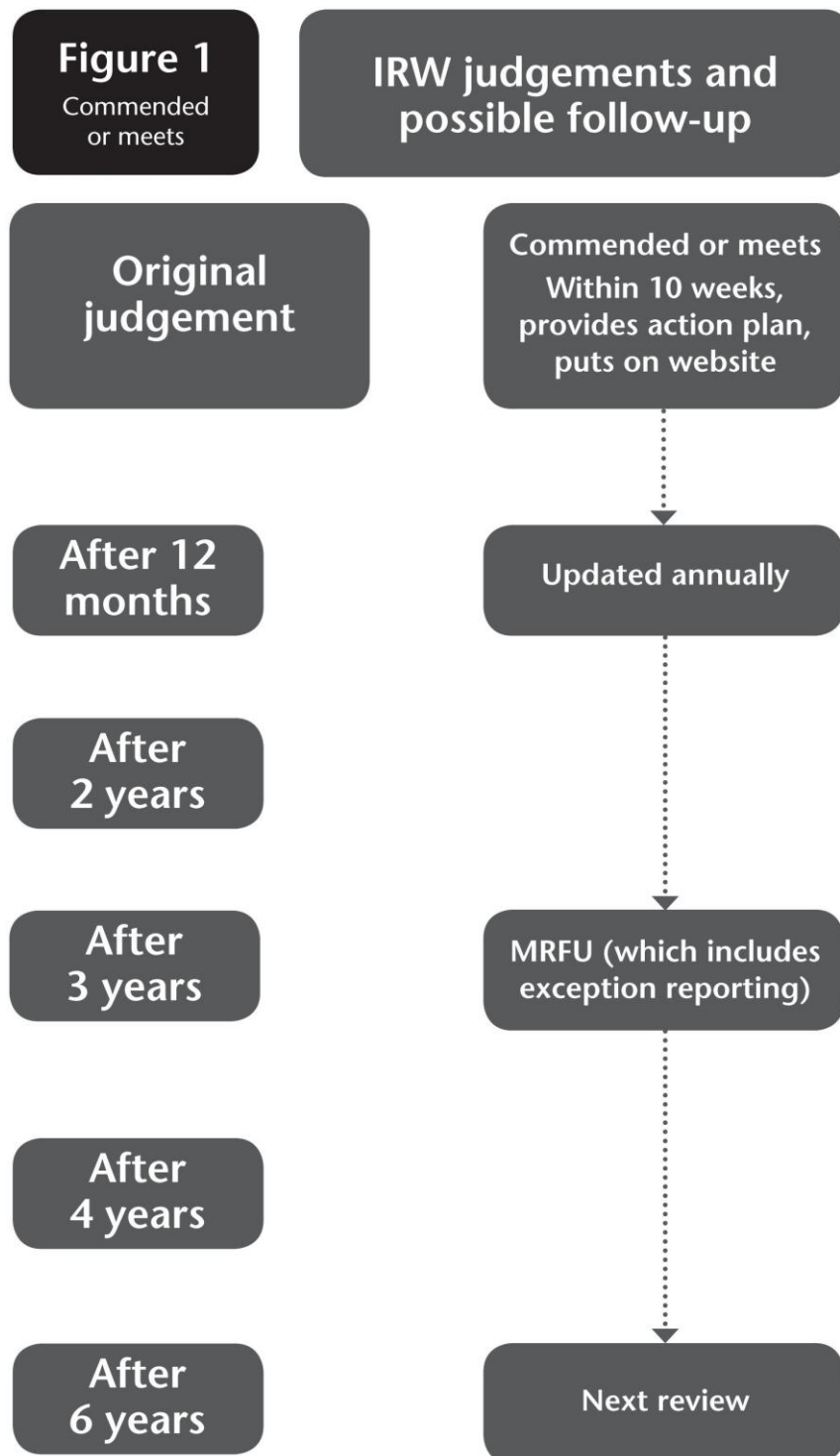
QAA will make arrangements for, and meet the costs of, providing simultaneous translation of those review proceedings which QAA and the higher education institution have agreed to conduct bilingually. Normally, this service is provided when reviewers as a team meet with groups of staff and/or students of the higher education institution, of whom one or more prefer to participate in Welsh.

QAA 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. QAA respects this and seeks to appoint bilingual review secretaries/coordinators to facilitate the smooth operation of the review process in such institutions. The full details of QAA's Welsh Language Scheme are available on its website.[12]

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[12] www.qaa.ac.uk/aboutus/corporate/policies/pages/welsh-language-scheme.aspx

Annex J: Summary of actions following judgements

Figure 1 Commended or meets	**IRW judgements and possible follow-up**
Original judgement	Commended or meets Within 10 weeks, provides action plan, puts on website
After 12 months	Updated annually
After 2 years	
After 3 years	MRFU (which includes exception reporting)
After 4 years	
After 6 years	Next review

In all cases MRFU can trigger QAA Concerns scheme

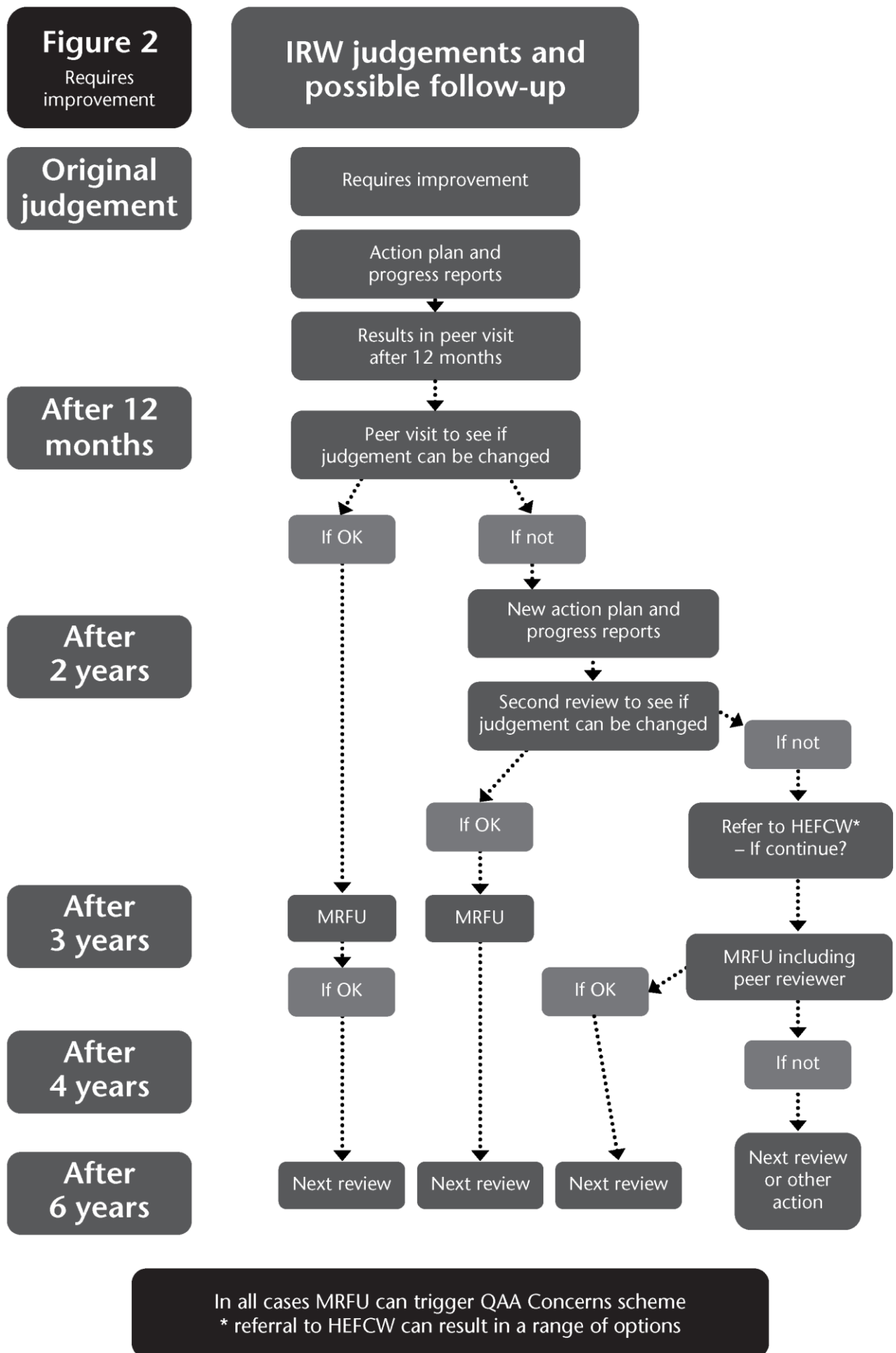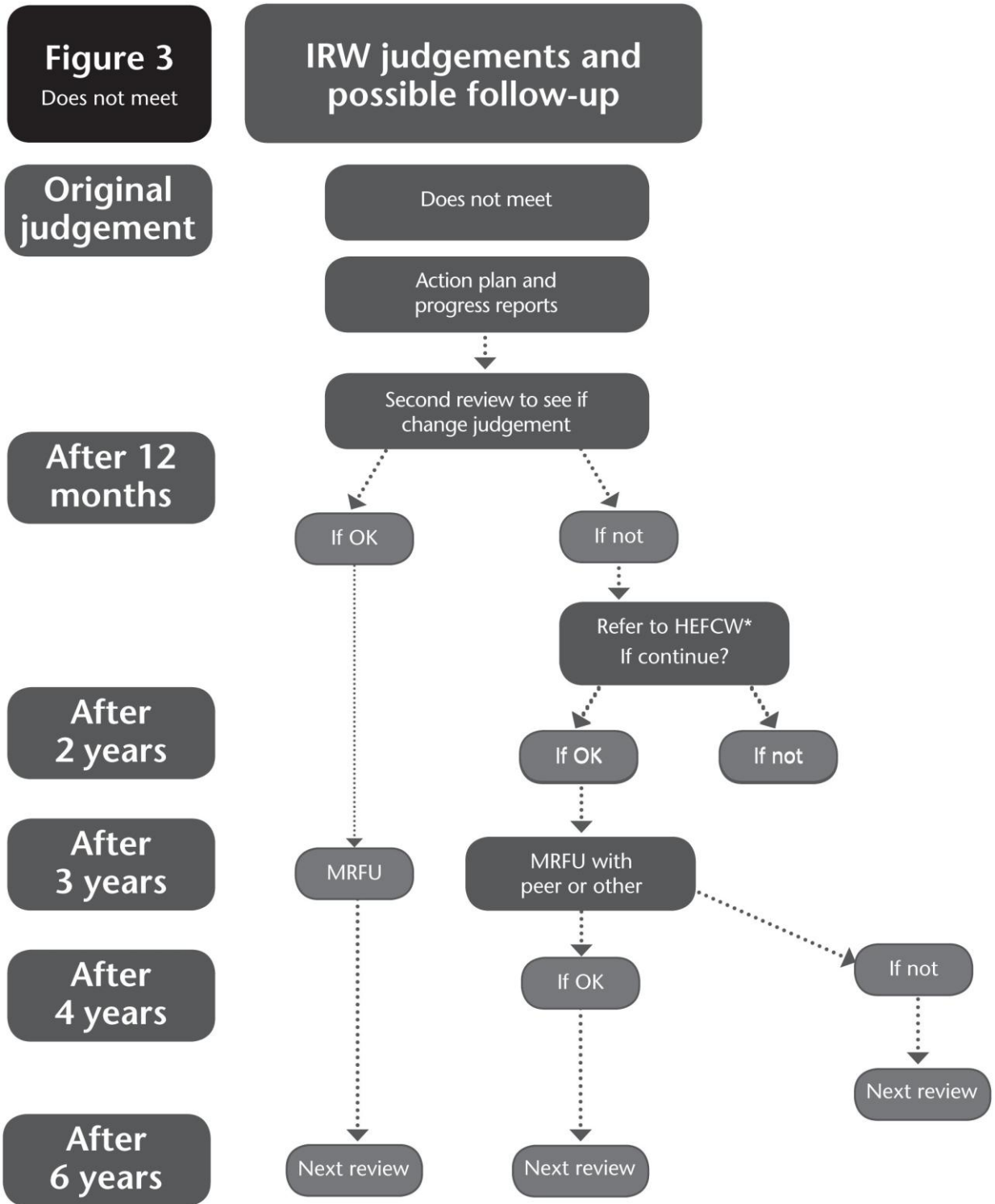Figure 1: actions following a **commended** or **meets UK expectations** judgement.

Figure 2
Requires improvement

IRW judgements and possible follow-up

Original judgement

Requires improvement

Action plan and progress reports

Results in peer visit after 12 months

After 12 months

Peer visit to see if judgement can be changed

If OK

If not

New action plan and progress reports

After 2 years

Second review to see if judgement can be changed

If not

If OK

Refer to HEFCW* – If continue?

After 3 years

MRFU

MRFU

If OK

MRFU including peer reviewer

If OK

If OK

If not

After 4 years

After 6 years

Next review

Next review

Next review

Next review or other action

In all cases MRFU can trigger QAA Concerns scheme
* referral to HEFCW can result in a range of options

Figure 2: actions following a **requires improvement** judgement.

Figure 3
Does not meet

IRW judgements and possible follow-up

Original judgement

Does not meet

Action plan and progress reports

Second review to see if change judgement

After 12 months

If OK

If not

Refer to HEFCW*
If continue?

After 2 years

If OK

If not

After 3 years

MRFU

MRFU with peer or other

If not

After 4 years

If OK

Next review

After 6 years

Next review

Next review

In all cases MRFU can trigger QAA Concerns scheme
* referral to HEFCW can result in a range of options

Figure 3: actions following a **does not meet UK expectations** judgement.

Annex K: Mid-review follow-up

The purpose of the mid-review follow-up (MRFU) report is to provide feedback to the institution on QAA'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.

For institutions with judgements other than **meets UK expectations** from their previous review, other arrangements will apply (see paragraph 58).

Institutions will receive preliminary contact from QAA to confirm the arrangements for MRFU, including the date of the mid-programme visit and the information required from the institution.

No later than six weeks before the visit, the institution will submit a brief report to QAA, 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 (PSRBs) and any other relevant reviews by external bodies since the Institutional Review
- any major changes in the structure and organisation of the institution since the review
- any key strategic developments (for example, in learning and teaching, widening participation, research or information management) since the review
- where relevant, any developments in collaborative arrangements with partner institutions or other organisations since the review
- 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 two members QAA staff will take place. 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 academic standards
- an opportunity to read a sample of relevant internal review reports produced in the three years since the Institutional Review, and all relevant reports from other external reviews, for example, PSRB reports.

Within 12 weeks of the visit, QAA will submit a brief report to the institution setting out QAA'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 institution will get an opportunity to comment on the draft report. The report is not published, but a copy is provided for HEFCW.

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

If the MRFU report indicates the existence of potentially serious difficulties in the institution's management of quality and standards, QAA may decide that a further visit should be undertaken by two reviewers and a member of QAA. If the second visit indicates that there are matters of serious concern that the institution is not addressing satisfactorily, QAA, in consultation with HEFCW, may bring forward the date of the next Institutional Review.