



# **Higher Education Review**

**A handbook for higher education providers:  
Draft for consultation**

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# Contents

|  |    |
|--|----|
| Preface to the draft handbook .....                            | 1  |
| Higher Education Review: Draft handbook for consultation ..... | 2  |
| Higher Education Review in summary .....                       | 2  |
| Part one: Introduction and overview .....                      | 4  |
| Part two: The interval between reviews .....                   | 15 |
| Part three: The initial appraisal in more detail .....         | 18 |
| Part four: The review visit in more detail .....               | 24 |
| Part five: After the review visit .....                        | 28 |
| Part six: Keeping the method under review .....                | 31 |
| Annex 1 .....  | 33 |
| Definitions of key terms .....                                 | 33 |
| Annex 2 .....  | 36 |
| Format of judgements .....                                     | 36 |
| Annex 3 .....  | 47 |
| Guidelines for producing the self-evaluation document .....    | 47 |
| Annex 4 .....  | 52 |
| The role of the facilitator .....                              | 52 |
| Appointment and briefing .....                                 | 53 |
| Protocols .....  | 53 |
| Annex 5 .....  | 54 |
| Student engagement with Higher Education Review .....          | 54 |
| Annex 6 .....  | 59 |
| Appointment, training and management of reviewers .....        | 59 |
| Contract management .....                                      | 60 |
| Annex 7 .....  | 61 |
| Initial appraisal report template .....                        | 61 |
| Guidance for reviewers completing the initial appraisal .....  | 66 |

## Preface to the draft handbook

Welcome to the Quality Assurance Agency for Higher Education (QAA) consultation on the draft handbook for Higher Education Review.

We hope that this consultation process will generate lively debate and discussions about all aspects of our proposals. We are keen to receive diverse and varied feedback, which can be used to produce a final publication that is of value and relevance to all who depend upon the effective quality assurance of higher education.

We welcome contributions to this consultation from anyone with an interest in the quality assurance of higher education offered by universities and colleges, including:

- prospective, current, and past students, and their representatives
- academic and professional support staff
- employers and their representative bodies
- Professional, statutory and regulatory bodies
- providers' representative bodies.

We have placed the consultation questions and/or explanatory text in boxes adjacent to the relevant part of the handbook. We are not seeking views on all areas of the handbook, particularly not where the arrangements are the same as those we operate already or where agreement has already been reached through the consultation by the Higher Education Funding Council for England (HEFCE). However, there are open questions at the end of the online survey which allow you to comment on anything you would like. Please note there are boxes in the annexes as well as in the main body of the handbook.

We invite you to respond to the consultation questions via the online survey, which you can find a link to on our website.<sup>1</sup> Please also refer to the website for further information about the background to this consultation, including the outcomes of the HEFCE consultation.

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<sup>1</sup> [www.qaa.ac.uk/Newsroom/Consultations/Pages/Higher-Education-Review.aspx](http://www.qaa.ac.uk/Newsroom/Consultations/Pages/Higher-Education-Review.aspx)

# Higher Education Review: Draft handbook for consultation

## Higher Education Review in summary

1 Higher Education Review is QAA's review method for all subscribers in England and Northern Ireland, as well as for providers with access to funding from HEFCE or the Department for Employment and Learning in Northern Ireland (DEL) who are not subscribers to QAA. It will be launched in 2013-14 and succeeds two methods: Institutional Review of Higher Education Institutions in England and Northern Ireland (IRENI), and Review of College Higher Education (RCHE). It may also succeed Integrated Quality and Enhancement Review for further education colleges in Northern Ireland (IQER NI) from 2014-15, and Review for Educational Oversight (REO) from January 2014. The latter will be the subject of a separate communication.

2 The overall aim of Higher Education Review is to inform students and the wider public whether a provider meets the expectations of the higher education sector for: the setting and/or maintenance of academic standards; the provision of learning opportunities; the provision of information; and the enhancement of the quality of its higher education provision. Thus, Higher Education Review serves the twin purposes of providing accountability to those with an interest in higher education, while at the same time encouraging improvement.

3 Most providers taking part in Higher Education Review will undergo a review every six years. Some providers will be reviewed more frequently than that. A full programme of reviews is available on QAA's website.<sup>2</sup>

4 Higher Education Review is a two-stage process. The first stage is called initial appraisal. Its purpose is to determine the intensity of the second stage of the process, which is called the review visit. Varying the intensity of review visits allows QAA to target its resources where they are needed most, and limits the work required of providers to complete the review in proportion both to the scale of their provision and their track record in assuring academic standards and quality. The purpose of the review visit is to formulate judgements, highlight areas of good practice, affirm progress in areas already identified for development, and encourage future improvements, in accordance with the overall aim of Higher Education Review above.

5 Higher Education Review is carried out by peer reviewers - staff and students from other higher education providers in the UK and internationally. The use of peer reviewers is fundamental to the focus on enhancement outlined above. The reviewers are guided by a set of UK Expectations about the provision of higher education contained in the UK Quality Code for Higher Education (the Quality Code).

6 Students are at the heart of Higher Education Review. They are full members of QAA's peer review teams. There are also opportunities for the provider's students to take part in the review, including by contributing a student submission, meeting the review team during the review visit, working with their providers in response to review outcomes, and acting as the lead student representative.

7 Higher Education Review culminates in the publication of a report containing the judgements and other findings. The provider is obliged to produce an action plan in consultation with students, describing how it intends to respond to those findings.

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<sup>2</sup> [www.qaa.ac.uk/InstitutionReports/types-of-review/Pages/Programme-of-reviews.aspx](http://www.qaa.ac.uk/InstitutionReports/types-of-review/Pages/Programme-of-reviews.aspx)

QAA monitors the implementation of the action plan according to the review judgements; providers with unsatisfactory judgements are monitored more closely than those with positive outcomes.

## Part one: Introduction and overview

### Introduction

8 The mission of the Quality Assurance Agency for Higher Education (QAA) is to safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education. In furtherance of this mission, QAA undertakes reviews of higher education provision offered by universities, colleges and alternative providers.<sup>3</sup>

9 From 2013-14 the process of review used by QAA for all subscribing providers in England and Northern Ireland, as well as for providers with access to funding from HEFCE or DEL who do not subscribe to QAA, is called Higher Education Review. Higher Education Review replaces Institutional Review of Higher Education Institutions in England and Northern Ireland (IRENI), which ran between 2011-12 and 2012-13, and Review of College Higher Education (RCHE), which ran in 2012-13. It may also succeed Integrated Quality and Enhancement Review for further education colleges in Northern Ireland (IQER NI) from 2014-15, and Review for Educational Oversight (REO) from January 2014. The latter will be the subject of a separate communication.

10 The purpose of this handbook is to:

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

11 The handbook is intended primarily for teams conducting Higher Education Review and for providers going through the review process. It is also intended to provide information and guidance for other staff and for providers' awarding bodies or organisations, where applicable. QAA is producing separate guidance for students. QAA is also developing other guidance notes to assist providers in preparing for Higher Education Review and will provide support for the implementation of the method through briefing and training events.

12 Higher Education Review has been designed in accordance with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area*.<sup>4</sup>

### Aims of Higher Education Review

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

- sets and/or maintains UK-agreed threshold academic standards for its higher education awards as set out in Part A: Setting and maintaining threshold academic standards of the Quality Code (which refers to *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ)<sup>5</sup> and subject and qualification benchmark statements)

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<sup>3</sup> Alternative provider means any provider of higher education courses which is not in direct receipt of recurrent funding from HEFCE or from equivalent funding bodies in the Devolved Administrations; or does not receive direct recurrent public funding (for example, from a local authority, or the Secretary of State for Education); and is not a further education college.

<sup>4</sup> [www.enqa.eu/files/ESG\\_3edition%20\(2\).pdf](http://www.enqa.eu/files/ESG_3edition%20(2).pdf)

<sup>5</sup> Providers without degree-awarding powers work with awarding bodies and organisations, such as Edexcel and/or one or more higher education institutions, which retain responsibility for the academic standards of all

- provides learning opportunities which allow students to achieve those higher education awards and qualifications and reflect the Expectations outlined in the Quality Code, including the UK-wide reference points it endorses
- provides information for applicants, students and other users of higher education that is fit for purpose, accessible and trustworthy
- plans effectively to enhance the quality of its higher education provision.

## Judgements

14 To achieve this aim we ask review teams to make judgements on:

- whether the provider fulfils its responsibilities for setting and/or maintaining the threshold academic standards of its awards (or the academic standards set by its awarding bodies or organisations)
- the quality of students' learning opportunities
- the quality of information produced for students and prospective students
- the enhancement of students' learning opportunities.

15 The judgement will be determined by several factors:

- the provider's awareness of, and engagement with, the Quality Code and the other UK-wide reference points the Quality Code endorses
- the extent to which students and staff are engaged in the assurance of quality
- the strategic mechanisms which a provider has for guiding and reviewing its assurance of standards and quality.

16 The judgements will be made by peers with knowledge of the higher education sector's expectations. Judgements represent the reasonable conclusions that informed peers are able to come to, based on the limited amount of evidence and time available to them.

17 Higher Education Review is concerned with all provision that is aligned to the FHEQ. Review judgements may, however, be differentiated so that different judgements may apply, for example, to provision delivered wholly by the provider and offered through arrangements with other organisations; or to undergraduate and postgraduate levels; or to the provision associated with different awarding bodies or awarding organisations.

We are consulting on the possibility of having a separate judgement on managing higher education provision with others. If a separate judgement is adopted, it would not be necessary to differentiate judgements so as to distinguish between provision delivered wholly by the provider and offered through arrangement with other organisations. Please see the box beneath paragraph 66 for more information.

18 The judgement on threshold academic standards will be expressed as one of the following: 'meets UK expectations'; 'requires improvement to meet UK expectations'; or 'does not meet UK expectations'. The judgements on learning opportunities, and information and enhancement will each be expressed as one of the following: 'commended'; 'meets UK

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awards granted in their names, and for ensuring that the quality of learning opportunities offered through collaborative arrangements is adequate to enable students to achieve the academic standards required for their awards. Thus, for providers without degree-awarding powers, Higher Education Review is concerned with the way in which these providers discharge their responsibilities within the context of their agreements with awarding bodies and organisations. Reviews of providers without degree-awarding powers are not concerned with how their awarding bodies and organisations manage their responsibilities.



expectations'; 'requires improvement to meet UK expectations'; or 'does not meet UK expectations'. The judgements 'requires improvement to meet UK expectations' and 'does not meet UK expectations' are considered to be unsatisfactory and, therefore, there will be more intensive follow-up action to complete the review. The criteria which review teams will use to determine their judgements are set out in Annex 2.

In the current Institutional Review of Higher Education Institutions in England and Northern Ireland (IRENI) and Review of College Higher Education (RCHE) methods, there are two possible judgements for threshold academic standards: 'meets UK expectations' and 'does not meet UK expectations'. We are now proposing to make a judgement of 'requires improvement to meet UK expectations' available in this area. This is largely due to the difficulties which the binary pass/fail judgement in threshold academic standards presents in cases where: moderate risks to academic standard exist, which may lead to serious problems over time; problems are confined to a relatively small part of the whole provision; plans that the provider presents for addressing identified problems are under-developed or not fully embedded; or the provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain factors. In such cases it may be inaccurate to judge academic standards as wholly meeting UK expectations, yet equally inaccurate to judge them as completely failing to do so. 'Requires improvement' would allow for review teams to make a more proportionate judgement.

Please see Annex 2 for the criteria review teams will use to determine judgements.

### **Consultation question 1**

- 1           Should judgement of 'requires improvement to meet UK expectations' be available in the area of threshold academic standards?

19           The review team will identify features of good practice and, where appropriate, affirm developments or plans already in progress. The team will also make recommendations for action. These recommendations will indicate the urgency with which the team thinks each recommendation should be addressed. The team may indicate that a recommendation should be addressed within three months, or before the start of the next academic year, or before any further students are recruited to a programme, and so on. QAA will expect providers to take notice of these deadlines when they construct their action plan after the review.

20           Review reports will also include a commentary on the thematic element of the review. The inclusion of the thematic element allows the review process to look at issues that are attracting public interest or concern at the time of the review. See paragraphs 44 - 50 for more information.

### **Scope and coverage**

21           Higher Education Review is concerned with all provision which is aligned to the FHEQ. It also includes foundation years and other provision commonly referred to as 'Level 0' where this is funded by HEFCE, whether this funding is provided directly, indirectly or through a consortium. For Level 0 provision, review teams will have the same expectations as for other higher education provision with regard to quality of learning opportunities, information and enhancement. With respect to academic standards, the review team will expect to see evidence that external reference points have been used in setting standards.

## Initial appraisal

22 Higher Education Review takes place in two stages. The first stage is called initial appraisal. Its purpose is to determine what we are calling the 'intensity' of the second stage, which is known as the review visit. Intensity is defined according to the size of the review team for the review visit, and the visit's duration.

23 The initial appraisal aims both to respond to the outcomes of HEFCE's consultation by introducing a more risk-based approach to quality assurance, and to fulfil the Principles of Better Regulation of Higher Education in the UK, which were developed in 2011 by the Higher Education Better Regulation Group.<sup>6</sup> In summary, these principles call for organisations like QAA, who have a direct responsibility for holding higher education providers to account, to ensure their activity: encourages efficiency and effectiveness; has a clear purpose and justification; relies on reliable and transparent data; is coordinated, transparent and proportionate; safeguards the interests of students and other stakeholders; and considers alternatives to regulation where appropriate.

24 In this context, the initial appraisal varies the intensity of review visits according to the scale of the provision under review and the provider's track record in assuring academic standards and quality. Thus, QAA targets its efforts where they are most needed (including where there appears to be the greatest risks to academic standards and quality) and, in so doing, fulfils the principles of transparency, proportionality and the protection of the student and public interest outlined above.

25 The initial appraisal is based on a standard set of information about the provider. Some of this information, such as the self-evaluation document, comes from the provider itself, while other information comes from external bodies, such as Professional Statutory and Regulatory Bodies (PSRBs). Most of this information will already exist and much of it should be in the public domain.

26 In the self-evaluation document, providers are required to report and comment on a group of nationally benchmarked data (including the National Student Survey and the Destination of Leavers from Higher Education Survey), where these data are available. More information about the content of the self-evaluation document appears in Annex 3.

27 The initial appraisal also considers a student submission, which describes what it is like to be a student at the provider under review, and how students' views are considered in the provider's decision-making and quality assurance processes. Extensive guidance and support is available from QAA to those students who are responsible for producing the student submission to ensure that it is evidence-based, addresses issues relevant to the review, and represents the views of students as widely as possible. QAA also encourages and supports those students responsible for making student submissions to make use of relevant national data sets, such as those publicly available on [www.unistats.com](http://www.unistats.com), to help inform their submission.

28 Review teams may consider other information within the initial appraisal, such as media coverage. Providers will have the opportunity to comment on any other information considered.

29 The initial appraisal is conducted by a team of one or two reviewers and a QAA officer. The size of the team will depend on how many students the provider has. The reviewers involved in the initial appraisal will normally be part of the team for the review visit.

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<sup>6</sup> [www.hebetterregulation.ac.uk/Pages/default.aspx](http://www.hebetterregulation.ac.uk/Pages/default.aspx)

Further information about the initial appraisal, including precisely what information is considered and how the intensity of review visits varies as a function of the initial appraisal, appears in Part three of this handbook.

30 The initial appraisal is entirely desk-based. Providers are required to submit a self-evaluation document and a limited amount of other evidence for the initial appraisal, but there is no visit to the provider at this stage.

31 QAA retains the right to amend the specification for the review visit in exceptional circumstances, such as where the provider experiences sudden and significant change between the initial appraisal and the review visit.

The initial appraisal aims both to introduce a more risk-based approach to quality assurance, and to fulfil the Principles of Better Regulation of Higher Education in the UK, by varying the intensity of review visits according to the scale of providers' provision and their track record in assuring academic standards and quality. More detailed information and questions about the initial appraisal appear in Part three.

### **Consultation question 2**

2 Should an initial appraisal be used to tailor the intensity of individual review visits?

### **Review visit**

32 The purpose of the review visit is to allow review teams to scrutinise further evidence, talk to the provider's staff and students (and other stakeholders, where appropriate) and, on the basis of these two activities, formulate judgements about the provider, as described above.

33 To enable them to form their judgements, review teams will have available to them a variety of information sources about the provider, including:

- all the information considered at the initial appraisal, including the provider's self-evaluation document and the student submission
- the evidence referenced in the provider's self-evaluation document
- a limited range of other evidence about the provider's approach to, or performance in, the fulfilment of its responsibilities for academic standards, and the quality of students' learning opportunities, information and enhancement, as determined by the review team.

### **Use of reference points**

34 Review teams will use the Quality Code as their primary reference point. Teams will be looking for evidence that providers have:

- carefully considered the purpose and intentions of the elements of the Quality Code
- reflected on the impact of the Quality Code's Expectations on their practice
- taken, or are taking, any necessary measures to achieve better alignment between their practice and the guidance provided by the Quality Code.

35 Review teams will not ask providers about their engagement with the Quality Code on a chapter-by-chapter basis. However, a team will expect to see, in the

self-evaluation document, a reflection on how the provider has gone about engaging with the Expectations of the Quality Code. This account could include illustration of how any changes to its practices have resulted, and any difficulties the provider has experienced.

36 Review teams will enquire into the way in which any relevant subject benchmark statements have been referred to when establishing or reviewing programmes and awards. Qualification benchmark statements, for example the Foundation Degree qualification benchmark, provide a description of the characteristics of a particular award. Qualification and subject benchmark statements do not represent a national curriculum. Instead, they allow for flexibility and innovation in programme design, within an overall conceptual framework established by an academic subject community. They do, however, provide authoritative reference points, which help to ensure that the standards of the programme are appropriate, and which students and other interested parties will expect to be taken into account when programmes are designed and reviewed.

37 In order to set and/or maintain academic standards, providers should have available definitive information on the aims, intended learning outcomes and expected achievements of programmes of study. Review teams will explore the usefulness of such information to students and staff. In particular, teams will be interested to see how this definitive information makes use of the Quality Code and other relevant reference points in order to define clearly what students should expect from the teaching, learning and assessment provided.

### **Reviewers and review teams**

38 The size of the team for the review visit will be defined at the initial appraisal. It will comprise a minimum of two reviewers and a maximum of six. If the initial appraisal identifies a particular area as being of potential concern, the team may include a reviewer or reviewers with particular expertise in that area. At least one reviewer on every team will be a student reviewer. There may also be a reviewer from outside the UK (who could also be a student). Reviewers and student reviewers will perform the same duties. A QAA officer will coordinate the review and act as the primary point of contact with the provider. The reviewers involved in the initial appraisal will normally also be part of the team for the review visit.

39 QAA reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision at a higher education provider. This expertise and experience will include the management and/or administration of quality assurance. Student reviewers are recruited from among students or sabbatical officers who have experience of participating, as a representative of students' interests, in monitoring academic standards and the quality of education in a higher education provider. More information about reviewers is provided in Annex 6.

40 For the first time in its reviews of higher education providers in England and Northern Ireland, QAA is drawing on the expertise and experience of reviewers from outside the UK in composing review teams for Higher Education Review. The use of international reviewers reflects the increasing internationalisation of the higher education sector in this country and brings a fresh perspective to the work of review teams. It is also consistent with the approach taken by quality assurance agencies in many other countries including Scotland, where QAA has used international reviewers since 2008.

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| <p>The introduction of international reviewers would reflect the increasing internationalisation of the HE sector in this country and bring a fresh perspective to the work of review teams. It is also consistent with the approach taken by quality assurance agencies in many other countries.</p> |
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However, the use of international reviewers may be costly, particularly if they travel from outside Europe. There is also the risk that international reviewers could impede the review process by not being fully conversant with QAA's methods or, more generally, with the UK higher education system (although this has not been QAA's experience in Scotland).

Against this backdrop, we propose to introduce international reviewers on a pilot basis. The pilot would take place over two academic years, 2013-14 and 2014-15, and involve the recruitment of 20 reviewers who would be asked to take part in at least two review visits each. Recruitment would be confined to Europe to contain costs while the full benefits of involving international reviewers are evaluated. The recruitment criteria would be broadly the same as for UK reviewers and the reviewers would be fully trained, to mitigate the risk of unfamiliarity outlined above. They would be full team members, not additional to the normal team size. International reviewers could be staff or students. We would allocate international reviewers to review visit teams for a limited number of providers whose self evaluation documents demonstrated a particular commitment to internationalisation.

The pilot would be subject to a full evaluation at the end of the 2014-15 academic year.

### **Consultation questions 3, 4 and 5**

- 3 Should the process involve international reviewers?
- 4 Does the pilot proposal offer a reasonable way to introduce international reviewers?
- 5 Please note any brief suggestions you have about introducing international reviewers.

41 QAA recruits reviewers by inviting nominations from higher education providers, from recognised Students' Unions or by self-nominations. The selection criteria for review team members are at Annex 6. QAA makes every attempt to ensure that the cohort of reviewers appropriately reflects diversity, including geographical location, and size and type of provider, as well as reflecting those from diverse backgrounds.

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

### **Duration of review visits**

43 There will be one visit to the provider. The duration of the review visit will be between one day and five days, depending on the outcome of the initial appraisal.

### **Core and thematic elements**

44 The review visit comprises both a core element, which is applied to all providers, and a thematic element, which will change periodically.

45 The core element focuses on academic standards, quality of learning opportunities, information and enhancement, as described above.

46 The inclusion of the thematic element allows the review process to look at issues which are attracting public interest or concern at the time of the review. The purpose of doing so is to help providers enhance their response to those issues either by review teams making recommendations for improvement or identifying examples of good practice which other providers might consider emulating. To support the dissemination of good practice, QAA will report annually on the thematic findings across the higher education sector.

47 Given the emphasis on enhancement, and in order also to promote consistency and comparability of review findings over time, the theme will continue not to be subject to a judgement. Instead, the review report will contain a commentary on the theme.

48 QAA will brief review team members on the approach to reviewing themes in general, and on any specific guidance which needs to be borne in mind for a particular theme. Providers will be given a guide containing topics and questions for the theme area, which the provider should address in its self-evaluation document. Student representatives will also receive the guide so that they can address the theme in an annex to the student submission to the initial appraisal. Where agreed external reference points exist, the guide will be based on those reference points. Where no such agreed reference points exist, QAA will develop guidance.

49 The review report will contain a summary of the findings regarding the thematic element. The provider will also receive a more detailed evidence base.

50 The theme will change periodically (but not more often than annually). The theme for 2013-14 will be announced in May 2013, following discussion with sector representative bodies. Thereafter, the new theme, or the continuation of the existing theme, will be announced or confirmed in the spring preceding the academic year in which the theme will be in operation.

### **The role of students**

51 Students are one of the main beneficiaries of Higher Education Review and are at the heart of the review process.

- QAA's Student Advisory Board is a formal advisory committee of the QAA's Board of Directors and has had a key role in advising on the design of this review method.
- Student reviewers are full and equal members of review teams.

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

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

53 More information about the role of students is in Annex 5.

## Facilitators

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

- liaise with the QAA officer throughout the review process to facilitate the organisation and smooth running of the review
- during the review visit, provide the review team with advice and guidance on the provider's structures, policies, priorities and procedures
- during the review visit, meet with the QAA officer and the lead student representative (and possibly also members of the review team) outside the formal meetings to provide or seek further clarification about particular questions or issues.

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

56 More detailed information about the role of the facilitator is in Annex 4.

## Lead student representatives

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

- liaise with the facilitator throughout the process to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body
- organise or oversee the writing of the student submission for the initial appraisal
- assist in the selection of students to meet the review team
- ensure continuity of activity throughout the review process
- facilitate comments from the student body on the draft review report
- work with the provider in the development of its action plan.

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

## The role of degree-awarding bodies or awarding organisations

59 Providers without degree-awarding powers may wish for their degree-awarding bodies or awarding organisations to be involved in the review process by assisting, for example, with the preparation of the self-evaluation document or by attending review visits. The extent of a degree-awarding body's or awarding organisation's involvement with Higher Education Review should be decided in discussion between the partners according to the maturity of the relationship between the partners; the extent of the responsibilities which the degree-awarding body or awarding organisation has conferred on the partner; and the accuracy and completeness of existing written evidence about these responsibilities.

60 Review teams will be pleased to meet degree-awarding bodies' or awarding organisations' representatives during review visits, and occasionally may encourage them to attend particular events should they regard it as likely to aid their understanding of the provider's responsibilities. However, degree-awarding bodies or awarding organisations are not required to attend these events, since QAA has no desire to make unreasonable

requests for their involvement in a process that focuses on the responsibilities of the provider under review.

61 It is the responsibility of providers under review to keep their degree-awarding bodies or awarding organisation informed of the progress of the review and to make any requests for support. The only correspondence QAA will copy to degree-awarding bodies or awarding organisations is that associated with the draft and final reports.

### **Managing higher education with others**

62 Higher Education Review encompasses all provision in a single process; there are no separate reviews of provision offered in partnership with other organisations.

63 *Chapter B10: Managing higher education with others* of the Quality Code, applies to any form of collaboration between providers of higher education.<sup>7</sup> The scale of the formal arrangements a provider has with partners and other organisations that deliver or support the delivery of learning opportunities is one of the considerations at the initial appraisal; providers with large numbers of students studying through arrangements with other organisations are likely to undergo a more intensive review visit than providers with small numbers of such students. This reflects both the resources required to review arrangements for working with others and the fact that 'collaborative arrangements' have tended to give rise to more concerns in QAA reviews than home provision in recent years.

64 The parameters of the review of arrangements for working with others will vary according to whether partner, delivery or support organisations are also reviewed by QAA. Where these partners are subject to regular QAA review, in any form, the parameters of the review of the provider making the awards will be confined to the management of the arrangement by that provider, and to the setting and maintenance of academic standards. The reviewers will not consider the quality of learning opportunities, information and enhancement, not because these areas are unimportant, but because they will be addressed in the review of the other organisation.

65 Where partner, delivery or support organisations are not subject to QAA review (because, for instance, they are outside the UK), the review of arrangements for working together will consider all four core areas: academic standards, quality of learning opportunities, information and enhancement. This may involve review teams meeting staff and students from partner, delivery or support organisations in person, or by video or teleconference. More information about the review of the management of higher education in collaboration with others is provided in part four of this handbook.

66 Building on the success of the 2012 Review of Transnational Education in mainland China, QAA is currently revising its approach to reviewing UK providers' partnership links with organisations abroad, and programmes offered by UK providers on overseas campuses. We envisage much more sharing of information between that process and Higher Education Review. The proposals on reviewing Transnational Education will be the subject of a separate consultation.

The arrangements described in paragraphs 62 - 66 are designed to respond to HEFCE's invitation to establish a clearer demarcation between the areas reviewed at a degree-awarding body and those reviewed at the partner, delivery or support organisation. They take advantage of the opportunity presented by the extension of QAA review to cover private colleges in the UK which recruit international students. However, there remains a clear need for QAA to be able to review via the degree-awarding body all aspects of those

<sup>7</sup> [www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/quality-code-B10.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/quality-code-B10.aspx)



arrangements where the partner, delivery or support organisation is not also subject to QAA reviews, not least in order to safeguard the reputation of UK higher education internationally.

Consultation question 6

- 6 Do the proposals for the review of arrangements for working with others establish an appropriate demarcation between the areas reviewed at a degree-awarding body and those reviewed at the partner, delivery or support organisation?

In the IRENI method, the review judgements apply to all the provision under review, including provision offered through arrangements with other delivery organisations, support providers or partners (unless the judgement is differentiated in some way - see paragraph 17). Some observers have questioned whether these holistic judgements make sufficiently clear to students and other stakeholders the fact that review teams have considered both the provision delivered and supported entirely by the provider itself, and that offered through such arrangements. An obvious way to make this fact clear would be to create a separate judgement area for provision that involves working with other organisations. This judgement could be worded as follows; the criteria for a particular judgement (for example 'meets UK expectations') would be the same as the criteria for the judgements in learning opportunities, information and enhancement (see Annex 2):

The provider's management of the higher education provision it offers with other delivery organisations, support providers or partners is commended/meets UK expectations/requires improvement to meet UK expectations/does not meet UK expectations.

A separate judgement would introduce greater clarity and transparency about an area of activity that has tended to give rise to more concerns in QAA reviews than home provision in recent years. On the other hand, it risks isolating, and giving undue prominence, to an area of activity which, for many providers, is less significant in terms of student numbers than other areas, such as research degrees. Moreover, having a separate judgement is against the direction of the new *Chapter B10: Managing higher education provision with others* of the Quality Code, which is seeking to emphasise and encourage the integration of the management of this activity with home provision.

Consultation question 7

- 7 Should the new method include a separate judgement about managing higher education provision with others?

## Part two: The interval between reviews

67 This part of the handbook describes the interval between reviews. To promote consistency and comparability across the higher education sector, QAA will apply the same intervals and criteria described in this part of the handbook to all providers. QAA publishes a single rolling timetable which sets out a provisional schedule for the following six years, showing when the reviews of all providers are next due to take place.<sup>8</sup>

68 The interval between reviews is six years for providers who have had two or more successful reviews by QAA. Providers who have not had two or more successful reviews by QAA and/or whose last review by QAA was unsuccessful should be reviewed four years after their last engagement with QAA. Successful and unsuccessful reviews are defined by QAA for this purpose in the table below. Providers can have any combination of reviews (for example, a successful IQER review followed by a successful IRENI for a provider who has moved from the further education sector to the higher education sector will be regarded as two successful reviews).

| Review method  | Successful review  | Unsuccessful review   |
|--|--|---|
| Institutional Audit of higher education institutions in England and Northern Ireland (2006-11)   | Judgements of 'confidence' or 'limited confidence' in both academic standards and quality of learning opportunities.   | A judgement of 'no confidence' in either academic standards or quality of learning opportunities.   |
| Integrated Quality and Enhancement Review for further education colleges (2007-12)   | A Summative review which resulted in judgements of 'confidence' in both academic standards and quality of learning opportunities and 'reliance' on public information.   | A Summative review which resulted in a judgement of 'limited confidence' or 'no confidence' in either academic standards or quality of learning opportunities, or 'no reliance' on public information.  |
| Institutional Review England and Northern Ireland of higher education institutions (2011-13) <b>and</b> Review of College Higher Education for further education colleges (2012-13) <b>and</b> Higher Education Review (this method) | <ul style="list-style-type: none"> <li>• Judgements of 'is commended' or 'meets UK expectations' in all areas, followed by the publication of a satisfactory action plan.</li> <li>• Judgement of 'requires improvement' or 'does not meet' in any area where these judgements have been changed to 'is commended' or 'meets UK expectations' in all areas after the required follow-up activity.</li> </ul> | <ul style="list-style-type: none"> <li>• Any judgement of 'requires improvement' or 'does not meet' which remains unchanged after the allotted period for follow-up activity (see paragraphs 135 - 142).</li> <li>• Failure to publish a satisfactory action plan after the review (regardless of the judgements).</li> </ul> |

<sup>8</sup> [www.qaa.ac.uk/InstitutionReports/types-of-review/Pages/Programme-of-reviews.aspx](http://www.qaa.ac.uk/InstitutionReports/types-of-review/Pages/Programme-of-reviews.aspx)

|  |   |   |
|--|---|---|
| Review for Educational Oversight (REO) | Judgements of 'confidence' in both academic standards and quality of learning opportunities and 'reliance' on public information. | A judgement of 'no confidence' or 'limited confidence' in either academic standards or quality of learning opportunities, or 'no reliance' on public information. |
|--|---|---|

69 In addition, degree-awarding powers scrutiny at any level which leads the Privy Council to confer the power applied for will be regarded as a successful review for the purposes of calculating the interval between reviews. A degree-awarding powers scrutiny that does not lead the Privy Council to confer the power applied for will be regarded as an unsuccessful review.

70 For operational reasons, the interval between reviews may be extended by up to six months. However, the review visit under this method will not take place less than four or six years after the last review visit, except where serious concerns are raised (see paragraph 72).

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

72 A provider which has had concerns upheld about its provision after a full investigation under the QAA's Concerns scheme should undergo a review four years after its last engagement or at the planned date of the next review, whichever is sooner. In some circumstances, such as where a full investigation under the Concerns scheme suggests serious risks to the academic standards and quality of the provision beyond the area which has been investigated, QAA may recommend that the next review of that provider be brought even further forward.

73 Finally, to provide assurance that a provider has successfully managed significant material change, such as a change in ownership, a provider which has undergone significant material change should undergo a review within four years of the change taking effect, or at the planned date of the next review, whichever is sooner. For this purpose, significant material change may include, but is not necessarily confined to:

- change of ownership
- takeover of or by another provider
- merger
- significant increase or decrease in student numbers, including in collaborative provision (more than a 25 per cent change in student numbers within one year)
- significant expansion or contraction in provision outside the UK
- withdrawal of a licence to recruit students from outside the European Union.

74 HEFCE, DEL and QAA will monitor for significant material changes using existing mechanisms. Providers that have undergone, or are undergoing, significant material change will have the opportunity to discuss the case for shortening the interval between reviews with HEFCE or DEL and/or QAA before a decision is made to bring a review forward. QAA will use the same approach for alternative providers, though without the involvement of HEFCE or DEL.

The arrangements in this part of the handbook largely reflect the outcomes of the HEFCE consultation on a more risk-based approach to quality assurance. There are, therefore, no specific consultation questions about this part.

## Part three: The initial appraisal in more detail

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

76 The purpose of the initial appraisal is to determine the intensity of the review visit, according to the scale of the provider's provision and to a limited range of evidence about its assurance of academic standards and quality. Providers with large scale provision, and/or who appear to face significant risks or problems in the assurance of standards and quality, will normally undergo a longer review visit by a larger team than providers with smaller scale provision and/or who can demonstrate success in managing their provision. In this way, QAA targets its efforts where they are most needed.

### Principles for the initial appraisal

77 The initial appraisal is designed to:

- **be transparent**, such that providers, students and other stakeholders know about the information which has been considered at the initial appraisal and understand how and why this information has led to a particular outcome
- **be evidence-based and objective**, in order that the specification of the review visit is based on up-to-date evidence about the provider's provision and performance in managing academic standards and quality, rather than on institutional reputation or longevity
- make **the maximum possible use of existing evidence**, so as to provide better coordination with the work of other agencies (such as PSRBs) and limit the burden on providers undergoing review
- safeguard **the interests of students and other stakeholders**, by making the views of students and other external stakeholders part of the evidence base.

### How the initial appraisal is carried out

78 There are three steps in carrying out the initial appraisal:

- a. identify the scale of the provision under review
- b. identify a provisional level of confidence that can be placed in the provider's assurance and delivery of that provision, based on a limited range of information
- c. apply the scale to the level of confidence to determine the intensity of the review visit.

### Identifying the scale of the provision under review

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

- the number of students
- the number of subject groups
- the proportion of students studying wholly outside the UK
- either the number of providers UK degree-awarding bodies work with to deliver complete degree courses, or, for non-degree-awarding bodies, the number of different awarding bodies or organisations.

Thus, scale is determined not only according to the size of the provision but also by its notional complexity.

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

81 The different thresholds and sources for these quantitative measures are as follows. The third measure will not apply to all providers. Measure 4a applies to degree-awarding bodies only. Measure 4b applies to non-degree-awarding bodies only.

| Measure |  | Definition (and source)  | Threshold                    | Scale  |
|---------|--|--|------------------------------|--------|
| 1       | Number of students   | Total students (headcount) enrolled on HE programmes (HESA)  | <500                         | Low    |
|         |  |  | 500 - 10,000                 | Medium |
|         |  |  | >10,000                      | High   |
| 2       | Number of subject groups   | Number of JACS subject groups represented (HESA for HEIs; Unistats and providers' websites for others) | <10                          | Low    |
|         |  |  | 10 - 15                      | Medium |
|         |  |  | >15                          | High   |
| 3       | Proportion of students studying wholly outside the UK                                      | Total students studying wholly outside the UK as a proportion of measure 1 (HESA data)                 | <0.5 per cent                | Low    |
|         |  |  | 0.5 - 10 per cent            | Medium |
|         |  |  | >10 per cent                 | High   |
| 4a      | Number of providers UK degree-awarding bodies work with to deliver complete degree courses | As left (QAA Listed Bodies data collation)   | To be confirmed <sup>9</sup> |        |
| 4b      | Number of different awarding bodies or organisations                                       | As left (data to be obtained from providers)   | <3                           | Low    |
|         |  |  | 3 or 4                       | Medium |
|         |  |  | >4                           | High   |

82 The overall scale is determined according to mode, for example the outcome for a provider with two high scores, one medium score, and one low score will be high. In the case of a provider with two high scores and two low scores, the outcome will be medium. Where the provider has two each of two adjacent scores (that is two highs and two mediums, or two mediums and two lows), the outcome will be at the discretion of the initial review team based on its assessment of the other information (see the next section on identifying a provisional

<sup>9</sup> QAA is currently collecting data about degree-awarding bodies' partnerships on behalf of the Department for Business, Innovation and Skills. The results of this exercise will enable us to base the thresholds for the initial appraisal on empirical evidence about the number of partnerships each awarding body has. We envisage setting the thresholds in equal thirds, that is, providers with a total number of links in the bottom third would be designated 'low scale' and so on.

level of confidence). Where a provider only has three scores, the outcome will be determined according to mode or the middle score.

83 It is important to stress that the designation of a provider's provision by this exercise as high scale is not an indication that it is also somehow at high risk. Scale is a part of the initial appraisal because, in broad terms at least, the larger and more complex the provision under review, the bigger the task of reviewing it. Having scale play a role in determining the intensity of review helps QAA target its resources where they are most needed.

### **Identifying a provisional level of confidence**

84 Identifying a provisional level of confidence involves testing a limited amount of information about the provider's management and delivery of higher education against the Expectations in the Quality Code, to see if any potential risks or concerns arise. The information base for this part of the process comprises the views of the provider and its students and other stakeholders; where available a group of nationally benchmarked data to be reported on in the provider's self-evaluation; and a small amount of what we are referring to as 'primary evidence' - the reports of external examiners, programme approvals and periodic reviews. With the exception of the self-evaluation document from the provider and the student submission, all of the information considered at this stage should already exist.

| <b>Information base to identify the provisional level of confidence</b> |
|---|
|---|

- |   |
|---|
| <ul style="list-style-type: none"><li>• Self-evaluation document from the provider.</li><li>• Student submission.</li><li>• Most recent QAA review reports about the provider and the organisations with whom it delivers learning opportunities.</li><li>• Most recent PSRB reports about the provider and the organisations with whom it delivers learning opportunities.</li><li>• Most recent Ofsted inspection reports about the provider and organisations with whom it delivers learning opportunities.</li><li>• Most recent Skills Funding Agency audit reports about the provider and organisations with whom it delivers learning opportunities.</li><li>• Most recent reports of other quality assurance bodies, including international organisations, about the provider and/or organisations with whom it delivers learning opportunities.</li><li>• External examiner reports (provider only).</li><li>• Programme approval reports (provider only).</li><li>• Periodic review reports (provider only).</li><li>• Programme specifications or equivalent (provider only).</li><li>• Provider's website.</li></ul> |
|---|

Note: not all sources will apply to all providers

85 The initial appraisal may also consider other relevant contextual information, such as national media coverage.

### **Compiling the information base**

86 We will compile as much of the information base as we can from sources available directly to us. The exceptions are the self-evaluation document and the data within it, the primary evidence, and information on the number of partner organisations (and perhaps also PSRB reports) which we will need to collect from the provider under review. While this may lead to additional work at this stage, for providers whose evidence indicates successful assurance of academic standards and quality it will lead to a lower burden in the longer run.

Moreover, with the exception of the self-evaluation document and student submission, all of this information required at this stage should already exist. There is detailed guidance about the self-evaluation document in Annex 3. If you are unsure about the format of the self-evaluation document you can contact your QAA officer.

87 Four weeks before the initial appraisal we will request the set of primary evidence from you, to include external examiner reports, periodic review reports, programme approval reports and programme specifications or their equivalents (where these are not published on your website). The number of reports requested will normally correspond to about 10 per cent of the total number of programmes provided, up to a maximum of five of each type. Your response or follow-up to the reports should be appended to them. The QAA officer will specify precisely which reports should be provided.

88 The set of reports and specifications should be uploaded to the QAA secure electronic site within two weeks of the request. At the same time, you should also upload your self-evaluation document, a list of partner organisations that deliver or support the delivery of learning opportunities, and the reports of the most recent PSRB approval or renewal event for all accredited programmes (or alternatively provide hyperlinks to these documents where they are published online).

89 At this stage QAA will invite student representatives to upload a student submission for the review team's consideration. The purpose of the student submission is to help the initial appraisal team understand what it is like to be a student at that provider, and how students' views are considered in the provider's decision-making and quality assurance processes. Where the student submission indicates significant problems, this may lead the initial appraisal team to specify a more intensive review. The student submission is, therefore, an extremely important piece of evidence, and its consideration at this stage is crucial in placing the views of students at the centre of the review process. More information about the student submission is at Annex 6.

90 The information base will be tested by a team of one or two reviewers, supported by a QAA officer. The size of the team will depend on how many students the provider has. For providers with fewer than 100 students enrolled, one reviewer will be involved; for providers with 100 or more students, two reviewers.

91 The initial appraisal is entirely desk-based. There is no visit to the provider at this stage.

92 The appraisal is made using a standard template, which asks the review team to consider the information base against the Expectations in the Quality Code in the four judgement areas: threshold academic standards, quality of learning opportunities, information and enhancement. In each area, the review team is invited to decide whether the information base indicates minor, moderate or high risks. A copy of the initial appraisal template is at Annex 7.

93 The reviewers will also consider the effectiveness of the self-evaluation document as a self-assessment of the provider's approach to meeting the Expectations in the Quality Code. Where the self-evaluation document indicates that the provider is capable of, and systematically engaged in, a process of self-reflection and evaluation, the reviewers are likely to have a higher level of confidence in it, and thus to recommend a low or medium intensity review visit, notwithstanding what the other sources of information suggest.

94 The overall provisional level of confidence will be the same as the lowest level of confidence found in any of the four judgement areas, that is a low provisional level of confidence in threshold academic standards will lead to a low level overall, regardless of the



provisional levels in the other three areas. This is to ensure the review visit has sufficient time and resources to investigate moderate and/or serious risks.

### Applying level of confidence to scale

95 The final step in the initial appraisal is for the review team to apply the provisional level of confidence they have against the scale of the provision. This application is done using the matrix below. Where the provisional level of confidence and the scale intersect determines the intensity of the review visit.

**Provisional level of confidence**

|              |        | High   | Medium | Low    |
|--------------|--------|--------|--------|--------|
| <b>Scale</b> | High   | Medium | High   | High   |
|              | Medium | Medium | Medium | High   |
|              | Low    | Low    | Medium | Medium |

96 The initial result may then be refined by the professional judgement of the reviewers. For example, an initial result which calls for a high intensity review visit based in large part on the numbers of students studying through partnership arrangements could be changed to a medium intensity review visit in the light of evidence from international quality assurance bodies that the collaborative provision is well managed. The rationale for overriding the initial result will be explained in the initial appraisal report.

97 Thus, the initial appraisal uses a decision-making framework which is transparent, consistent for all providers and driven by the professional judgement of peers. This professional judgement is particularly important in the analysis of qualitative data and in mitigating the potential problems caused by evidence that may be out-of-date or inaccurate, or which contradicts other evidence.

98 We will also share with you a list of all the information the reviewers are considering in the initial appraisal before the team makes its final decision. This is to allow you to draw to the attention of the review team to any factual inaccuracies or other errors. It is not, however, an opportunity for you to attempt to explain or contest any data which you expect will cause the review team to specify the review in any particular way. You will have a full opportunity to present your case later on in the review process.

99 At the end of the initial appraisal the review team will complete a short initial appraisal report. This will include the team's recommendation about the exact specification of the review visit. The specification will be defined for the most part according to whether the initial appraisal finds that the review visit should be of a low, medium or high intensity (see below), but within these three categories reviewers have a limited amount of discretion as to precisely how the review visit will operate. Again this is to allow for the process to be guided by the professional judgement of peers.

| High intensity   | Medium intensity   | Low intensity   |
|--|--|---|
| <ul style="list-style-type: none"><li>• 4 - 6 reviewers</li><li>• 4 or 5 day visit</li></ul> | <ul style="list-style-type: none"><li>• 3 or 4 reviewers</li><li>• 3 day visit</li></ul> | <ul style="list-style-type: none"><li>• 2 or 3 reviewers</li><li>• 1 or 2 day visit</li></ul> |

100 We envisage one-day visits only where there are fewer than 50 students enrolled.

101 The initial appraisal report will be moderated internally by QAA for consistency. The QAA officer will then visit you to let you know the outcomes of the initial appraisal and to discuss preparations for the review visit. This is called the initial appraisal meeting and it takes place about two weeks after the initial appraisal has been completed by the reviewers.

102 In the interests of openness and transparency, we will publish the specification for the review visit on the QAA website but not the full initial appraisal report, since that report contains comments that the provider has not had the opportunity to comment on.

103 The intensity of the review visit is not in any way a judgement about the provider's higher education provision. We will make that absolutely clear on that part of the QAA website where the specifications are published. Providers cannot appeal against the outcome of the initial appraisal.

#### Consultation questions 8 - 16

Using an initial appraisal to determine the intensity of the review visit is not something QAA has done before. There are, therefore, a number of issues about which we would like your views.

- 8 Is the proposed scale and provisional level of confidence appropriate for the initial appraisal to determine the intensity of the review visit?
- 9 Is the proposed approach to determining the scale of provision appropriate?
- 10 Is the proposed approach to determining the level of confidence appropriate?
- 11 Should the information base used to identify the level of confidence be: a) enlarged b) reduced c) changed in some other way d) remain the same?
- 12 Please note any brief suggestions you have about changes relating to the information base.
- 13 Should provider self-evaluation documents have a bearing on the initial appraisal?
- 14 Should student submissions have a bearing on the initial appraisal?
- 15 Is the concept of high, medium and low intensity review visits appropriate?
- 16 Please note any brief suggestions you have about the intensity of review visits.
- 17 If you have any further comments about the initial appraisal please provide them here.

## Part four: The review visit in more detail

104 This part of the handbook explains the activities that need to be carried out to prepare for and take part in the review visit. It is aimed primarily at providers taking part in Higher Education Review. In this part of the handbook, 'we' refers to QAA and 'you' to the provider undergoing review, and the 'review team' means the full team specified by the initial appraisal.

### Uploading information - 10 weeks before your review visit

105 At the initial appraisal meeting we will have clarified with you the information that the review team wishes to see. This is likely to comprise the evidence cited in your self-evaluation document. You will need to upload all of that evidence 10 weeks before the review visit. The precise mechanism and date for doing this will have been explained at a QAA briefing and/or by your QAA officer at the initial appraisal meeting.

106 We envisage that much of the information that will need to be uploaded will consist of the provider's information about the learning opportunities it offers (including, where required, the Key Information Set and Wider Information Set and other documentation available on intranets or extranets). However, you will also need to bear in mind that some kinds of information may not normally be available online, and so provision will need to be made to upload those documents to the QAA secure electronic site as well.

107 The review team will review the self-evaluation document and accompanying documentation that you have uploaded. This will allow team members to reach an overview of that information, and to become familiar with the provider's quality assurance processes before its first team meeting.

### Enabling students to input directly to the review

108 QAA is committed to enabling students to contribute to its review processes. The principal vehicle for students to provide input into this review method is the student submission. Inevitably, however, not all students at all providers will have the opportunity to participate in the development of the student submission, and so in order not to prevent those students from contributing to the review we will provide an alternative way of enabling them to share any views directly with the review team through an online tool.

109 In order to ensure students' comments are as useful as possible, QAA will issue clear guidance and information about the function and parameters of the review and what kinds of comments can and cannot be considered. A common template for comments will be developed in order to help structure direct student input. Students' comments will be guaranteed as anonymous. Personal grievances or comments regarding named members of staff will not be considered. There will be a strict deadline for students to post any comments; comments posted after that deadline will be disregarded. Review teams will only consider any comments made through this facility where they provide evidence, or indicate that there may be evidence, regarding the provider's effectiveness in meeting the Expectations in the Quality Code. Indications of good practice will be given the same consideration as indications of potential problems.

### First team meeting - six weeks before your review visit

110 About six weeks before the review visit the review team will hold a one-day meeting to discuss its initial comments, decide on issues for exploration, and agree whether it requires any additional evidence at the review visit. **This meeting will not involve a visit to**

**the provider.** The team will also decide, on the advice of the QAA officer supporting the review, whether it is necessary to change the duration or other arrangements for the review visit in light of a sudden and unexpected change at the provider since the initial appraisal was completed.

In the current IRENI and RCHE methods there are two visits to the provider: the first team visit and the review visit. We now propose to have only one visit to the provider. There remains a need for the team to meet to discuss its initial comments and to plan for the visit, but we think that this can be done without visiting the provider, so eliminating the burden of hosting this event for the provider.

### **Consultation question 18**

18 Should there be just one visit to the provider?

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

111 One week after the first team meeting the QAA officer will confirm with the provider the arrangements for the review visit, including its duration and who the review team wishes to meet, and whether the review team requires any additional evidence beyond that referenced in the self-evaluation document. Only in exceptional circumstances will it be necessary to change the duration of the review visit from that specified at the initial appraisal.

### **The review visit - week 0**

112 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.

113 The activity carried out at the visit will not be the same for every review but may include contact with staff, awarding body staff (where applicable), recent graduates, external examiners and employers. The review team will ensure that its programme includes meetings with a wide variety of students, to enable it to gain first-hand information on students' experience as learners and on their engagement with the provider's quality assurance and enhancement processes. The review team will be pleased to make use of video or teleconference facilities to meet people who may find it difficult to attend the provider's premises, such as distance-learning students or alumni.

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

115 Where you have significant formal arrangements for working with partner, delivery or support organisations who are not themselves subject to regular QAA review in any form, the review team may wish to meet staff and students from one or more of those organisations in person or by video or teleconference. These meetings will normally take place within the period of the review visit, unless there is good reason why this cannot happen (for instance, because the review visit coincides with a partner organisation's vacation period). Requests for such meetings will be made five weeks before your review visit at the latest (see paragraph 107). The review team may also request specific evidence about the relationships they are exploring, including:

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

116 And for a sample of programmes from within the link, identified by the team:

- the most recent annual and periodic review reports held by the provider, 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 that allowed the provider to be satisfied that the points made by the external examiners had been addressed.

117 The review visit will include a final meeting between the team and senior staff of the provider, the facilitator and the lead student representative (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 provider a final opportunity to offer clarification and/or present evidence that will help the team come to secure review findings.

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

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

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

120 You can find more detail about the Expectations that teams use to make judgements in Annex 2.

121 The QAA officer will be present during the review visit and will chair meetings of the team. However, they will not direct the team's deliberations nor 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.

In IRENI, a review secretary provides administrative support to the review team and fulfils the primary coordination and liaison functions during the review visit. In RCHE, the QAA officer fulfils these roles, as well as those described in paragraph 121. For this method we propose to follow the model used in RCHE and to discontinue the use of review secretaries. However, we are anxious not to lose the invaluable expertise and experience which our existing review secretaries bring to bear. We are proposing, therefore, to broaden the selection criteria for reviewers such that colleagues with senior experience in managing and assuring academic standards and the quality of higher education provision in an academic or professional support capacity are eligible to apply. We believe that this is consistent with

the scope of Higher Education Review, within which a wide range of professional functions are considered.

**Consultation question 19**

19 Should we allow professional support staff to be reviewers?

122 In exceptional circumstances the review team may recommend to the QAA officer that it cannot come to sound judgements in the time it has available for the review visit. This is most likely to occur where a low intensity review visit encounters serious problems that were not apparent from the information considered during the initial appraisal. In such circumstances, QAA may ask the provider to extend the review visit, or, if that is not feasible, to arrange for the review team to return as soon as possible after the review visit finishes.

## Part five: After the review visit

123 This part of the handbook describes what happens after the review visit has ended.

### Reports

124 Two weeks after the end of the review you will receive a letter setting out the provisional key findings. We will copy this letter to HEFCE or DEL for reviews of providers with access to HEFCE or DEL funding, and, for reviews of providers without degree-awarding powers, to the relevant degree-awarding bodies or awarding organisations as well. After a further four weeks you will receive the draft report and the evidence base for the findings. We will ask you to respond within three weeks, telling us of any factual errors or errors of interpretation in the report and/or evidence base. We will also share the draft report and evidence base with the LSR and invite their comments on them by the same deadline.

125 Where the draft report contains judgements of 'commended' or 'meets UK expectations' in all four areas, the report will be finalised and published three weeks later (that is, within 12 working weeks of the review visit).

126 Where the draft report contains judgements of 'requires improvement to meet UK expectations' or 'does not meet UK expectations' in any of the four judgement areas, we will prepare a second draft within three weeks of receiving your comments on the first draft and send it back for your consideration before it is published. This is to allow you to consider whether you wish to appeal the judgements. Any appeal should be made within one month of receipt of the second draft report, and should be based on that second draft and the underlying evidence base. An appeal based on a first draft report and evidence base will not be considered. QAA will not publish a report, meet a third party request for disclosure of the report or the evidence base, or consider a provider's action plan, while an appeal is pending or is under consideration. Please refer to the procedure on appeals for further information.<sup>10</sup>

127 The review's findings (judgements, recommendations, features of good practice and affirmations) will be decided by the review team as peer reviewers. The 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 report and will moderate reports to promote consistency.

128 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 an executive summary of about two pages, followed by a report of about 15 pages. The report will not contain detailed evidence for the findings: this will be given to the provider in the evidence base.

129 The format of the report will follow a template that aligns with the structure recommended for the provider's self-evaluation document and the student submission. Its production will be coordinated by the QAA officer.

### Action planning and sign-off

130 After the report has been published you will be expected to provide an action plan, signed off by the head of the institution, responding to the recommendations and affirmations, and giving any plans to capitalise on the identified good practice. You should

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<sup>10</sup> [www.qaa.ac.uk/Complaints/Pages/default.aspx](http://www.qaa.ac.uk/Complaints/Pages/default.aspx)

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 this process with you at the initial appraisal meeting. The action plan (and commentary, if produced) should be posted to your public website within one academic term or semester after the review report is published. A link to the report page on QAA's website should also be provided. You will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to your website. This action plan should be updated on your website on an annual basis to indicate further progress made or action taken.

131 The review will be completed when it is formally 'signed off'. Where the review report contains 'commended' or 'meets' judgements in all four areas, the review will be formally signed off on publication of the initial action plan. Upon sign-off, providers who subscribe to QAA will be allowed to place the licensed QAA quality mark on their website, subject to terms and conditions. For more information please see [www.qaa.ac.uk/AboutUs/corporate/Policies/Pages/logo-licensing.aspx](http://www.qaa.ac.uk/AboutUs/corporate/Policies/Pages/logo-licensing.aspx).

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

### **Full follow-up**

133 Where a review team makes a judgement of 'requires improvement to meet' or 'does not meet' in one or more areas 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**

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

135 We will ask you to submit your action plan to your 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 the review team to discuss and agree whether the judgement can be changed to 'meets'. This may involve a further visit to the provider by some or all of the review team.

136 If the team agrees the judgement can be changed, the judgement will be changed and the review signed off. Providers who subscribe to QAA will then be able to use the QAA quality mark as mentioned in paragraph 131.

137 If the team finds that insufficient 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' judgement.



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

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

139 We will ask you to submit your action plan to your QAA officer within one academic term/semester of the review report's publication or our informing you that insufficient progress has been made in dealing with a 'requires improvement' judgement. The QAA officer 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 second review to take place. We reserve the right to charge providers for this activity. If the second review returns 'commended' or 'meets' judgements in all areas, the judgement(s) will be changed accordingly and the review signed off. Providers who subscribe to QAA will then be able to use the QAA quality mark as mentioned in paragraph 131.

140 If, at the second review, any judgement of less than 'meets' is achieved, or if insufficient progress is made to make holding a second review worthwhile, where applicable HEFCE's policy for dealing with unsatisfactory quality will be invoked.<sup>11</sup> This policy sets out a range of possible actions that might be taken, including, as a last resort, to withdraw funding from a provider. For alternative providers who subscribe to QAA, a failure to achieve judgements of 'meets' or 'commended' in all four areas at the second review may result in QAA terminating the subscription. Where a provider holds degree-awarding powers which are renewable, QAA will advise the Department for Business, Innovation and Skills of the outcome of the review. The same consequences apply where insufficient progress is made to make holding a second review worthwhile.

## Complaints and appeals

141 QAA has formal processes for receiving complaints and appeals. Details of these processes are available on the QAA website.<sup>12</sup>

The arrangements described in this part of the draft handbook are almost the same as those already operating for IRENI and RCHE. There are, therefore, no specific questions about this part. You are, however, welcome to comment on any aspect of our proposals in the open questions at the end of the consultation survey.

<sup>11</sup> HEFCE's policy for dealing with unsatisfactory quality is currently under revision. The revised policy will apply when it is published.

<sup>12</sup> [www.qaa.ac.uk/Complaints/Pages/default.aspx](http://www.qaa.ac.uk/Complaints/Pages/default.aspx)

## Part six: Keeping the method under review

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

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

144 Operational changes are those which have no substantive bearing on the provider's experience of the operation or outcome of the review process. They would include a decision to change the medium of published reports or to alter the system the reviewers use to communicate with one another. Operational changes may be made by QAA at any time without reference to any other body.

145 Minor changes denote changes to the design and/or operation of the method (such as to the duration of a medium intensity visit) but not to the principles underpinning it (for example, the principle of using the first stage to determine the parameters of the second). They may include:

- changes to the thresholds used to determine the scale of the provision at the initial appraisal
- amendments to the information sources used to determine scale and provisional level of confidence at the initial appraisal
- changes to the parameters of a low, medium or high intensity review visit
- introduction of new categories of intensity (for example, very low intensity review visit)
- broadening opportunities for stakeholders to provide direct input to the review team (for instance, to include staff).

146 Minor changes will be agreed by the QAA Board. They allow for the QAA Board to adjust the review process - and in particular the initial appraisal - to incorporate new sources of data or to alter the weighting given to particular issues or types of provision in the determination of the intensity of review visits. This may be in response to the outcomes of initial appraisals over the last period, to reflect thematic concerns, or to take account of the QAA Board's overall tolerance of risk. The need for any such changes will be evidence based.

147 Major changes would include:

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

148 Major changes will be proposed by the QAA Board, agreed in principle by HEFCE and DEL, and then be subject to full consultation.

149 Changes will be communicated to providers and review teams and the date from which the change will be operational will be made clear. It is envisaged that no operational or minor change will affect a review that has already started. For this purpose, the start of the review will be deemed to be six weeks before the initial appraisal (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.

150 A major change would be introduced in time for the beginning of a tranche of reviews (that is, those operating within one academic year) in order to be able to distinguish easily the point at which different versions of the method became operational. This will also provide time to brief providers adequately and, where necessary, provide refresher training or briefing for review team members.

Consultation question 20

20 Is the proposed categorisation of operational, minor and major changes appropriate?

## Annex 1

### Definitions of key terms

#### What do we mean by threshold academic standards?

These are defined in the *UK Quality Code for Higher Education: General introduction* as follows:

Threshold academic standards are the minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic award. For equivalent awards, the threshold level of achievement should be the same across the UK. Individual awarding bodies or organisations are responsible for setting the grades, marks or classification that differentiate between levels of student achievement above the threshold academic standard within an individual award.

Threshold academic standards are distinct from the standards of performance that a student would need to achieve to gain any particular class of award. Threshold academic standards do not relate to any individual award classification in any particular subject. They dictate the standard required to be able to label an award, for instance, Foundation Degree, bachelor's degree or master's degree.

The threshold academic standards, as reflected in levels of achievement, are set out in the UK Quality Code for Higher Education (the Quality Code),<sup>13</sup> and in particular in Part A: Setting and maintaining threshold academic standards, which refers to *The framework for higher education qualifications* (FHEQ) and subject and qualification benchmark statements.

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

Subject benchmark statements describe the principles, nature and scope of a particular subject, the subject knowledge, the subject-specific skills and generic skills to be developed, and the forms of teaching, learning and assessment that may be expected. The statements also set the threshold academic standard that is acceptable within that subject. They relate mainly to bachelor's and honours degrees (level 6). In addition there is a *Foundation Degree qualification benchmark* that applies to all Foundation Degrees.<sup>14</sup>

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

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

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<sup>13</sup> [www.qaa.ac.uk/AssuringStandardsAndQuality/quality-code/Pages/default.aspx](http://www.qaa.ac.uk/AssuringStandardsAndQuality/quality-code/Pages/default.aspx)

<sup>14</sup> [www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Foundation-Degree-qualification-benchmark-May-2010.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Foundation-Degree-qualification-benchmark-May-2010.aspx)

## What do we mean by learning opportunities?

Learning opportunities should be considered in the wider context of academic quality that is defined in the *UK Quality Code for Higher Education: General introduction*.

Academic quality is concerned with how well the learning opportunities made available to students enable them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning resources are provided for them. In order to achieve a higher education award, students participate in the learning opportunities made available to them by their higher education provider.

Learning opportunities are what a provider offers in order to enable a student to achieve what is required to qualify for an award. Learning opportunities include the teaching that students receive in their courses or programmes of study, as well as academic and personal support. Learning resources (such as IT or libraries), admissions structures, student support, and staff development all contribute to the quality of learning opportunities, just as the content of the actual course or programme does. We use the term 'learning opportunities' rather than 'learning experience' because while we consider that a provider should be capable of guaranteeing the quality of the opportunities it provides, it cannot guarantee how any particular student will experience those opportunities.

## What do we mean by information about learning opportunities?

Part C: Information about higher education provision of the Quality Code was published in March 2012. It sets out the Expectation concerning information about the learning opportunities offered that all higher education providers are required to meet: 'Higher education providers produce information for their intended audiences about the learning opportunities they offer that is fit for purpose, accessible and trustworthy.' This information is for the public at large, prospective students, current students, students who have completed their studies, and those with responsibility for academic standards and quality.

One outcome of the 2009 consultation on the future of the quality assurance system was that, in future, reviews should include a judgement on information about higher education provision. The consultation was also clear that the judgement should not be brought in until the Key and Wider Information Sets, to be included in the judgement, had been agreed. These information sets were agreed in 2011 and are set out in a joint report of HEFCE, UniversitiesUK and GuildHE: *Provision of information about higher education* (HEFCE 2011/18).<sup>15</sup>

HEFCE 2011/18 makes it clear that providers should:

- publish Key Information Sets (KIS) for undergraduate courses, whether full or part-time. The KIS will contain information on student satisfaction, graduate outcomes, learning and teaching activities, assessment methods, tuition fees and student finance, accommodation, and professional accreditation
- publish a Wider Information Set (WIS).

More details of the content of the KIS and the WIS are given in HEFCE 2011/18. While reviewers are not expected to make a judgement on the statistical accuracy of the detailed information in the KIS, they will consider the KIS and the WIS in their judgement on whether the provider's information about the learning opportunities offered is fit for purpose, accessible and trustworthy.

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<sup>15</sup> [www.hefce.ac.uk/pubs/year/2011/201118](http://www.hefce.ac.uk/pubs/year/2011/201118)

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

QAA's definition of enhancement for the purposes of review in England, Wales and Northern Ireland is: 'taking deliberate steps at institutional level to improve the quality of learning opportunities'. This definition means that enhancement is more than a collection of examples of good practice that might spring up across a provider. It is about a provider being aware that it has a responsibility to improve the quality of learning opportunities where that is necessary, and to have policies, structures and processes in place to make sure that it can detect where improvement is necessary and then take appropriate action. It means that the willingness to consider enhancement stems from a high-level awareness of the need for improvement and is embedded throughout the provider.

The *UK Quality Code for Higher Education: General Introduction* offers a wider description of enhancement as:

the process by which higher education providers systematically improve the quality of provision and the ways in which students' learning is supported. This can take place in different ways and at different levels, but a higher education provider should be aware that it has a responsibility to improve the quality of learning opportunities and to have policies, structures and processes in place to detect where improvement is necessary. Willingness to consider enhancement should be embedded throughout the higher education provider, but should stem from a high-level awareness of the need to consider improvement. Quality enhancement should naturally form part of effective quality assurance.

## **What do we mean by good practice?**

A feature of good practice is a process or way of working that, in the view of a QAA review team, makes a particularly positive contribution to the following judgement areas: the provider's assurance of its academic standards; the quality and/or enhancement of the learning opportunities it provides for students; and the fitness for purpose, accessibility and trustworthiness of the information it produces.

## **What is an affirmation?**

An affirmation is recognition of an action that is already taking place in a provider to improve a recognised weakness or inadequacy in the following judgement areas: the assurance of its academic standards; the quality and/or enhancement of the learning opportunities it provides for students; and the fitness for purpose, accessibility and trustworthiness of the information it produces.

## **What is a recommendation?**

Review teams make recommendations where they agree that a provider should consider changing a process or a procedure in order to: safeguard academic standards; assure the quality of, or take deliberate steps to enhance, the learning opportunities it provides for students; and to improve the fitness for purpose, accessibility and trustworthiness of the information it produces.

## Annex 2

### Format of judgements

There are four judgements in Higher Education Review, reflecting the three parts of the Quality Code (Part A: Setting and maintaining threshold academic standards; Part B: Assuring and enhancing academic quality; and Part C: Information about higher education provision) and quality enhancement.

In order for a provider to receive a positive judgement, review teams will see whether certain Expectations that apply to all providers are being met. 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 are drawn directly from the Quality Code. The tables also talk about 'factors' - we explain these further below.

At this point it is worth re-emphasising the fact that many providers undergoing Higher Education Review do not have powers to award their own higher education qualifications. These providers work with degree-awarding bodies or awarding organisations, which retain responsibility for the academic standards of all awards granted in their names and for ensuring that the quality of learning opportunities offered through collaborative arrangements are adequate to enable students to achieve the academic standards required for their awards. When reviewing non-awarding bodies, review teams will be concerned with the way providers discharge the responsibilities they have to their degree-awarding bodies or awarding organisations, and not with how the degree-awarding bodies or awarding organisations manage their responsibilities. The review of the degree-awarding bodies' responsibilities is part of the focus of the review of the degree-awarding body.

- 1 The academic standards of the provider's awards (or the awards the provider offers on behalf of its awarding bodies or awarding organisations).
- 2 The quality of student learning opportunities.
- 3 The quality of the information produced by the provider about its learning opportunities.
- 4 The enhancement of student learning opportunities.

The judgement on threshold academic standards has three possible grades: 'meets UK expectations', 'requires improvement to meet UK expectations', and 'does not meet UK expectations'. The judgements on learning opportunities, information and enhancement have four possible grades: 'is commended'; 'meets UK expectations', 'requires improvement to meet UK expectations', and 'does not meet UK expectations'. Review judgements may be differentiated so that different judgements may apply, for example, to undergraduate and postgraduate levels, or to the provision associated with different awarding bodies or awarding organisations.

The guidance review teams will come to these judgements as follows.

| ...is or are commended   | ...meet(s) UK expectations   | ...require(s) improvement to meet UK expectations  | ...do(es) not meet UK expectations  |
|--|--|--|---|
| All expectations have been met   | All, or nearly all, expectations have been met   | Most expectations have been met  | Several expectations have not been met or there are major gaps in one or more of the expectations   |
|  | Expectations not met do not, individually or collectively, present any serious risks to the management of this area  | Expectations not met do not present any serious risks. Some moderate risks may exist which, without action, could lead to serious problems over time with the management of this area  | Expectations not met present serious risk(s) individually or collectively to the management of this area, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe  |
| <ul style="list-style-type: none"> <li>• There are examples of good practice in this area and no recommendations for improvement</li> <li>• The provider has plans to enhance this area further.</li> <li>• Student engagement in the management of this area is widespread and supported</li> <li>• Managing the needs of students is a clear focus of the provider's strategies and policies in this area</li> </ul> | Recommendations may relate, for example, to: <ul style="list-style-type: none"> <li>• minor omissions or oversights</li> <li>• a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change</li> <li>• completion of activity that is already underway in a small number of areas</li> </ul> | Recommendations may relate, for example, to: <ul style="list-style-type: none"> <li>• weakness in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities</li> <li>• insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes</li> <li>• quality assurance procedures which, while</li> </ul> | Recommendations may relate, for example, to: <ul style="list-style-type: none"> <li>• ineffective operation of parts of the provider's governance structure (as it relates to quality assurance)</li> <li>• significant gaps in policy, structures or procedures relating to the provider's quality assurance</li> <li>• breaches by the provider of its own quality assurance management procedures</li> </ul> |



|  |  |  |   |
|--|--|--|---|
|  | <p>that will allow it to meet the factors more fully</p>   | <p>broadly adequate, have some shortcomings in terms of the rigour with which they are applied</p> <ul style="list-style-type: none"> <li>• problems which are confined to a small part of the provision</li> </ul>  |   |
|  | <p>The need for action has been acknowledged by the provider in its review documentation or during the review, <b>and</b> it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p> <p>There is evidence that the provider is fully aware of its responsibilities for assuring quality: previous responses to external review activities provide confidence that areas of weakness will be addressed promptly and professionally</p> | <p>Plans that the provider presents for addressing identified problems before or at the review are under-developed or not fully embedded in the provider's operational planning.</p> <p>The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain factors. However, previous responses to external review activities suggest that it will take the required actions and provide evidence of action, as requested</p> | <p>Plans for addressing identified problems that the provider may present before or at the review are not adequate to rectify the problems, or there is very little or no evidence of progress.</p> <p>The provider has not recognised that it has major problems, or has not planned significant action to address problems it has identified.</p> <p>The provider has limited understanding of the responsibilities associated with one or more key areas of the factors, or may not be fully in control of all parts of the organisation.</p> <p>The provider has repeatedly or persistently failed to take appropriate action in response to external review activities</p> |

We have made some minor changes to the guidance above compared to the corresponding guidance in the IRENI and RCHE handbooks, mainly to accommodate our proposal to have three possible judgements for academic standards rather than two (the IRENI and RCHE guidance make no reference to standards under a 'requires improvement' heading). We also propose to change the guidance on 'commended' judgements such that (i) all Expectations should be met in that area and (ii) there should be no recommendations for improvement. You are welcome to comment on these proposals in the open section at the end of the survey. Finally, the Expectations and factors below have been updated to reflect changes to the structure of the Quality Code.

When teams make their judgements they will take into account whether broad **Expectations** have been met. Consideration of a series of **factors** will help reviewers decide whether these expectations have been met. The factors act as guidance for the sorts of processes, structures, policies, procedures and outputs that a provider should have in place to safeguard standards and quality. Both the Expectations and the factors derive directly from 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 provider to provider and, where applicable, according to providers' agreements with their degree-awarding bodies or awarding organisations.

The Quality Code - and the Expectations and Indicators of sound practice which the Quality Code comprises - is organised in three parts: Part A: Setting and maintaining threshold academic standards; Part B: Assuring and enhancing academic quality; and Part C: Information about higher education provision. The different parts of the Quality Code are interconnected and so reviewers, in arriving at their judgements, may draw on Expectations and factors outside of that part of the Quality Code to which the particular judgement is referenced. A good example is *Chapter B10: Managing higher education provision with others*: although this chapter appears within Part B of the Quality Code, should the reviewers regard a weakness in the management of collaborative arrangements as impinging on academic standards, that could legitimately affect their judgement in the area of standards.

QAA updates the Quality Code regularly to take account of the changing nature of the higher education sector. As the Quality Code changes, so will the Expectations and factors in the following table. Providers always have had an agreed period of time in which to engage with the new or revised part of the Quality Code before they are reviewed against it.

## 1 Standards

| <b>Expectations</b>   | <b>Factors (for further explanation see the relevant chapters of the Quality Code)</b>   |
|---|--|
| <p>(1) Each qualification (including those awarded through arrangements with other delivery organisations or support providers) is allocated to the appropriate level in the FHEQ.</p> <p>To be replaced by the revised Expectation(s) once Part A is published (for implementation September 2014)</p> | <ul style="list-style-type: none"> <li>• Reference points for setting and maintaining threshold academic standards</li> <li>• Processes and procedures for setting and maintaining threshold academic standards</li> </ul> |

|   |  |
|---|--|
| <p>Quality Code - Part A<br/>Quality Code <i>Chapter B10: Managing higher education provision with others</i> (Indicator 11)</p> <p>Other sources of information:<br/><i>Higher education credit framework for England: guidance on academic credit arrangements in higher education in England</i> (2008)<br/><a href="http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Higher-education-credit-framework-for-England-guidance-on-academic-credit-arrangements-in-higher-education-in-England-Aug08.aspx">www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Higher-education-credit-framework-for-England-guidance-on-academic-credit-arrangements-in-higher-education-in-England-Aug08.aspx</a><br/><i>Master's degree characteristics</i><br/><a href="http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Masters-degree-characteristics.aspx">www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Masters-degree-characteristics.aspx</a><br/><i>Doctoral degree characteristics</i><br/><a href="http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Doctoral_characteristics.aspx">www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Doctoral_characteristics.aspx</a><br/><i>Foundation Degree qualification benchmark</i> (QAA)<br/><a href="http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Foundation-Degree-qualification-benchmark-May-2010.aspx">www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Foundation-Degree-qualification-benchmark-May-2010.aspx</a></p> |  |
| <p>(2) Higher education providers make scrupulous use of external examiners.<br/>Quality Code - Part A<br/>Quality Code - <i>Chapter B7: External examining</i> (effective September 2012)</p> <p>Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 16)<br/>Quality Code - <i>Chapter B11: Research degrees</i> (Indicator 17)</p>  | <ul style="list-style-type: none"> <li>• Defining the role of external examiner</li> <li>• The nomination and appointment of external examiners</li> <li>• Carrying out the role of external examiner</li> <li>• Recognition of the work of external examiners</li> <li>• External examiners' reports</li> <li>• Serious concerns</li> </ul> |
| <p>(3) Design, approval, monitoring and review of assessment strategies is effective in ensuring that students have the opportunity to demonstrate learning outcomes of the award.</p> <p>To be replaced by the revised Expectation(s) once Part A is published (for implementation September 2014)</p> <p>Quality Code - Part A</p>  | <ul style="list-style-type: none"> <li>• Input of assessment to student learning</li> <li>• How panels and boards work</li> <li>• Conduct of assessment</li> <li>• Amount and timing of assessment</li> <li>• Marking and grading</li> <li>• Feedback to students</li> <li>• Staff development and training in assessment</li> </ul>         |

|  |  |
|--|--|
| <p>Quality Code - <i>Chapter B1: Programme design and approval</i><br/> Quality Code - <i>Chapter B6: Assessment of students and accreditation of prior learning</i><br/> Quality Code - <i>Chapter B8: Programme monitoring and review</i></p> <p>Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 11, 15, 17)<br/> Quality Code - <i>Chapter B11: Research degrees</i> (Indicator 16)</p>   | <ul style="list-style-type: none"> <li>• Language of study</li> <li>• PSRB requirements</li> <li>• Regulations</li> <li>• Student conduct</li> <li>• Recording and documentation of assessment</li> </ul>  |
| <p>(4) Design, approval, monitoring and review of programmes enables standards to be set and maintained and allows students to demonstrate learning outcomes of the award.</p> <p>To be replaced by the revised Expectation(s) once Part A is published (for implementation September 2014)</p> <p>Quality Code - Part A<br/> Quality Code - <i>Chapter B1: Programme design and approval</i><br/> Quality Code - <i>Chapter B8: Programme monitoring and review</i><br/> Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicators 13, 17)<br/> Quality Code - <i>Chapter B11: Research degrees</i> (Indicator 17)</p> | <ul style="list-style-type: none"> <li>• Exercise of authority</li> <li>• Use of externality</li> <li>• Articulation of policy and practice</li> <li>• Programme design</li> <li>• Programme approval</li> <li>• Programme monitoring and review</li> <li>• Evaluation of processes</li> </ul>                               |
| <p>(5) Subject benchmark statements and qualification statements are used effectively in programme design, approval, monitoring and review to inform standards of awards.</p> <p>To be replaced by the revised Expectation(s) once Part A is published (for implementation September 2014)</p> <p>Quality Code - Part A<br/> Foundation Degree Qualification statement<br/> Quality Code - <i>Chapter B1: Programme design and approval</i><br/> Quality Code - <i>Chapter B8: Programme monitoring and review</i></p>   | <ul style="list-style-type: none"> <li>• Use of subject benchmark statements and qualification statements in design and delivery and as general guidance when setting learning outcomes</li> <li>• Consideration of the relationship between standards in subject benchmark statements and any required for PSRBs</li> </ul> |

## 2 Quality

| Expectations   | Factors (for further explanation see the reference points)   |
|--|--|
| <p>(1) Higher education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent learner, study their chosen subject(s) in depth, and enhance their capacity for analytical, critical and creative thinking.</p> <p>Quality Code - <i>Chapter B3: Learning and teaching</i> (effective September 2013)</p> <p>Quality Code - <i>Chapter B10: Managing Higher Education provision with others</i> (Indicator 13)</p> <p>Other sources of information:<br/>UK professional standards framework (and see also Chapter B3, Indicator 4)<br/><i>International students studying in the UK - Guidance for UK higher education providers</i> (2012)</p> | <ul style="list-style-type: none"> <li>• The basis for effective learning and teaching</li> <li>• The learning environment</li> <li>• Student engagement in learning</li> </ul>  |
| <p>(2) Learning resources are appropriate to allow students to achieve the learning outcomes of their programmes.</p> <p>(to be revised March 2013 for implementation January 2014)</p> <p>Quality Code - <i>Chapter B4: Supporting student achievement</i> (effective January 2014)</p> <p>Other sources of information:<br/><i>International students studying in the UK - Guidance for UK higher education providers</i> (2012)</p>   | <ul style="list-style-type: none"> <li>• Appropriate staff development opportunities are available</li> <li>• Appropriate technical and administrative support is available</li> <li>• There is an overall strategy for the deployment of learning resources</li> <li>• Learning is effectively facilitated by the provision of resources</li> <li>• Teaching and learning accommodation is suitable</li> <li>• Subject book and periodical stocks are appropriate and accessible</li> <li>• Suitable equipment and appropriate information technology facilities are available to learners</li> </ul> |

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| <p>(3) Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.</p> <p>Quality Code - <i>Chapter B5: Student engagement</i> (effective June 2013)</p>  | <ul style="list-style-type: none"> <li>• Defining student engagement</li> <li>• The environment</li> <li>• Representational structures</li> <li>• Training and ongoing support</li> <li>• Informed conversations</li> <li>• Valuing the student contribution</li> <li>• Monitoring, review and continuous improvement</li> </ul>  |
| <p>(4) There is effective use of management information to safeguard quality and standards and to promote enhancement of student learning opportunities.</p> <p>Quality Code - <i>Chapter B3: Learning and teaching</i> (Indicator 5)</p> <p>Quality Code - <i>Chapter B4: Student support, learning resources and careers education, information, advice and guidance</i> (Section 1, Indicator 13 and Section 2, Indicators 3, 4)</p> <p>Quality Code - <i>Chapter B9: Complaints and appeals</i> (Indicator 9)</p> <p>Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicators 5, 6)</p> <p>Quality Code - <i>Chapter B11: Research degrees</i> (Indicator 3)</p> <p>Quality Code - Part C: Information about higher education provision (Indicator 7)</p> | <ul style="list-style-type: none"> <li>• There are centrally administered policies and systems to allow the collection of relevant management information.</li> <li>• Management information is considered at appropriate intervals by senior decision-making bodies to inform enhancement.</li> <li>• The following information, in particular, is collected and reviewed:             <ul style="list-style-type: none"> <li>– the success of postgraduate research programmes is monitored against appropriate internal and/or external indicators and targets</li> <li>– in a collaborative arrangement, the awarding institution monitors regularly 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</li> <li>– information is collected by institutions on disclosure of impairments and is used appropriately to monitor the applications, admissions and academic progress of disabled students</li> <li>– systems operate to monitor the effectiveness of provision for disabled students, evaluate progress and identify opportunities for enhancement</li> <li>– 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</li> <li>– relevant data and information is used to inform careers education, information and guidance provision</li> </ul> </li> </ul> |

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| <p>(5) Policies and procedures used to admit students are clear, fair, explicit and consistently applied.</p> <p>(to be revised October 2013 for implementation October 2014)</p> <p>Quality Code - <i>Chapter B2: Admissions</i> (Indicators 1-9, 12)<br/> Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicators 9, 14)<br/> Quality Code - <i>Chapter B11: Research degrees</i> (Indicators 4-6)</p>                              | <ul style="list-style-type: none"> <li>• General principles</li> <li>• Recruitment and selection</li> <li>• Information to applicants</li> <li>• Monitoring of policies and procedures</li> </ul>   |
| <p>(6) There are effective complaints and appeals procedures.</p> <p>(to be revised April 2013 for implementation April 2014)</p> <p>Quality Code - <i>Chapter B2: Admissions</i> (Indicators 10-11)<br/> Quality Code - <i>Chapter B9: Complaints and appeals</i><br/> Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 18)<br/> Quality Code - <i>Chapter B11: Research degrees</i> (Indicator 18)</p>                        | <ul style="list-style-type: none"> <li>• General principles</li> <li>• Information</li> <li>• Internal procedures</li> <li>• Appropriate action</li> <li>• Access to support and advice</li> <li>• Monitoring, review and enhancement of complaints procedures</li> <li>• Briefing and support</li> </ul>   |
| <p>(7) Research degrees are awarded in a research environment that provides secure academic standards for doing research and learning about research approaches, methods, procedures and protocols. This environment offers students quality of opportunities and the support they need to achieve successful academic, personal and professional outcomes from their research degrees.</p> <p>Quality Code - <i>Chapter B11: Research degrees</i> (effective June 2013)</p> | <ul style="list-style-type: none"> <li>• Higher education provider arrangements</li> <li>• The research environment</li> <li>• Selection, admission and induction of students</li> <li>• Supervision</li> <li>• Progress and review arrangements</li> <li>• Development of research and other skills</li> <li>• Evaluation mechanisms</li> <li>• Assessment</li> <li>• Research student complaints and appeals</li> </ul> |

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| <p>(8) Degree-awarding bodies take ultimate responsibility for academic standards and the quality of learning opportunities, irrespective of where these are delivered or who provides them. Arrangements for delivering learning opportunities with organisations other than the degree-awarding body are implemented securely and managed effectively.</p> <p>Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (effective January 2014)</p> | <ul style="list-style-type: none"> <li>• Strategy and governance</li> <li>• Developing, agreeing and managing an arrangement to deliver learning opportunities with others</li> <li>• Responsibility for, and equivalence of, academic standards</li> <li>• Quality assurance</li> <li>• Information for students and delivery organisations, support providers or partners</li> <li>• Certificates and records of study</li> </ul> |
|---|---|

### 3 Information about higher education provision

| <b>Expectations</b>  | <b>Factors (for further explanation see the reference points)</b>  |
|--|--|
| <p>(1) UK higher education providers produce information for their intended audiences about the higher education they offer that is fit-for-purpose, accessible and trustworthy.</p> <p>Quality Code - Part C: Information about higher education provision (effective September 2012)</p> <p>HEFCE 2011/18: Table 1 and Table 2</p> <p>HEFCE 2012/04 Circular</p> <p>Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicators 10, 18, 19)</p> <p>Quality Code - <i>Chapter B7: External examining</i> (Indicator 14)</p> <p><b>Please note the approach to be taken to the review of information in the case of new subscribers (Annex 1)</b></p> | <ul style="list-style-type: none"> <li>• There are effective institutional mechanisms for making sure that the following information is fit-for-purpose, accessible and trustworthy: <ul style="list-style-type: none"> <li>- Information for the public about the higher education provider</li> <li>- Information for prospective students</li> <li>- Information for current students</li> <li>- Information for students on completion of their studies</li> <li>- Information for those with responsibility for maintaining standards and assuring quality</li> </ul> </li> <li>• The information detailed in HEFCE 2011/18, and in particular the Key Information Set (KIS) and the wider information set (WIS), is up-to-date and accessible by the institution's stakeholders.</li> <li>• External examiners' reports are shared as a matter of course with the institution's student representatives, for example through staff-student committees</li> </ul> |



**4 Enhancement**

| <b>Expectations</b>   | <b>Factors (for further explanation see the reference points)</b>  |
|---|--|
| <p>(1) Deliberate steps are being taken at institutional level to improve the quality of students' learning opportunities.</p> <p>Embedded in Quality Code - Part B</p> <p>Other sources of information:<br/> <i>Outcomes from institutional audit: Institutions' intentions for enhancement</i><br/> <i>Quality enhancement and assurance - a changing picture?</i> (QAA, HEA, HEFCE, June 2008)</p> | <ul style="list-style-type: none"> <li>• There is a strategic approach to enhancement of student learning opportunities</li> <li>• Enhancement initiatives are integrated in a systematic and planned manner at institutional level</li> <li>• There is an ethos which expects and encourages enhancement of student learning opportunities</li> <li>• Good practice is identified, supported and disseminated</li> <li>• Quality assurance procedures are used to identify opportunities for enhancement</li> </ul> |

## Annex 3

### Guidelines for producing the self-evaluation document

The self-evaluation document (SED) has three main functions:

- to give the review team an overview of your higher education provision, including details of any relationships with degree-awarding bodies or awarding organisations and the external reference points (other than the Quality Code) that you are required to consider
- to describe to the review team your approach to assuring the academic standards and quality of that provision
- to explain to the review team how you know that approach is effective in meeting the Expectations of the Quality Code (and other external reference points, where applicable), and how it could be further improved.

Thus, the SED has both descriptive and evaluative purposes.

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

It is vital that the SED identifies the evidence that illustrates or substantiates the narrative. It is not the responsibility of the review team to seek out this evidence. The selection of evidence is at your discretion and we would encourage you to be discerning in that selection, **limiting the evidence to that which is clearly germane to the SED**. It is quite acceptable - indeed it is to be expected - that you will reference the same key pieces of evidence at several points in the SED. The review team will, however, find it difficult to complete the review without access to the following sets of information. You may, therefore, find it easiest to reference this information from the SED, rather than provide it separately later on in the process.

- Agreements with degree-awarding bodies and/or awarding organisations, where applicable.
- Your policy, procedures and guidance on quality assurance and enhancement (this may be in the form of a manual or code of practice).
- A diagram of the structure of the main bodies (deliberative and management) which are responsible for the assurance of quality and standards. This should indicate both central and local (that is, school/faculty or similar) bodies.
- Minutes of central quality assurance bodies for the two academic years prior to the review.
- Annual overview reports (for example, on external examining or annual monitoring) where these have a bearing on the assurance of quality and standards for the two years prior to the review.

We are aware that one of most demanding parts of the review for providers is the identification and assembly of supporting evidence for the SED. While it is vital that the SED identifies the evidence that illustrates or substantiates what is said in the SED, clearly it is neither in the interests of the provider nor the review team for the provider to provide too much. In order to address this issue, we are proposing above a shorter list of standard information than IRENI and RCHE demands. In particular, we have removed the requirement for the provider to submit its mission, strategic plan and higher education strategy, the papers of central quality assurance bodies for the two academic years prior to

the review, and a description of the provider's plans to enhance the quality of students' learning opportunities. These documents may well be very important to the review, but they can be provided at a later stage should the review team need them.

We also hope that by encouraging providers to use more narrative text in SEDs for this method than under IRENI and RCHE, it will be possible to limit the amount of evidence which it is necessary to reference.

As the evidence cited in the SED is not part of the information base for the initial appraisal, **we will not ask you to provide any of that evidence until after the initial appraisal has taken place**. In this context, it is important that the SED should be a stand-alone document, capable of being understood without access to the underlying evidence (although it is appreciated that an in-depth understanding will only be achieved when the reader is able to access that evidence).

### Data requirements

In addition, HEFCE has asked QAA to ensure that providers make explicit reference in their SEDs to their achievements and shortfalls against relevant nationally benchmarked data. Therefore, where the following data sets are produced for the provider under review, the SED should report on them in the appropriate sections, including where they fall below the relevant national benchmark:

- National Student Survey
- Destination of Leavers from Higher Education
- Non-continuation following year of entry.<sup>16</sup>

Providers are encouraged to cite other relevant nationally or internationally benchmarked data where this data is available and applicable.

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

### Word limit

There is a strict word limit of 20,000 words for the SED. This covers the whole of the document, including any annexes (but excluding the supporting evidence). SEDs exceeding this limit will be returned for editing and not be considered.

### How the SED is used

The SED is used throughout the review process. During the initial appraisal it is part of the information base which helps to determine the intensity of the review visit. Here the emphasis is on the effectiveness of the SED as a self-assessment of the provider's approach to meeting the Expectations in the Quality Code. The reviewers will be looking for indications that:

- you systematically monitor and reflect on the effectiveness of your engagement with the Quality Code

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<sup>16</sup> Derived from table series T3 of the *Performance Indicators in Higher Education in the UK*, published by HESA [www.hesa.ac.uk](http://www.hesa.ac.uk).

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

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

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

## **Suggested structure of the self-evaluation document**

### **Core element of the review**

#### Section 1: Brief description of the provider

- Mission.
- Major changes since the last QAA review.
- Key challenges the provider faces.
- Strategic aims or priorities.
- Implications of changes, challenges and strategic aims for safeguarding academic standards and the quality of students' learning opportunities.
- Details of the external reference points, other than the Quality Code, which the provider is required to consider (for example, the requirements of PSRBs and qualification frameworks other than the FHEQ, such as the Qualifications and Credit Framework, the Scottish Qualifications and Credit Framework, the Credit and Qualifications Framework for Wales and the European Qualifications Framework).
- Where applicable, details of the provider's responsibilities for its higher education provision.

For providers without degree-awarding powers the final bullet point is particularly important. Given that reviews of such providers are concerned with the way in which they discharge their responsibilities, it is difficult to overstate the importance of giving the review team a clear understanding of what those responsibilities are. This description should be underpinned by the provision of the agreements with degree-awarding bodies or awarding organisations, which should reflect the Expectations in *Chapter B10: Managing higher education with others* of the Quality Code, regarding the existence of agreements setting out the rights and obligations of both parties.

#### Section 2: How the provider has addressed the recommendations of its last QAA audit or review

Briefly describe how the recommendations from the last review(s) have been acted upon, and how good practice identified has been capitalised on. Refer to any action plans that have been produced as a result of review(s).

### Section 3: Setting and maintaining threshold academic standards

The Expectations of Part A of the Quality Code apply in this area. You should comment on each of the factors listed below (where applicable, within the context of your agreements with degree-awarding bodies or awarding organisations).

- 1 Each qualification (including those awarded through arrangements with other delivery organisations or support providers) is allocated to the appropriate level in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ).
- 2 Higher education providers make scrupulous use of external examiners.
- 3 Design, approval, monitoring and review of assessment strategies are effective in ensuring that students have the opportunity to demonstrate the learning outcomes of the award.
- 4 Design, approval, monitoring and review of programmes enable standards to be set and maintained and allow students to demonstrate the learning outcomes of the award.
- 5 Subject benchmark statements and qualification statements are used effectively in programme design, approval, monitoring and review to inform standards of awards.

You should reference the evidence that you use to assure yourself that these Expectations are being met and that you are managing the area effectively, as well as any relevant benchmarked data sets.

More information about what might be relevant to consider as you present your evidence is given in the factors listed in Annex 2.

### Section 4: Assuring and enhancing academic quality

The Expectations of Part B of the Quality Code apply in this area. You should comment on each Expectation (where applicable, within the context of your agreements with degree-awarding bodies or awarding organisations).

- 1 Higher education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent learner, study their chosen subject(s) in depth, and enhance their capacity for analytical, critical and creative thinking.
- 2 Learning resources are appropriate to allow students to achieve the learning outcomes of their programmes.
- 3 Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.
- 4 There is effective use of management information to safeguard quality and standards and to promote enhancement of student learning opportunities.
- 5 Policies and procedures used to admit students are clear, fair, explicit and consistently applied.
- 6 There are effective complaints and appeals procedures.
- 7 Research degrees are awarded in a research environment that provides secure academic standards for doing research and learning about research approaches, methods, procedures and protocols. This environment offers students quality of opportunities and the support they need to achieve successful academic, personal and professional outcomes from their research degrees.
- 8 Degree-awarding bodies take ultimate responsibility for academic standards and the quality of learning opportunities, irrespective of where these are delivered or

who provides them. Arrangements for delivering learning opportunities with organisations other than the degree-awarding body are implemented securely and managed effectively.

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

More information about what it might be relevant to consider as you present your evidence is given in the factors listed in Annex 2.

Section 5: The quality of information about the learning opportunities offered, including that produced for prospective and current students

The Expectation of Part C: Information about higher education provision applies in this area.

- 1 UK higher education providers produce information for their intended audiences about the higher education they offer that is fit-for-purpose, accessible and trustworthy.

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

More information about what it might be relevant to consider as you present your evidence is given in the factors listed in Annex 2.

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

The basis for the judgment in this area is the review team's assessment of whether and how deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.

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

More information about what it might be relevant to consider as you present your evidence is given in the factors listed in Annex 2.

## **Thematic element of review**

### **Section 7**

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

## Annex 4

### The role of the facilitator

The provider is invited to appoint a facilitator to support the review. The role of the facilitator is intended to improve the flow of information between the team and the provider. It is envisaged that the facilitator will be a member of the provider's staff.

The role of the facilitator is to:

- act as the primary contact for the QAA officer during the preparations for the review, including the initial appraisal meeting
- act as the primary contact for the review team during the review visit
- provide advice and guidance to the team on the SED and any supporting documentation
- provide advice and guidance to the team on the provider's structures, policies, priorities and procedures
- keep an updated list of evidence to be presented to the review team throughout the review, to be confirmed by the QAA officer
- ensure that the provider has a good understanding of the matters raised by the review team, thus contributing to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the provider
- meet the review team at the team's request during the review, in order to provide further guidance on sources of information and clarification of matters relating to the provider's structures, policies, priorities and procedures
- work with the lead student representative (LSR) to ensure that the student representative body is informed of, and understands, the progress of the review
- work with the LSR to facilitate the sharing of data between the provider and the student body in order that the student submission may be well informed and evidenced.

The facilitator will not be present for the review team's private meetings. However, the facilitator will have the opportunity for regular meetings, which will provide opportunities for both the team and the provider to seek further clarification outside of the formal meetings. This is intended to improve communications between the provider and the team during the review and enable providers to gain a better understanding of the team's lines of enquiry.

The facilitator is permitted to observe any of the meetings that the team has with the provider's staff. The facilitator should not, however, participate in discussion unless invited to do so by the review team. The facilitator is not permitted to attend the meetings which the team has with students.

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

In some providers, it may be appropriate for the facilitator to support the LSR to help ensure that the student representative body is fully aware of the review process, its purpose and the students' role within it. Where appropriate and in agreement with the LSR, the facilitator might also provide guidance and support to students' representatives when preparing the student submission and meetings with the review team.

## Appointment and briefing

The person appointed as facilitator must possess:

- a good working knowledge of the provider's systems and procedures, and an appreciation of quality and standards matters
- knowledge and understanding of Higher Education Review
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review team.

QAA will provide a briefing for facilitators to ensure that they understand the role and how the review process operates.

## Protocols

Throughout the review, the role of the facilitator is to help the review team come to a clear and accurate understanding of the structures, policies, priorities and procedures of the provider. The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with the QAA officer and the LSR. The facilitator should not act as an advocate for the provider. However, the facilitator may legitimately:

- bring additional information to the attention of the team
- seek to correct factual inaccuracy
- assist the provider in understanding matters raised by the team.

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

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

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

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



## Annex 5

### Student engagement with Higher Education Review

Students are one of the main beneficiaries of Higher Education Review and are, therefore, central to the process of review. In every review there are many opportunities for students to inform and contribute to the review team's activities.

Student representatives and students from the provider, along with the lead student representative (LSR), will be invited to participate in the initial appraisal meeting between QAA and the provider, and will have access to the online briefing package. 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 facilitator maintains contact with the representatives and ensures that the representatives of the student body are aware of the name and contact details of the QAA officer responsible for the review.

Students' representatives and students from the provider will be invited to take part in meetings during the review visit. These meetings provide a means through which students can make sure that the team is aware of matters of interest or concern to them.

#### The lead student representative

The role of the LSR is designed to allow student representatives to play a central part in the organisation of the review. The LSR will normally oversee the production of the student submission. If possible we would like to work with the LSR to select the students that the review team will meet. We know that it might not be possible to designate the LSR for a particular review very early in the process.

It is up to the student representative body to decide who should take on the role of the LSR. We recognise that this might be a challenge in itself, but suggest that the LSR might be an officer from the students' union, an appropriate member of a similar representative student body, a student drawn from the provider's established procedures for course representation, the Education Officer, or equivalent. Where there is no student representative body in existence we would suggest that providers seek volunteers from within the student body to fulfil this role.

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

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

The LSR should normally be responsible for:

- receiving copies of key correspondence from QAA
- organising or overseeing the writing of the student submission
- helping the review team to select students to meet
- advising the review team during the review visit, on request

- attending the final review meeting
- liaising internally with the facilitator to ensure smooth communication between the student body and the provider
- disseminating information about the review to the student body
- giving the students' comments on the draft review report
- coordinating the students' input into the provider's action plan.

The LSR is permitted to observe any of the meetings that the team has with students. This is entirely voluntary and there is no expectation that the LSR should attend. The LSR should not participate in the team's discussions with students unless invited to do so by the review team. The LSR is not permitted to attend the meetings that the team has with staff, other than the final meeting on the last or penultimate day of the review visit.

### **Student submission**

The function of the student submission is to help the initial appraisal team understand what it is like to be a student at that provider, and how students' views are considered in the provider's decision-making and quality assurance processes. The initial appraisal sets the intensity of the review visit. Where the student submission indicates significant problems in the provider's assurance of standards and quality, this may lead the initial appraisal team to specify a more intensive review. The student submission is, therefore, an extremely important piece of evidence.

#### **Format, length and content**

The student submission may take a variety of forms, for example video, interviews, focus group presentations, podcast, or a written student submission. The submission should be concise and should provide an explanation of the sources of evidence that informed its comments and conclusions.

The student submission must include a statement of how it has been compiled, its authorship, and the extent to which its contents have been shared with and endorsed by other students.

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

You are also encouraged to investigate and make use of national data sets that provide robust and comparable information about the provider when putting together the student submission. One good source of relevant data is the website [www.unistats.com/](http://www.unistats.com/). This website contains a wealth of data, such as the outcomes of the National Student Survey and information on completion rates and graduate outcomes and destinations that you may wish to comment on in your student submission, or that might make a good source of evidence for a point you wish to make.

When gathering evidence for and structuring the student submission it will be helpful if you take account of the advice given to providers for constructing the SED (see Annex 3). The SED addresses both parts of the review - the core part and the thematic part - and it would be useful if the student submission did the same.

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

- whether the provider fulfils its responsibility for monitoring the threshold academic standards set by its awarding bodies or organisations
- how effectively the provider manages the quality of students' learning opportunities
- how effectively the provider manages the quality of the information it provides about the higher education it offers, including that produced for prospective and current students
- the provider's plans to enhance the quality of students' learning opportunities.

The thematic part of the review is described in paragraphs 46 - 50 of this handbook. It will be helpful to the review team if the student submission includes information about the theme topic, especially whether students think that the provider is managing this area of its provision effectively, and how students are engaged in managing its quality.

The student submission should **not** name, or discuss the competence of, individual members of staff.

It should not discuss personal grievances. It should also seek to avoid including comments from individual students who may not be well placed to speak as a representative of a wider group.

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

### **Submission delivery date**

The student submission should be posted to the QAA secure electronic site two weeks before the initial appraisal. QAA will confirm the precise date in correspondence with the LSR.

### **Sharing the SS with the provider**

Given that the student submission is such an important input into the initial appraisal, in the interests of transparency and fairness it must be shared with the provider at the latest when it is uploaded to the secure electronic site. Providers are permitted to comment on the student submission to the initial appraisal team, though we envisage this will be unnecessary in most cases.

### **Other ways for students to make their views known**

QAA is committed to enabling students to contribute to its review processes. The principal vehicle for students to provide input into this review method is the student submission. Inevitably, however, not all students at all providers will have the opportunity to participate in the development of the student submission, and so in order not to prevent those students from contributing to the review we will provide an alternative way of enabling them to share any views directly with the review team.

In order to ensure students' comments are as useful as possible, QAA will issue clear guidance and information about the function and parameters of the review and what kinds of comments can and cannot be considered. A common template for comments will be developed in order to help structure direct student input. Students' comments will be guaranteed as anonymous. Personal grievances or comments regarding named members of

staff will not be considered. Review teams will only consider any comments made through this facility where they provide evidence, or indicate that there may be evidence, regarding the provider's effectiveness in meeting the Expectations in the Quality Code. Indications of good practice will be given the same consideration as indications of potential problems. Further information about this facility will be published in due course.

## Continuity

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

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

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

HEFCE's invitation to QAA to develop this new method asked us to continue to involve students fully in the process as central partners in assessing and improving the quality of their higher education experience. We believe our proposals put students at the heart of the process.

- Student reviewers are full and equal members of review teams.
- QAA's Student Advisory Board is a formal advisory committee of the QAA's Board of Directors and has had a key role in advising on the design of this review method.

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

- preparing a student submission, which is a key part of the evidence base for the initial appraisal
- contributing their views directly to the review team in advance of the review visit
- participating in meetings during the review visit
- nominating a LSR, who is involved throughout the review process.

The opportunity for students to contribute their views directly to the review team is available to students at colleges undergoing RCHE, but is not part of the IRENI method.

In addition, we propose to change the process for recruiting student reviewers, so that student reviewers can be nominated by recognised Students' Unions, or nominate themselves, as well as be nominated by a higher education provider (see Annex 6 for more information).

### Consultation questions – 21 & 22

- 21      Should the role of students in Higher Education Review be strengthened compared to the role of students in IRENI and RCHE?

|    |  |
|----|--|
| 22 | Please note any brief suggestions you have about strengthening the role of students in the review process. |
|----|--|

## Annex 6

### Appointment, training and management of reviewers

Higher Education Review is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the management and/or delivery of higher education provision, or students with experience in representing students' interests. They are appointed by QAA according to the selection criteria below.

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

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

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

#### Selection criteria

The essential criteria for staff reviewers are as follows:

- experience in managing and assuring academic standards and the quality of higher education provision in a senior academic or professional support capacity at institutional and/or faculty or school level, good oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for staff reviewers are:

- experience of participating as a chair, panel member, assessor or equivalent in the periodic review process of their own and/or other providers
- experience of assessing the achievements of students on higher education programmes at their own provider and/or other higher education providers (for example as an external examiner).

The essential selection criteria for student reviewers are as follows:

- experience of participating, as a representative of students' interests, in monitoring academic standards and the quality of education
- general awareness of the diversity of the higher education sector and of the arrangements for quality assurance and enhancement
- good oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

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

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

Successful nominees are inducted and trained by QAA so that they are familiar with the aims, objectives and procedures of the review process, and their own role. Nominees are only appointed as reviewers once they have completed their training to the satisfaction of QAA.

### **Contract management**

Reviewers are appointed on the basis that they agree to undertake, if requested, two reviews per academic year. The appointment will be reviewed after two years, but may be extended beyond this period by mutual agreement and subject to satisfactory performance.

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

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

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

Reviewers with particularly good feedback are invited to provide further information for use in training or dissemination to other reviewers. Reviewers with weaker feedback may be offered additional support and/or released from the reviewer pool, depending on the nature of the feedback and its prevalence.

## Annex 7

### Initial appraisal report template

#### Summary and review visit specification

|  |  |
|--|--|
| Name of provider                               |  |
| Does the provider have degree-awarding powers? |  |
| Reviewer(s)                                    |  |
| QAA officer                                    |  |

From the results of the initial appraisal in the following report, please record the proposed intensity of the review visit on the matrix below

#### Provisional level of confidence

|       |        | High   | Medium | Low    |
|-------|--------|--------|--------|--------|
| Scale | High   | Medium | High   | High   |
|       | Medium | Medium | Medium | High   |
|       | Low    | Low    | Medium | Medium |

Is there any reason why this result should be changed? If yes, explain why.

Recommended duration of, and size of team for, the review visit (please refer to the table on page 23 of the handbook for further guidance)

Please briefly explain the reasons for this recommendation

Are there any areas the review visit should pay particular attention to (for example any areas where the information base indicated serious or moderate risks)?



Has the initial appraisal raised issues QAA should consider in any reviews of partner organisations?

## Scale of provision

This section will be pre-populated by QAA.

| Measure |  | Definition (and source)  | Threshold         | Scale  |
|---------|--|--|-------------------|--------|
| 1       | Number of students   | Total students (headcount) enrolled on HE programmes (HESA)  | <500              | Low    |
|         |  |  | 500 - 10,000      | Medium |
|         |  |  | >10,000           | High   |
| 2       | Number of subject groups   | Number of JACS subject groups represented (HESA for HEIs; Unistats and providers' websites for others) | <10               | Low    |
|         |  |  | 10 - 15           | Medium |
|         |  |  | >15               | High   |
| 3       | Proportion of students studying wholly outside the UK                                      | Total students studying wholly outside the UK as a proportion of measure 1 (HESA data)                 | <0.5 per cent     | Low    |
|         |  |  | 0.5 - 10 per cent | Medium |
|         |  |  | >10 per cent      | High   |
| 4a      | Number of providers UK degree-awarding bodies work with to deliver complete degree courses | As left (QAA Listed Bodies data collation)   | To be confirmed   |        |
| 4b      | Number of different awarding bodies or organisations                                       | As left (data to be obtained from providers)   | <3                | Low    |
|         |  |  | 3 or 4            | Medium |
|         |  |  | >4                | High   |

## Overall scale

|      |        |     |
|------|--------|-----|
| High | Medium | Low |
|------|--------|-----|

The overall scale is determined according to mode, that is the outcome for a provider with a high score for the number of students, a low score for the number of different partner organisation, and medium scores for both subject groups and proportion of students studying with partner organisations will be medium. In the case of a provider with two high scores and two low scores, the outcome will be medium. Where the provider has two each of two adjacent scores (that is two highs and two mediums, or two mediums and two lows), the outcome will be at the discretion of the initial review team based on its assessment of the other information (see the next section on identifying a provisional level of confidence).

**Provisional level of confidence**

1. What does the information base indicate about the provider's assurance of academic standards?

|  |        |
|--|--------|
| The information base indicates either no risks or low risks to the assurance of academic standards | High   |
| The information base indicates moderate risks which could lead to serious problems over time       | Medium |
| The information base indicates serious risks to the assurance of academic standards                | Low    |

Explanation and comments

2. What does the information base indicate about the provider's assurance of the quality of learning opportunities?

|  |        |
|--|--------|
| The information base indicates no risks or low risks to the assurance of the quality of learning opportunities | High   |
| The information base indicates moderate risks which could lead to serious problems over time                   | Medium |
| The information base indicates serious risks to the assurance of the quality of learning opportunities         | Low    |

Explanation and comments

3. What does the information base indicate about the fit-for-purposeness, accessibility and trustworthiness of the information produced by the provider?

|   |        |
|---|--------|
| The information base indicates no risks or low risks to the fit-for-purposeness, accessibility and trustworthiness of the information | High   |
| The information base indicates moderate risks which could lead to serious problems over time  | Medium |
| The information base indicates serious risks to the fit-for-purposeness, accessibility and trustworthiness of the information         | Low    |

Explanation and comments

4. What does the information base indicate about the provider's approach to enhancement?

|  |        |
|--|--------|
| The information base clearly indicates that the provider is taking deliberate steps to improve the quality of students' learning opportunities | High   |
| The information base implies that the provider is taking deliberate steps to   | Medium |

|   |     |
|---|-----|
| improve the quality of students' learning opportunities, but this is not explicit   |     |
| There is no indication of the provider taking deliberate steps to improve the quality of students' learning opportunities | Low |

Explanation and comments

|  |
|--|
|  |
|--|

**Overall provisional level of confidence**

|      |        |     |
|------|--------|-----|
| High | Medium | Low |
|------|--------|-----|

The overall provisional level of confidence will be the same as the lowest level of confidence found in any of the four judgement areas, that is a low provisional level of confidence in threshold academic standards will lead to a low level overall, regardless of the provisional levels in the other three areas.

## Guidance for reviewers completing the initial appraisal

### Reference points

The reference points for the initial appraisal are the same as those for the review visit, that is the Quality Code and the other UK-wide reference points the Quality Code endorses. Therefore, reviewers should refer to the tables in Annex 2 of the handbook for further guidance. For ease of reference, the Expectations described in Annex 2 are reproduced below.

For academic standards:

- Each qualification (including those awarded through arrangements with other delivery organisations or support providers) is allocated to the appropriate level in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ).
- Higher education providers make scrupulous use of external examiners.
- Design, approval, monitoring and review of assessment strategies is 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 and qualification statements are used effectively in programme design, approval, monitoring and review to inform standards of awards.

For quality of learning opportunities:

- Higher education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent learner, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking.
- Learning resources are appropriate to allow students to achieve the learning outcomes of their programmes.
- Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.
- 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.
- Research degrees are awarded in a research environment that provides secure academic standards for doing research and learning about research approaches, methods, procedures and protocols. This environment offers students quality of opportunities and the support they need to achieve successful academic, personal and professional outcomes from their research degrees.
- Degree-awarding bodies take ultimate responsibility for academic standards and the quality of learning opportunities, irrespective of where these are delivered or who provides them. Arrangements for delivering learning opportunities with organisations other than the degree-awarding body are implemented securely and managed effectively.

For information:

- UK higher education providers produce information for their intended audiences about the higher education they offer that is fit-for-purpose, accessible and trustworthy.

For enhancement:

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

The role of the reviewer during the initial appraisal is limited to determining whether the information base indicates or suggests risks or concerns against these Expectations. The size and scope of the information base at this stage is insufficient to determine whether the Expectations have actually been met, and may not indicate very much, if anything, about particular Expectations.

Risks or concerns may arise from what the information base says or does not say. For example, although a particular external examiner's report may not record any concerns about academic standards, the fact that the report pays insufficient attention to academic standards could indicate the examiner lacks a full understanding of their responsibilities and, therefore, that the provider's management of the external examining process is unsatisfactory.

### **Categorising risks**

**Low risks** 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 the provider's SED demonstrates is already underway.

**Moderate risks** include:

- weaknesses in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities
- insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes
- quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied.

**Serious risks** encompass:

- ineffective operation of parts of the provider's governance structure (as it relates to quality assurance)
- significant gaps in policy, structures or procedures relating to the provider's quality assurance
- serious breaches by the provider of its own quality assurance procedures.

**QAA 510 01/13**

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