



Higher Education Review (Plus)

A handbook for providers

August 2013

Contents

Higher Education Review: Summary	1
Part 1: Introduction and overview	2
Introduction	2
Aims of Higher Education Review	3
Judgements and reference points	3
Scope and coverage	4
Desk-based analysis	4
Review visit	4
Reviewers and review teams	5
Core and thematic elements	6
The role of students	6
Facilitators	7
Lead student representatives	7
The role of degree-awarding bodies and other awarding organisations	7
Managing higher education provision with others	8
Part 2: The interval between reviews	9
Part 3: The review process in detail	12
First contact with QAA	13
Setting the size and membership of the review team	14
QAA briefing	16
Preparatory meeting - 16 weeks before your review visit	16
Uploading the self-evaluation document and student submission - 12 weeks before your review visit	17
Desk-based analysis and requests for additional information - nine weeks before your review visit	17
First team meeting - four weeks before your review visit	18
Confirmation of the review visit schedule - four weeks before your review visit	20
The review visit - week 0	20
Contingency to extend the review visit	21
Part 4: After the review visit	22
Reports	22
Action planning and sign-off	23
Process for unsatisfactory judgements	24
If a judgement of 'requires improvement to meet UK expectations' is given in any area	24
If a judgement of 'does not meet UK expectations' is given in any area	25
Complaints and appeals	26
Part 5: Keeping the method under review	27
Annex 1: Definitions of key terms	29
Annex 2: Format and wording of judgements	32
1 Standards	36
2 Quality	38
3 Information about higher education provision	43

4	Enhancement.....	43
	Annex 3: Evidence base for Higher Education Review, including the self-evaluation document.....	44
	Information collected by QAA.....	44
	Self-evaluation document.....	45
	Data requirements	45
	How the self-evaluation document is used	46
	Suggested structure of the self-evaluation document	47
	Core element of the review	47
	Thematic element	49
	Annex 4: The role of the facilitator	50
	Appointment and briefing	51
	Protocols.....	51
	Annex 5: Student engagement with Higher Education Review	52
	The lead student representative	52
	Student submission.....	53
	Format, length and content	53
	Submission delivery date	54
	Sharing the student submission with the provider	54
	Other ways for students to make their views known	54
	Continuity.....	55
	Annex 6: Appointment, training and management of reviewers	56
	Selection criteria	56
	Contract management.....	57
	Annex 7: Responsibilities Checklist for new applicants for educational oversight.....	58
	Annex 8: Financial Sustainability, Management and Governance Checks for new applicants for educational oversight.....	60
	Annex 9: Annual Monitoring for new applicants for educational oversight	64

Higher Education Review: Summary

1 Higher Education Review is the Quality Assurance Agency for Higher Education's (QAA's) review method for all subscribers in England and Northern Ireland, as well as for providers with access to funding from the Higher Education Funding Council for England (HEFCE) who are not subscribers to QAA and new applicants for Educational Oversight in 2014. It will be launched in 2013-14 and succeeds three methods: Institutional Review of higher education institutions in England and Northern Ireland (IRENI), Review of College Higher Education (RCHE) and Review for Educational Oversight (REO) for new applicants. It may also succeed Integrated Quality and Enhancement Review for further education colleges in Northern Ireland (IQER NI) and Review for Educational Oversight in 2015 onwards.

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 education¹ 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 students' learning opportunities. Thus, Higher Education Review serves the twin purposes of providing accountability to students and others with an interest in higher education, while at the same time encouraging improvement.

3 Higher Education Review is a flexible, risk-based method which applies the greatest scrutiny where it is most needed. Providers with a strong track record in managing quality and standards are reviewed less frequently and less intensively than providers without such a strong record. A full programme of reviews is available on QAA's website.²

4 Higher Education Review is carried out by peer reviewers - staff and students from other providers. 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).

5 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.

6 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. For subscribers in England and Northern Ireland and providers with direct access to funding from HEFCE who are not subscribers to QAA, 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. For new applicants for educational oversight, action plans are monitored through the annual monitoring process. New applicants for educational oversight with unsatisfactory judgements require a re-review. Please refer to paragraph 123.

¹ Higher education refers to higher education on the FHEQ levels 4-8 and vocational education at higher levels.

² www.qaa.ac.uk/institutionreports/types-of-review/higher-education-review/pages/default.aspx

Part 1: Introduction and overview

Introduction

7 The mission of 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 offered by universities, colleges and other providers.

8 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 who do not subscribe to QAA and for new applicants for educational oversight, 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, Review of College Higher Education (RCHE), which ran in 2012-13 and Review for Educational Oversight (REO) which ran in 2012 and 2013. It may also succeed Integrated Quality and Enhancement Review for further education colleges in Northern Ireland (IQER NI) in 2014.

9 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

10 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 degree-awarding bodies and awarding organisations involved in the review of providers who deliver their awards. QAA is producing separate guidance for students. QAA is also developing other guidance notes to assist providers in preparing for review and will provide support for the implementation of the method through briefing and training events.

11 Higher Education Review has been designed in accordance with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area*.³

³ [www.enqa.eu/files/esg_3edition%20\(2\).pdf](http://www.enqa.eu/files/esg_3edition%20(2).pdf)

Aims of Higher Education Review

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

- sets and maintains UK-agreed threshold academic standards for its higher education awards (or maintains the academic standards of the awards it offers on behalf of its degree-awarding bodies and/or other awarding organisations)⁴
- provides learning opportunities which allow students to achieve the relevant awards and qualifications and meet the applicable Expectations outlined in the Quality Code, including the UK-wide reference points it endorses
- provides information for the general public, prospective students, current students, students on completion of their studies, and those with responsibility for academic standards and quality that is fit for purpose, accessible and trustworthy
- plans effectively to enhance the quality of its higher education provision.

Judgements and reference points

13 To achieve these aims, we ask review teams to make judgements on:

- the setting and maintenance of threshold academic standards (or the academic standards set by degree-awarding bodies and/or other awarding organisations)
- the quality of students' learning opportunities
- information about higher education provision
- the enhancement of students' learning opportunities.

14 The judgement on the setting and maintenance of 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, information and enhancement will each be expressed as one of the following: **commended**, **meets UK 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.

15 The judgements will be made by teams of peers by reference to the Expectations in the Quality Code. Judgements represent the reasonable conclusions that a review team is able to come to, based on the evidence and time available. The criteria which review teams will use to determine their judgements are set out in [Annex 2](#) on page 32.

16 The review team will also identify features of good practice, affirm developments or plans already in progress and make recommendations for action. The recommendations will indicate the urgency with which the team thinks each recommendation should be addressed.

⁴ Providers without degree-awarding powers work with degree-awarding bodies and/or other awarding organisations, such as Edexcel, which retain responsibility for the academic standards of the awards granted in their names, and for ensuring that the quality of learning opportunities offered 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 degree-awarding bodies and/or other awarding organisations. Reviews of providers without degree-awarding powers are not concerned with how their degree-awarding bodies and/or other awarding organisations manage their responsibilities. Some providers may have degree-awarding powers for certain levels of higher education, such as Foundation degrees, but not for bachelor's and master's degrees. These providers will be reviewed as degree-awarding bodies for the awards that they make themselves and as non-degree-awarding bodies for the awards for which they operate as delivery organisations for other degree-awarding bodies and/or other awarding organisations.

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.

17 Review reports will also include a commentary on the thematic element of the review. See paragraphs 31-34 for more information.

Scope and coverage

18 Higher Education Review is concerned with programmes of study leading to awards at levels 4-8 of *The framework for higher education qualifications in England, Wales and Northern Ireland*. This includes integrated foundation year programmes which are designed to enable entry to a specified degree programme or programmes on successful completion. In these cases, it may be necessary to use other external reference points in addition to the Quality Code to set academic standards for the foundation year element. If the foundation year element is free-standing, and does not have a direct relationship with a specified higher education programme, it is not covered by the Quality Code, but may be subject to other regulatory requirements.

19 For new applicants for educational oversight, Higher Education Review is also concerned with taught programmes at levels 4 to 8 on the Qualifications and Credit Framework and/or the National Qualifications Framework.

20 Review judgements may be differentiated so that different judgements may apply, for example, to provision delivered wholly by the provider and that offered through arrangements with other delivery organisations; or to undergraduate and postgraduate levels; or to the provision associated with different degree awarding-bodies or other awarding organisations.

Desk-based analysis

21 Higher Education Review takes place in two stages. The first stage is a desk-based analysis by the review team of a wide range of information about the higher education on offer. Some of this information, including the self-evaluation document, is given by the provider, some is given by students and the rest is assembled by QAA.

22 An important part of the information base for the desk-based analysis is 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 datasets, such as those publicly available on www.unistats.com, to help inform their submission.

Review visit

23 The second stage of Higher Education Review is a visit to the provider. The visit allows the review team to meet some of the provider's students and staff (and other stakeholders, where appropriate) and to scrutinise further information.

24 The programme for, and duration of, the review visit varies according to the outcome of the desk-based analysis. Where this analysis demonstrates a strong track record in managing quality and standards, and that the provider is continuing to manage its responsibilities effectively, the review visit can be relatively short since there should be few issues about which the team would require further information. However, where the analysis does not demonstrate a strong track record, and/or indicates that the provider is not managing its responsibilities effectively (or the evidence provided is insufficient to demonstrate that it is meeting its responsibilities effectively), the review visit will be longer so as to allow the team to investigate its concerns thoroughly.

25 Varying the duration of review visits in this way aims both to respond to the wishes of government to introduce 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.⁵

26 There will be one visit to the provider and its duration will be between one day and five days. More details about how the duration of the review visit is set are given in [Part 3](#) on page 12. At the end of the review visit, the review team will agree its judgements and other findings, as described above.

Reviewers and review teams

27 The size of the team for the whole review (that is, the desk-based analysis and the review visit) will be determined according to the scale of the provision on offer. It will comprise a minimum of two reviewers and a maximum of six. At least one reviewer on every team will be a member or former member of academic staff from another provider in the UK and normally at least one will be a student reviewer. Larger teams may include a reviewer or reviewers with particular expertise in those areas which have given rise to the larger team, such as managing higher education provision with others. A QAA officer will coordinate the review, support the review team and act as the primary point of contact with the provider.

28 QAA reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision. 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 contributing to the management of academic standards and/or quality. More information about reviewers and the membership of review teams is provided in [Part 3](#) and in [Annex 6](#).

In the consultation on the draft Higher Education Review handbook, we proposed to pilot the use of 20 international reviewers as full reviewers over two academic years, 2013-14 and 2014-15. Many respondents to the consultation argued that the immediate introduction of international reviewers as full reviewers, albeit on a pilot basis, was premature in the absence of a more detailed consideration of the benefits and risks. In consequence, we have decided not to proceed with the proposal in the consultation, but rather to use a smaller number of international reviewers as observers in the first calendar year of the new method, and to invite these reviewers to contribute to the development of a detailed proposal on the best way to involve international reviewers thereafter.

29 QAA recruits reviewers by inviting nominations from providers, from recognised students' unions, or by self-nomination. The selection criteria for review team members are given in [Annex 6](#) on page 56. QAA makes every attempt to ensure that the cohort of

⁵ www.hebetterregulation.ac.uk/pages/default.aspx

reviewers appropriately reflects diversity, including geographical location, size and type of providers, as well as reflecting those from diverse backgrounds.

30 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' performance. The latter incorporates the views of providers who have undergone review.

Core and thematic elements

31 Higher Education Review has a core element and a thematic element. The core element focuses on academic standards, quality of learning opportunities, information and enhancement, as described above. The same core applies to all providers. The thematic element focuses on an area which is regarded as particularly worthy of further analysis or enhancement among providers under review and/or the higher education sector more generally. The thematic element will change periodically. Thus, not all providers will experience the same theme.

32 In order also to promote consistency and comparability of review findings over time, the theme will not be subject to a judgement. Instead, the review report will contain a commentary on the theme. To support the dissemination of good practice, QAA will report periodically on the thematic findings across the higher education sector.

33 Providers and reviewers 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. 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.

34 The theme will change periodically (but not more often than annually). The theme for 2013-14 will be announced in summer 2013. For 2014-15 and 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, following approval by stakeholder representatives.

The role of students

35 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 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.

36 Students of the provider under review may also have 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 for the desk-based analysis
- contributing their views directly for consideration during the desk-based analysis

- participating in meetings during the review visit
- assisting the provider in drawing up and implementing the action plan after the review.

37 More information about the role of students is given in [Part 3](#) and [Annex 5](#) on page 52.

Facilitators

38 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 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.

39 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.

40 More detailed information about the role of the facilitator is given in [Annex 4](#) on page 50.

Lead student representatives

41 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
- 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.

42 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 and other awarding organisations

43 Providers without degree-awarding powers may wish for their degree-awarding bodies or other 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 should be decided in discussion between the two organisations.

44 Review teams will be pleased to meet the representatives of degree-awarding bodies or awarding organisations during review visits, and occasionally may encourage them to attend particular meetings, 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.

45 It is the responsibility of providers under review to keep their degree-awarding bodies or awarding organisations 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. Where relevant, we may also share information with Ofqual.⁶

Managing higher education provision with others

46 Higher Education Review encompasses all provision in a single process; there are no separate reviews of provision offered through arrangements with other delivery organisations or support providers.

47 *Chapter B10: Managing higher education provision with others* of the Quality Code applies to any form of collaboration between providers of higher education.⁷ The parameters of the review of arrangements for working with others will vary according to whether the partners, delivery organisations or support providers in question are also reviewed by QAA. Where they are subject to 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.

48 Where partners, delivery organisations or support providers 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 partners, delivery organisations or support providers in person, or by video or teleconference. More information about the review of the management of higher education provision with others is provided in [Part 3](#) on page 12.

Building on the success of the 2012 Review of Transnational Education in China, QAA is currently revising its approach to reviewing UK providers' 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. New proposals on reviewing Transnational Education on a UK-wide basis will be the subject of a separate consultation and are likely to be developed for implementation in 2014-15.

⁶ QAA and Ofqual have an agreement that includes a commitment to sharing information about the Educational Oversight of alternative higher education colleges. The agreement makes provision for QAA to share information with Ofqual that is relevant to maintaining standards and confidence in qualifications that are regulated by Ofqual, or qualifications offered by the awarding organisations that Ofqual regulates.

⁷ www.qaa.ac.uk/publications/informationandguidance/pages/quality-code-b10.aspx

Part 2: The interval between reviews

Information for subscribers in England and Northern Ireland and providers with direct access to funding from HEFCE who are not subscribers to QAA.

Educational oversight

49 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.⁸

50 The interval between reviews is six years for providers who have had two or more successful reviews by QAA and whose last review was successful. Providers who have not had two or more successful reviews by QAA and/or whose last review by QAA was unsuccessful are reviewed four years after their last engagement with QAA. Successful and unsuccessful reviews are defined for this purpose in the table below. Providers can have any combination of reviews (for example, a successful IQER followed by a successful IRENI is 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 of higher education institutions in England and Northern Ireland (2011-13) and Review of College Higher Education for further education colleges (2012-13) and Higher Education Review (this method)	<ul style="list-style-type: none"> Judgements of 'is commended' or 'meets UK expectations' in all areas, followed by the publication of a satisfactory action plan. Judgement of 'requires improvement to meet UK expectations' or 'does not meet UK expectations' in any area, where these judgements have been changed to 'is commended' or 'meets UK expectations' in all areas after the required 	<ul style="list-style-type: none"> Any judgement of 'requires improvement to meet UK expectations' or 'does not meet UK expectations' which remains unchanged after the allotted period for follow-up activity (see paragraphs 117-125). Failure to publish a satisfactory action plan after the review (regardless of the judgements).

⁸ www.qaa.ac.uk/institutionreports/types-of-review/higher-education-review/pages/default.aspx

	follow-up activity.	
Review method	Successful review	Unsuccessful review
Review for Educational Oversight	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.
Initial Review	The outcomes of Initial Review are not considered for this purpose.	

51 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. The date from which the interval is calculated shall be the date on which the order from the Privy Council comes into effect.⁹ 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.

52 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 54).

53 For those providers whose last engagement with QAA was an 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 full range of the provider's quality assurance arrangements.

54 A provider which has had concerns upheld about its provision after a full investigation under QAA's Concerns Scheme will undergo a review four years after its last engagement or at the planned date of the next review, whichever is sooner. In exceptional 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 decide (in consultation with HEFCE or the Department for Employment and Learning of Northern Ireland (DEL) where applicable) that the next review of that provider be brought forward further.

55 Finally, to provide assurance that a provider has successfully managed change, a provider which has undergone significant material change will 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
- change in corporate form
- takeover of or by another provider

⁹ For providers whose last successful review was a degree-awarding powers scrutiny, QAA may need to publish a summary report of that scrutiny and undertake an additional review of two areas that are currently not covered by degree-awarding powers scrutiny - information and enhancement - in order for that scrutiny to inform the interval between reviews under this method. This is so that QAA may fulfil its obligations to providing public assurance about quality and standards.

- merger
- significant increase or decrease in student numbers, including at delivery partners (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.

56 QAA (and HEFCE or DEL where applicable) will monitor providers 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 QAA (and HEFCE or DEL where applicable) before a decision is made to bring a review forward.

Information for new applicants for educational oversight

57 The interval between reviews for new applicants for educational oversight is four years. Following the first review, providers will submit an **annual return** and may receive **monitoring visits** each year before the next full review. Providers who make commendable progress at the first monitoring visit will be exempt from a monitoring visit the following year, unless they meet specified material changes in circumstances, which would either extend the monitoring visit or trigger a full review. Providers who do not pass the monitoring process may request a full review in order to maintain educational oversight. It is expected that full reviews will take place every **four years**. [Annex 9](#) on page 64 describes the process for the annual return and for monitoring visits.

Part 3: The review process in detail

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

59 The standard timelines are given below. Please note that there may be unavoidable instances, particularly in the first year of the method (2013-14), when the activities in the timetable need to take place over a shorter time period. The timeline for the period after the review visit is given in [Part 4](#) on page 22.

60 Timeline for subscribers in England and Northern Ireland and providers with direct access to funding from HEFCE who are not subscribers to QAA

Working weeks	Activity
Approx -52	<ul style="list-style-type: none"> QAA informs provider of dates of review visit Provider begins to access online briefing material
Approx -40	<ul style="list-style-type: none"> QAA informs provider of size and membership of review team and name of QAA officer coordinating the review Provider nominates facilitator and lead student representative
Approx -26	<ul style="list-style-type: none"> QAA provides briefing event for facilitator and lead student representative
-16	<ul style="list-style-type: none"> Preparatory meeting between QAA officer and provider at the provider
-12	<ul style="list-style-type: none"> Provider uploads self-evaluation and supporting evidence to QAA's electronic folder Lead student representative uploads student submission Review team begins desk-based analysis
-9	<ul style="list-style-type: none"> QAA officer informs provider of any requests for additional documentary evidence
-6	<ul style="list-style-type: none"> Provider uploads additional evidence (if required)
-4	<ul style="list-style-type: none"> Team holds first team meeting to discuss desk-based analysis and agree the duration of, and programme for, the review visit
-4	<ul style="list-style-type: none"> QAA officer informs provider of: <ul style="list-style-type: none"> the duration of the review visit the team's main lines of enquiry who the team wishes to meet any further requests for documentary evidence
0	<ul style="list-style-type: none"> Review visit

61 Timeline for new applicants for educational oversight

Working weeks	Activity
Approx -40	<ul style="list-style-type: none"> Provider completes application form Provider begins reviewing handbook and preparing for review
Approx -26	<ul style="list-style-type: none"> Provider nominates facilitator and lead student representative Provider begins to access online briefing material QAA informs provider of dates of review visit and size of review team
Approx -20	<ul style="list-style-type: none"> QAA provides briefing event for facilitator and lead student representative QAA informs provider of membership of review team and name of QAA officer coordinating the review
-16	<ul style="list-style-type: none"> Preparatory meeting between QAA officer and provider at the provider
-12	<ul style="list-style-type: none"> Provider uploads self-evaluation and supporting evidence to QAA's electronic folder Lead student representative uploads student submission Review team begins desk-based analysis
-9	<ul style="list-style-type: none"> QAA officer informs provider of any requests for additional documentary evidence
-6	<ul style="list-style-type: none"> Provider uploads additional evidence (if required)
-4	<ul style="list-style-type: none"> Team holds first team meeting to discuss desk-based analysis and agree the duration of, and programme for, the review visit
-4	<ul style="list-style-type: none"> QAA officer informs provider of: <ul style="list-style-type: none"> the duration of the review visit the team's main lines of enquiry who the team wishes to meet any further requests for documentary evidence
0	<ul style="list-style-type: none"> Review visit

First contact with QAA

62 For subscribers in England and Northern Ireland and providers with direct access to funding from HEFCE who are not subscribers to QAA the first contact that you will have about your review is likely to be around one year before the review visit. We will write to you to confirm that you will be having a review and to ask for some information to help us schedule the review dates, such as the dates of your academic year and the dates of major examination periods. You can let us know at the same time whether there are other times

when you think that it would be difficult to schedule your review, but we cannot promise to take into account anything other than the critical periods noted above.

63 Once we have collated all dates for the review year we will write back and confirm the dates and schedule for your review. These dates will include:

- the deadline for the submission of the self-evaluation document and student submission
- the date of the first team meeting
- the dates for your review visit.

64 As the exact duration of the review depends on the outcome of the desk-based analysis, at this stage we will ask all providers to hold a whole week for it.

65 For new applicants for educational oversight the first contact that you will have about your review is likely to be following the application window closure, usually October. We will write to you to provide the dates of the review visit and the size of the review team.

66 **We suggest that from this point you begin to use the online review briefing available on QAA's website.** The package includes details of the review process, roles of key players, guidance on the preparation of the self-evaluation document and the student submission, guidance on other documentation required, FAQs and other guidance. Once you know the date of your review, we will also expect you to disseminate that information to your students and tell them how they can engage with the process through the student submission.

Setting the size and membership of the review team

67 The size of the review team is correlated to the scale and complexity of the provision under review. This is not because large and complex provision is inherently more risky, but rather that, in general, it takes more time for review teams to understand and review large and complex provision than provision which is small and/or less complex.

68 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 total number of higher education students (headcount)
- the number of postgraduate research students as a proportion of the total number of higher education students
- the number of students studying wholly outside the UK as a proportion of the total number of higher education students
- **either** the number of delivery organisations or support providers that degree-awarding bodies work with to deliver complete degree courses, **or**, for non-degree-awarding bodies, the number of different degree-awarding bodies and other awarding organisations.

69 The size of the team is determined incrementally by establishing a base size according to the total number of higher education students and then adding additional reviewers depending on the other three measures, as described in the table below. The maximum team size will be six, regardless of what the measures indicate.

1	Total number of students (headcount) in provision which is within the scope of Higher Education Review (see paragraph 18)	< 100	2 reviewers
		100-999	3 reviewers
		≥ 1,000	4 reviewers
2	Postgraduate research students as a proportion of measure 1	< 10%	0 reviewers
		≥ 10%	+ 1 reviewer
3	Students studying wholly outside the UK as a proportion of measure 1	< 5%	0 reviewers
		≥ 5%	+1 reviewer
4a	Number of delivery organisations or support providers that degree-awarding bodies work with to deliver complete degree courses	< 5	0 reviewers
		≥ 5	+1 reviewer (unless team size has already reached 6)
4b	Number of different degree-awarding bodies and other awarding organisations	< 5	0 reviewers
		≥ 5	+ 1 reviewer (unless team size has already reached 6)

70 Measure 4a applies to providers with powers to award bachelor's degrees. Measure 4b applies to non-degree-awarding bodies and to providers with powers to award Foundation Degrees only.¹⁰

71 We have selected these measures to make the maximum use of data which is already available to us and, therefore, to limit any requests for additional data. For subscribers in England and Northern Ireland and providers with direct access to funding from HEFCE who are not subscribers to QAA, of the five measures, only 4b is based on data which we will have to collect directly from providers. Measures 1-3 are based on data available from the Higher Education Statistics Agency or the higher education funding bodies, and 4a on data we have already collected on behalf of the Department for Business, Innovation and Skills. For new applicants for educational oversight this is information collected upon application.

72 QAA will determine the size of the review team and inform you of the result. You can tell us if you think we have got the size of the team wrong, for instance because you think the data we have considered is inaccurate.

73 For subscribers in England and Northern Ireland and providers with direct access to funding from HEFCE who are not subscribers to QAA at the same time as we inform you of the size of the team, we will also tell you its membership. For new applicants for educational oversight, we will inform you of the team membership normally 20 weeks before the review. Teams of two reviewers will comprise a member or former member of academic staff from another provider in the UK and normally one student reviewer. Larger teams will also normally include at least one student reviewer and may also include at least one member or former member of professional support staff from another provider. However, the number of either student or professional support reviewers will not be greater than the number of academic staff reviewers in any team.

74 We will tell you which organisations the members of the review team work for or where they study, and whether they have declared any other interests to us (such as

¹⁰ Some providers may have degree-awarding powers for certain levels of higher education, such as Foundation Degrees, but not for bachelor's and master's degrees.

external examinerships or membership of a governing body of another provider). We will ask you to let us know of any potential conflicts of interests that members of the team might have with your organisation, and may make adjustments in light of that.

75 At the same time as we tell you the size and membership of the team, we will also confirm with you the name of the QAA officer who will be coordinating your review and the administrative support officer who will support it. You are welcome to phone or email your coordinating officer, or visit him or her at QAA if you need to understand the review process better. The QAA officer can provide advice about the review process but cannot act as a consultant for your preparation for review, nor comment on whether the processes that you have for quality assurance are appropriate or fit for purpose: that is the job of the review team.

76 Finally for this stage of the process, we will ask you to nominate your facilitator and lead student representative. We realise that it might be too early to know the name of the lead student representative. Until this is confirmed, if we need to contact the student representative body then we will contact the President of the students' union (or the equivalent). If at this stage it seems unlikely that the students' union or equivalent will be able to nominate a lead student representative, we may need to consider an alternative way of allowing students to contribute their views directly to the review team using an online tool. Further information about this facility is given in [Annex 5](#) on page 52.

QAA briefing

77 QAA will provide a joint briefing for facilitators and lead student representatives on their roles and responsibilities. These events will be for all providers having reviews about the same time, so the timing is flexible, yet appropriate. We will invite your organisation to send its nominees and give you any information that you need for the briefing.

Preparatory meeting - 16 weeks before your review visit

78 The preparatory meeting will take place about 16 weeks before the review visit. At the preparatory meeting, the QAA officer coordinating the review will visit you to discuss the structure of the review as a whole. The purpose of the meeting will be:

- to answer any questions about the review which remain after the briefing
- to agree the information you are going to provide to the review team
- to discuss the information QAA has assembled from other sources
- to confirm the practical arrangements for the review visit.

79 The meeting should, therefore, involve those who are most immediately involved with the production of the self-evaluation document (SED) and the student submission. In general, attendance by other staff should be confined to those with responsibility for the operational arrangements for the review. The facilitator and lead student representative should attend. The QAA officer can give you further guidance about who should participate in the meeting.

80 The meeting will give an opportunity to discuss the likely interactions between the provider, QAA and the review team; to confirm that the provider's SED and student submission will be well matched to the process of review; to emphasise that documentary evidence should be based primarily on existing material used in internal quality management, not on material prepared specially for the review; and to discuss any matters relating to information about the learning opportunities offered. There will also be a discussion about the thematic element to be explored during the review.

81 The discussion about the SED will be particularly important. The usefulness of the SED to the review team will be one of the main factors in determining the length of your review visit. If the SED is reflective and well targeted to the areas of the review and the evidence carefully chosen, the greater is the likelihood that the team will be able to verify your organisation's approaches and gather evidence of its own quickly and effectively. The same is true of the quality of accompanying documentation that you provide. Further guidance about the structure and content of the SED is given in [Annex 3](#) on page 44.

82 The preparatory meeting also provides an opportunity to discuss information for the desk-based analysis which we have assembled from sources available directly to us. Again, more detail about what this may comprise is provided in [Annex 3](#). You will have an opportunity at this meeting to raise any concerns about this other information.

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

84 If by this stage it appears unlikely that the student body will be able to make a student submission, we will need to consider an alternative way of allowing students to contribute their views directly to the review team using an online tool. Further information about this facility is given in [Annex 5](#) on page 52.

Uploading the self-evaluation document and student submission - 12 weeks before your review visit

85 You will need to upload your SED and the accompanying evidence 12 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 preparatory meeting.

Desk-based analysis and requests for additional information - nine weeks before your review visit

86 The review team will begin its desk-based analysis of all the information almost as soon as the SED and student submission are uploaded. Should the team identify any gaps in the information, or require further evidence about the issues they are pursuing, they will inform the QAA officer. The QAA officer will then make a request to you for further information about nine weeks before the review visit. Requests for additional information will be strictly limited to what the team requires to complete the desk-based analysis and you are entitled to ask why the team has asked to see any of the information it has requested. You should provide the additional information requested at least six weeks before the review visit.

First team meeting - four weeks before your review visit

87 About four weeks before the review visit, the team will hold its first team meeting. The first team meeting, which takes place over one day and does not involve a visit to the provider, is the culmination of the desk-based analysis. Its purposes are to allow the review team to:

- discuss its analysis of the documentary evidence
- decide on issues for further exploration at the review visit
- decide whether it requires any further documentary evidence
- agree on the duration of the review visit.

88 The review team will decide on the duration of the visit according to what the desk-based analysis reveals both about the provider's track record in managing quality and standards and the extent to which it meets the applicable Expectations of the Quality Code. Where the desk-based analysis finds a strong track record and evidence that all or nearly all Expectations are met, the team will not require a long visit to the provider to finish its work. However, where the desk-based analysis does not suggest a strong track record and/or indicates that several Expectations may not be met (or the evidence provided is insufficient to demonstrate that the provider is meeting its responsibilities effectively), the review team will need more time at the provider to talk to staff and students and analyse further evidence, in order to investigate its concerns thoroughly.¹¹

89 The guidance that teams will use in deciding on the length of the visit is set out in the table below. In practice, it is unlikely that the findings of the desk-based analysis will be consistent with **all** the criteria listed within a particular category. For instance, a provider may have a weak track record in managing quality and/or standards, yet be able to present more recent evidence showing that it is now managing its responsibilities effectively. Therefore, not all criteria have to be met to justify a review of a particular duration; it is for the review team to decide, on balance, which category the findings of the desk-based analysis most closely map to.

90 Review teams are also permitted to specify a shorter visit than the guidance indicates; this is most likely to occur where the desk-based analysis finds moderate or serious risks at a provider with few students and, therefore, limited scope for meetings. In any case, the duration of the review visit should not be regarded as a judgement about the provider's higher education provision; the judgements are only agreed at the end of the process.

91 The precise duration of the review visit will be determined by the review team within the parameters outlined below. Whether, for example, a review visit lasts three or four days is likely to depend on the scale and complexity of the higher education on offer and the number of Expectations which the desk-based analysis indicates may not be met. We envisage that one-day visits will only be used for providers with fewer than 50 higher education students.

1-3 day visit	<p>The provider has a strong track record in managing quality and standards, as evidenced by the outcomes of previous external review activities (such as QAA review), and has responded to those activities fully and effectively.</p> <p>There is evidence that all or nearly all applicable Expectations are met.</p>
---------------	--

¹¹ Not all Expectations in the Quality Code apply to all providers. Please see Annex 2 for further information.

	<p>Expectations which appear not to be met present low risks to the management of the higher education provision, in that they relate to:</p> <ul style="list-style-type: none"> • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • completion of activity that is already underway. <p>The need for any remedial action has been acknowledged by the provider and it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p>
3 or 4 day visit	<p>The provider has a strong track record in managing quality and standards, as evidenced by the outcomes of previous external review activities (such as QAA review), but there is some evidence of it not responding to those activities fully and effectively.</p> <p>There is evidence that most applicable Expectations are met.</p> <p>Expectations which appear not to be met do not present serious risks, but may raise moderate risks in that they relate to:</p> <ul style="list-style-type: none"> • 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. <p>Plans that the provider presents for addressing identified problems are under-developed or not fully embedded in its operational planning.</p>
4 or 5 day visit	<p>The provider does not have a strong track record in managing quality and standards and/or has failed to take appropriate action in response to previous external review activities (such as QAA review).</p> <p>The evidence is either insufficient to indicate that most applicable Expectations are met or indicates that several applicable Expectations are not being met.</p> <p>In the case of the latter, the Expectations not met present serious risks in that they relate to:</p> <ul style="list-style-type: none"> • 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. <p>Plans for addressing identified problems are not adequate to rectify the problems or there is very little or no evidence of progress.</p>

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

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

92 Almost immediately after the first team meeting, the QAA officer will confirm in writing the arrangements for the review visit, including:

- its duration
- who the review team wishes to meet
- whether the review team requires any further evidence
- the review team's main lines of enquiry.

93 Telling you about the review team's main lines of enquiry is meant to help you prepare for the review visit. The lines of enquiry will be based either on those Expectations which the desk-based analysis indicates are not being met, or on potential areas of good practice. The lines of enquiry do not preclude the review team from investigating any other area or issue within the scope of Higher Education Review during the review visit.

The review visit - week 0

94 The review team will normally arrive at their accommodation on the evening before the review is due to start. Review activity will, therefore, begin first thing on day one of the review.

95 The activity carried out at the visit will not be the same for every review, but may include contact with staff (including staff from degree-awarding bodies and other awarding organisations 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.

96 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.

97 Where you have significant formal arrangements for working with partners, delivery organisations or support providers who are not themselves subject to 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 another organisation's vacation period). Requests for such meetings will normally be made four weeks before your review visit at the latest (see paragraph 91). 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.

98 The review team may also request specific evidence about a sample of programmes from within the link, identified by the team, including:

- the most recent annual and periodic review reports held by the provider, together with the report of the most recent programme approval
- the two most recent reports from external examiners with responsibilities for the relevant programmes 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.

99 The review visit will include a final meeting between the review team and senior staff of the provider, the facilitator and the lead student representative. 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.

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

101 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.

102 You can find more detail about the Expectations that teams use to make judgements in [Annex 2](#) on page 32.

103 The QAA officer will be present during the review visit and will chair the private meetings of the team. On the last day of the review, the QAA officer will test the evidence base for the team's findings.

Contingency to extend the review visit

104 In exceptional circumstances, the review team may recommend to the QAA officer that it cannot come to sound judgements within the scheduled review visit. This is most likely to occur where a review team arranges for a short review visit and subsequently finds serious problems that were not apparent from the desk-based analysis. In such circumstances, QAA may ask 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 4: After the review visit

105 This part of the handbook describes what happens after the review visit has ended. The standard timeline for this part of the process is given below.

Working weeks	Activity
Review visit +2 weeks	<ul style="list-style-type: none"> QAA officer sends key findings letter to provider (copied to HEFCE, DEL, Home Office and/or awarding bodies or organisations as relevant)
+6 weeks	<ul style="list-style-type: none"> QAA sends draft review report to provider and lead student representative
+9 weeks	<ul style="list-style-type: none"> Provider and lead student representative give factual corrections
+12 weeks	<ul style="list-style-type: none"> QAA publishes report and issues press release
+22 weeks	<ul style="list-style-type: none"> Provider publishes its action plan on its website

Reports

106 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 other awarding organisations as well. For new applicants for educational oversight we will copy this letter to the Home Office.

107 After a further four weeks, you will receive the draft report 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. We will also share the draft report with the lead student representative and invite his or her comments on it by the same deadline.

108 For subscribers in England and Northern Ireland and for providers with access to funding from HEFCE who are not subscribers to QAA 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). You will be notified of publication and receive confirmation of your eligibility to use the QAA Quality Mark, and will be provided with the relevant information to enable you to do this.

109 For new applicants for educational oversight 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). You will be notified of publication. When you have engaged successfully¹² with QAA

¹² A successful engagement for a provider under Higher Education Review, in terms of eligibility for the QAA educational oversight review graphic, would be a judgement of **commended** or **meets UK expectations**; a positive outcome for a provider in an annual monitoring visit by QAA would be a conclusion of **making commendable progress** or **making acceptable progress**.

twice, through achieving a positive outcome in your subsequent annual monitoring visit, you will be provided with the relevant information to enable you to use the QAA educational oversight review graphic.

110 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 the 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.

111 The report will be written as concisely as possible, while including enough detail to be of maximum use to the provider. The report will contain an executive summary to explain the findings to a lay audience.

112 The structure of the report will follow 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

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

114 The review will be completed when it is formally 'signed off'. Where the review report contains 'commended' or 'meets UK expectations' judgements in all four areas, the review will be formally signed off on publication of the initial action plan. Upon sign-off, providers who subscribe to QAA will be allowed to place the licensed QAA Quality Mark on their website, subject to terms and conditions. Confirmation of eligibility will be communicated by email upon publication of the report on the QAA website. For more information, please see www.qaa.ac.uk/pages/logo-licence.aspx.

115 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 for investigation under QAA's Concerns Scheme. Future review teams will take into account the progress made on the actions from the previous review.

116 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 for investigation under QAA's Concerns Scheme.

Process for unsatisfactory judgements

117 The judgements 'requires improvement to meet UK expectations' and 'does not meet UK expectations' are considered to be unsatisfactory. Where the second draft report (that is, the version of the report produced in light of the provider's comments on the first draft) contains unsatisfactory judgements in any of the four judgement areas, we will not publish that report but rather send it back 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. An appeal based on a first draft report will not be considered. **QAA will not publish a report, meet a third party request for disclosure of the report, or consider a provider's action plan while an appeal is pending or is under consideration.** Please refer to the procedure on appeals for further information.¹³ A timeline for a review resulting in one or more unsatisfactory judgements is given below.

Working weeks	Activity
Review visit +2 weeks	<ul style="list-style-type: none"> QAA officer sends key findings letter to provider (copied to HEFCE, DEL, Home Office and/or awarding bodies or organisations as relevant)
+6 weeks	<ul style="list-style-type: none"> QAA sends draft review report to provider and lead student representative
+9 weeks	<ul style="list-style-type: none"> Provider and lead student representative give factual corrections
+12 weeks	<ul style="list-style-type: none"> QAA sends second draft to provider and lead student representative
+16 weeks	<ul style="list-style-type: none"> Deadline for provider to appeal the judgements

118 Where an unsatisfactory judgement is not appealed, the review report will be published 16 weeks after the end of the review visit. You will be notified of publication. Where an appeal against an unsatisfactory judgement is unsuccessful, the report will be published promptly after the end of the appeal process.

If a judgement of 'requires improvement to meet UK expectations' is given in any area

Information for subscribers in England and Northern Ireland and for providers with access to funding from HEFCE who are not subscribers to QAA

119 If the published report contains a 'requires improvement to meet UK expectations' 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 UK expectations' judgement since it will need to explain how the identified weaknesses or risks germane to the 'requires improvement to meet UK expectations' judgement are to be addressed within one year of the publication of the review report.

¹³ www.qaa.ac.uk/complaints/pages/default.aspx

120 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 consider whether the judgement should be changed to 'meets UK expectations'. This may involve a further visit to the provider by some or all of the review team.

121 If the team agrees the judgement can be changed to 'meets UK expectations', the QAA officer will make a recommendation to the QAA Board of Directors to change the judgement. The review shall be regarded as complete and signed off if the Board accepts that recommendation. The change in judgement will be recorded in the published report on the QAA website. Providers who subscribe to QAA will then be able to use the QAA Quality Mark. Confirmation of eligibility will be communicated by email upon publication of the change in judgement on the report on the QAA website.

122 If the QAA Board decides not to change the judgement, either because the review team agrees that insufficient progress has been made in dealing with the review findings or because the Board does not agree with a recommendation to change the judgement, you will be required to take part in the next level of follow-up: that for a 'does not meet UK expectations' judgement.

Information for new applicants for educational oversight

123 Where the judgement 'requires improvement to meet UK expectations' is given in any judgement area, the provider is required to undergo a re-review within 24 weeks of the publication of the report. The provider should send an action plan signed off by the head of the organisation, responding to the recommendations and affirmations, and giving any plans to capitalise on the identified good practice to QAA within four weeks of the publication of the report. You should either produce this jointly with student representatives, or representatives should be able to post their own commentary on the action plan. The Home Office will be notified accordingly.

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

Information for subscribers in England and Northern Ireland and for providers with access to funding from HEFCE who are not subscribers to QAA

124 If the published report contains a judgement of 'does not meet UK expectations' in any area, or if you do not make sufficient progress in dealing with a 'requires improvement to meet UK expectations' 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 UK expectations' or 'requires improvement to meet UK expectations' 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.

125 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 of our informing you that insufficient progress has been made in dealing with a 'requires improvement to meet UK expectations' 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 the review team to

consider whether the judgement should be changed to 'meets UK expectations'. This may involve a further visit to the provider by some or all of the review team.

126 If the team agrees that the judgement can be changed to 'meets UK expectations', the QAA officer will make a recommendation to the QAA Board of Directors to change the judgement. The review shall be regarded as complete and signed off if the Board accepts that recommendation. The change in judgement will be recorded in the published report on the QAA website. Providers who subscribe to QAA will then be able to use the QAA Quality Mark. Confirmation of eligibility will be communicated by email upon publication of the change in judgement on the report on the QAA website.

127 If the QAA Board decides not to change the judgement, either because the review team agrees that insufficient progress has been made in dealing with the review findings or because the Board does not agree with a recommendation to change the judgement, where applicable HEFCE will invoke its unsatisfactory quality policy. This policy sets out a range of possible actions that might be taken, including, as a last resort, to withdraw funding from a provider.

128 HEFCE's policy for unsatisfactory quality is currently under revision. The revised policy will apply as soon as it is published on HEFCE's website (www.hefce.ac.uk).

129 For QAA subscribers who do not receive funding from HEFCE, a failure to achieve judgements of 'meets UK expectations' 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 or visit worthwhile.

Information for new applicants for educational oversight

130 Where the judgement 'does not meet UK expectations' is given in any judgement area, the provider is required to undergo a re-review within 12 weeks of the publication of the report. The provider should send an action plan signed off by the head of the organisation, responding to the recommendations and affirmations, and giving any plans to capitalise on the identified good practice to QAA within four weeks of the publication of the report. You should either produce this jointly with student representatives, or representatives should be able to post their own commentary on the action plan. The Home Office will be notified accordingly.

Complaints and appeals

131 QAA has formal processes for receiving complaints and appeals. Details of these processes are available on the QAA website.¹⁴

¹⁴ www.qaa.ac.uk/complaints/pages/default.aspx

Part 5: Keeping the method under review

132 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 in 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.

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

134 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, for example, a decision to change the medium of published reports or to alter the system the reviewers use to communicate with one another.

135 Minor changes denote changes to the design and/or operation of the method but not to the principles underpinning it. They may include:

- changes to the thresholds used to determine the scale of the provision and, therefore, the size of the review team
- changes to the guidance on the duration of review visits
- broadening opportunities for stakeholders to provide input to the review team (for instance, to include staff).

136 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.

137 Operational changes may be made by QAA at any time without reference to any other body. They will be reported to the successor body to the Quality in Higher Education Group, which is to comprise institutional members nominated by QAA, HEFCE, DEL, GuildHE, the Association of Colleges and the National Union of Students. QAA also provides the secretariat for the Group. More details about the Group will be published on QAA's website shortly.

138 This Group will also take responsibility for agreeing whether any other changes proposed by QAA are minor or major. Minor changes will be agreed by the QAA Board; they allow for the QAA Board to adjust the review process in response to the outcomes over the last period, to reflect thematic issues, or to take account of the QAA Board's overall tolerance of risk. The need for any such changes will be evidence based.

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

140 Changes will be communicated to providers and review teams, and the date from which the change will be in operation 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 16 weeks before the review visit (the timing of the preparatory meeting). A minor change would affect all other reviews yet to be carried out.

141 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.

142 Alongside any changes to the method, QAA updates the Quality Code regularly to take account of the changing nature of higher education. QAA will publish a new version of this handbook annually to ensure the method keeps abreast of any changes to the Quality Code.

Annex 1: Definitions of key terms

What do we mean by academic standards?

Academic standards are the standards that individual degree-awarding bodies, or other awarding organisations regulated by Ofqual and including ACCA, set and maintain for the award of their academic credit or qualifications.

Qualifications positioned on the FHEQ

Part A of the UK Quality Code for Higher Education (the Quality Code) sets out the Expectations about setting and maintaining academic standards that all higher education providers are required to meet.

Threshold academic standards are the minimum acceptable level of achievement that a student has to demonstrate to be eligible for a higher education qualification on the FHEQ. For equivalent awards, the threshold level of achievement is agreed across the UK and is described by the qualification descriptors set out in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ)

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 primary focus of Part A of the Quality Code is on how threshold academic standards are set and maintained.

Individual degree-awarding bodies are responsible for ensuring that threshold academic standards are met in their awards by aligning programme learning outcomes with the relevant qualification descriptors in the FHEQ. They are also responsible for setting the pass marks, as well as the grades, marks or classifications that differentiate between levels of student achievement above the threshold academic standards.

Subject benchmark statements make explicit the nature and characteristics of awards in a specific subject area and set out the attributes and capabilities of graduates in that subject. They describe outcomes and attributes expected at the threshold standard and, in most cases, also at the 'typical' or modal level of achievement. They are therefore a primary reference point both for setting academic standards when new programmes are being designed and approved, and for subsequent monitoring and review, since they provide academic staff with a detailed framework for specifying intended programme outcomes.

There is also a *Foundation Degree qualification benchmark*¹⁵ that applies to all Foundation Degrees.

Qualifications positioned on the NQF and QCF

The National Qualifications Framework (NQF) and Qualifications and Credit Framework (QCF) set out the levels against which a qualification can be recognised in England, Wales and Northern Ireland.

Ofqual has an obligation to maintain standards in qualifications used in England. There are several factors that affect the standard of a qualification - the content or curriculum, the

¹⁵ www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Foundation-Degree-qualification-benchmark-May-2010.aspx

assessment and the grading. The content should be sufficiently demanding, the assessment should test that content appropriately and the grade standards should be set so that students achieving the qualification have shown they have sufficient knowledge and skills to be awarded it.

Reviewing the management of academic standards

In determining how well providers manage academic standards, review teams will expect to see awards aligned to the relevant qualifications framework, and account to be taken of any relevant subject, qualification or professional benchmark statement(s).

Professional, statutory and regulatory bodies (PSRBs) are organisations that set the standards for, and regulate the standards of entry into, particular professions. Professional qualifications (as distinct from academic qualifications) are determined by PSRBs and they may stipulate academic requirements which must be met in order for an academic programme to be recognised as leading to, or providing exemption from part of, a professional qualification. Where providers choose to offer programmes which lead to, or provide exemption from, specific professional qualifications, the requirements of the relevant PSRB will influence the design of academic programmes, but the responsibility for the academic standards remains with the awarding body which is awarding the academic qualification. Where providers have PSRB accreditation for their programmes, review teams will explore how accreditation requirements are taken into account in the setting and maintaining of standards and the quality assurance of programmes. Review teams will also explore how accurately information about accredited status is conveyed to students.

What do we mean by academic quality?

Part B of the Quality Code sets out the Expectations about assuring and enhancing academic quality that all providers are required to meet.

Academic quality is defined in the *UK Quality Code for Higher Education: General introduction* as follows:

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 provider. A provider should be capable of guaranteeing the quality of the opportunities it provides, but it cannot guarantee how any particular student will experience those opportunities. By ensuring that its policies, structures and processes for the management of learning opportunities are implemented effectively, a provider also ensures the effectiveness of its outcomes.

What do we mean by enhancement?

Enhancement is defined by QAA for the purposes of review in England and Northern Ireland as: 'taking deliberate steps at provider 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 be found across a provider. It is about a provider being aware that it has a responsibility to improve the quality of learning opportunities, and to have policies, structures and processes in place to make sure it can do so. 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.

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 quality of the information it produces about its higher education provision.

What do we mean by information about higher education provision?

Part C: Information about higher education provision of the Quality Code sets out the Expectation concerning information about the learning opportunities offered that all 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.

The HEFCE circular letter 2011/18 requires providers who are subscribers in England and Northern Ireland and providers with direct access to funding from HEFCE who are not subscribers to QAA 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.

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 quality of the information it produces about its higher education provision.

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; or to ensure that the information it produces for its intended audiences is fit for purpose, accessible and trustworthy.

Annex 2: Format and wording 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 the embedding of enhancement throughout the Quality Code.

The wording of the judgements is as follows:

- 1 **For degree-awarding bodies:** The setting and maintenance of the threshold academic standards of awards...
 For non degree-awarding bodies: The maintenance of the academic standards of awards offered on behalf of degree-awarding bodies and/or other awarding organisations...
- 2 The quality of student learning opportunities...
- 3 The quality of the information produced by the provider about its provision...
- 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 degree-awarding bodies or other awarding organisations.

When reviewing non-degree-awarding bodies, review teams will be concerned with the way providers discharge the responsibilities they have to their degree-awarding bodies and/or other awarding organisations, and not with how the degree-awarding bodies or awarding organisations manage their own responsibilities. The review of the degree-awarding bodies' responsibilities is part of the focus of the review of the degree-awarding body.

The criteria that review teams will use to come to these judgements are set out below. These criteria are cumulative, which means that most criteria within a particular section should be fulfilled in order to support the relevant judgement.

...is or are commended	...meet(s) UK expectations	...require(s) improvement to meet UK expectations	...do(es) not meet UK expectations
All applicable Expectations have been met.	All, or nearly all, applicable Expectations have been met.	Most applicable Expectations have been met.	Several applicable Expectations have not been met or there are major gaps in one or more of the applicable 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"> There are examples of good practice in this area and no recommendations for improvement. The provider has plans to enhance this area further. Student engagement in the management of this area is widespread and supported. Managing the needs of students is a clear focus of the provider's strategies and policies in this area. 	Any recommendations may relate, for example, to: <ul style="list-style-type: none"> minor omissions or oversights a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change completion of activity that is already underway in a small number of areas that will allow the provider to meet the Expectations more fully. 	Any recommendations may relate, for example, to: <ul style="list-style-type: none"> weakness 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 problems which are confined to a small part of the provision. 	Any recommendations may relate, for example, to: <ul style="list-style-type: none"> 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 breaches by the provider of its own quality assurance management procedures.

...is or are commended	...meet(s) UK expectations	...require(s) improvement to meet UK expectations	...do(es) not meet UK expectations
	<p>The need for action has been acknowledged by the provider in its review documentation or during the review, and 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 issues. 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 Expectations, 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>

When teams make their judgements, they will take into account whether the Expectations of the Quality Code have been met. To assist teams in deciding whether Expectations have been met, the table below presents each Expectation alongside headings which refer to the Indicators of sound practice in the relevant Chapter of the Quality Code. Neither the headings nor the Indicators of sound practice themselves are intended to operate as checklists and reviewers will not use them in this way. Reviewers will appreciate that the precise details of how an Expectation is being addressed will vary from provider to provider and, where applicable, according to providers' agreements with their degree-awarding bodies or other awarding organisations.

Not all Expectations apply to all providers, which is why the judgement criteria above refer to 'applicable Expectations'. Providers who do not provide research degree programmes, for example, are not expected to meet the Expectation on research degrees. Providers without degree-awarding powers work with degree-awarding bodies and/or other awarding organisations, such as Edexcel, which retain responsibility for the academic standards of the awards granted in their names, and for ensuring that the quality of learning opportunities offered is adequate to enable students to achieve the academic standards required for their awards. Therefore, for providers without degree-awarding powers, the Expectations in Part A of the Quality Code will not apply in their entirety. However, review teams will use the framework of Part A to judge whether providers without degree-awarding powers are meeting the responsibilities they have to degree-awarding bodies and/or other awarding organisations for maintaining academic standards.

The different parts of the Quality Code are interconnected and so reviewers, in arriving at their judgements, will consider the Quality Code as a whole. For example, Chapters B1, B6, B7, B8, B10 and B11 all have important things to say about setting and maintaining academic standards. Therefore, evidence gathered by reviewers under these headings may influence their judgement concerning academic standards.

QAA updates the Quality Code regularly to take account of the changing nature of higher education. As the Quality Code changes, so will the Expectations and Indicators of sound practice and this will be reflected in the table below. Where a Chapter or Part of the Quality Code is revised (other than minor amendments), providers have a stated period of time in which to make any necessary changes to their regulations, policies or practices to ensure they meet the relevant Expectation, and before the revised chapter is used as the basis for review.

35

The current Expectations will be revised taking effect from August 2014, once the following revised Chapters have been published - in October 2013: Part A: Setting and maintaining threshold academic standards: *Chapter B1: Programme design and approval*; *Chapter B2: Admissions*; *Chapter B6: Assessment of students and accreditation of prior learning*; *Chapter B8: Programme monitoring and review*. The revised *Chapter B9: Academic appeals and student complaints* also takes effect in August 2014.

1 Standards

Expectations	Quality Code Chapter headings
<p>(1) Each higher education qualification (including those awarded through arrangements with other delivery organisations or support providers) is allocated to the appropriate level in the FHEQ¹⁶.</p> <p>Quality Code - Part A: Setting and maintaining threshold academic standards Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 11)</p> <p>Other sources of information: <i>Higher education credit framework for England: guidance on academic credit arrangements in higher education in England</i> (2008) www.qaa.ac.uk/publications/informationandguidance/pages/higher-education-credit-framework-for-england-guidance-on-academic-credit-arrangements-in-higher-education-in-england-augu.aspx</p> <p><i>Master's degree characteristics</i> www.qaa.ac.uk/publications/informationandguidance/pages/masters-degree-characteristics.aspx</p> <p><i>Doctoral degree characteristics</i> www.qaa.ac.uk/publications/informationandguidance/pages/doctoral_characteristics.aspx</p> <p><i>Foundation Degree qualification benchmark</i> www.qaa.ac.uk/publications/informationandguidance/pages/foundation-degree-qualification-benchmark-may-2010.aspx</p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Part A of the Quality Code in October 2013.</p>	<ul style="list-style-type: none"> • Matching outcomes of programmes to qualification descriptors on the FHEQ or requirements of other frameworks • Setting a volume of study that is sufficient to demonstrate that learning outcomes can be achieved

¹⁶ Or other applicable frameworks such as the QCF

<p>(2) All higher education programmes of study take account of relevant subject and qualification benchmark statements.</p> <p>Quality Code - Part A: Setting and maintaining threshold academic standards <i>Foundation Degree qualification benchmark</i> Quality Code - <i>Chapter B1: Programme design and approval</i> Quality Code - <i>Chapter B8: Programme monitoring and review</i></p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Part A and Chapters B1 and B8 in October 2013.</p>	<ul style="list-style-type: none"> • Use of subject benchmark statements and qualification statements in design and delivery and as general guidance when setting learning outcomes • Consideration of the relationship between standards in subject benchmark statements and any required for PSRBs
<p>(3) Higher education providers make available definitive information on the aims, intended learning outcomes and expected learner achievements for a programme of study.</p> <p>Quality Code - Part A: Setting and maintaining threshold academic standards Quality Code - Part C: Information about higher education provision (Indicator 4)</p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Part A in October 2013.</p>	<ul style="list-style-type: none"> • Programme design and approval • Dissemination of definitive information • Monitoring and review • Maintaining and updating definitive information
<p>(4) Higher education providers have in place effective processes to approve and periodically review the validity and relevance of programmes.</p> <p>Quality Code - Part A: Setting and maintaining threshold academic standards Quality Code - <i>Chapter B1: Programme design and approval</i> Quality Code - <i>Chapter B8: Programme monitoring and review</i> Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicators 13 and 17) Quality Code - <i>Chapter B11: Research degrees</i> (Indicator 17)</p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Part A and Chapters B1 and B8 in October 2013.</p>	<ul style="list-style-type: none"> • Exercise of authority • Use of externality • Articulation of policy and practice • Programme design • Programme approval • Programme monitoring and review • Evaluation of processes

<p>(5) Higher education providers ensure independent and external participation in the management of threshold academic standards.</p> <p>Quality Code - Part A: Setting and maintaining threshold academic standards Quality Code - <i>Chapter B7: External examining</i> (effective September 2012) Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 16) Quality Code - <i>Chapter B11: Research degrees</i> (Indicator 17)</p>	<ul style="list-style-type: none"> • Use of external expertise in quality assurance processes
<p>(6) Higher education providers ensure the assessment of students is robust, valid and reliable and that the award of qualifications and credit are based on the achievement of the intended learning outcomes.</p> <p>Quality Code - Part A: Setting and maintaining threshold academic standards Quality Code - <i>Chapter B6: Assessment of students and accreditation of prior learning</i></p>	<ul style="list-style-type: none"> • Design, approval, monitoring and review of assessment strategies • Academic/regulatory framework

2 Quality

Expectations	Quality Code Chapter headings
<p>Programme design and approval (1) Higher education providers have effective processes for the design and approval of programmes.</p> <p>Quality Code - <i>Chapter B1: Programme design and approval</i> Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 13)</p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Chapter B1 in October 2013.</p>	<ul style="list-style-type: none"> • General principles • Programme design • Programme approval • Evaluation of processes

<p>Admissions (2) Policies and procedures used to admit students are clear, fair, explicit and consistently applied.</p> <p>Quality Code - <i>Chapter B2: Admissions</i> Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicators 9 and 14) Quality Code - <i>Chapter B11: Research degrees</i> (Indicators 4-6)</p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Chapter B2 in October 2013.</p>	<ul style="list-style-type: none"> • General principles • Recruitment and selection • Information to applicants • Complaints and appeals • Monitoring and review of policies and procedures
<p>Learning and teaching (3) 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>	<ul style="list-style-type: none"> • The basis for effective learning and teaching • The learning environment • Student engagement in learning
<p>Enabling student development and achievement (4) Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.</p> <p>Quality Code - <i>Chapter B4: Enabling student development and achievement</i> (effective January 2014)</p>	<ul style="list-style-type: none"> • Strategic approaches • Student transitions • Facilitating development and achievement

<p>Student engagement (5) 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"> • Defining student engagement • The environment • Representational structures • Training and ongoing support • Informed conversations • Valuing the student contribution • Monitoring, review and continuous improvement
<p>Assessment (6) Higher education providers ensure that students have appropriate opportunities to show they have achieved the intended learning outcomes for the award of a qualification or credit.</p> <p>Quality Code - <i>Chapter B6: Assessment of students and accreditation of prior learning</i> Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 15) Quality Code - <i>Chapter B11: Research degrees</i> (Indicators 16-17)</p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Chapter B6 in October 2013.</p>	<ul style="list-style-type: none"> • General principles • Contribution to student learning • Assessment panels and examination boards • Conduct of assessment • Amount and timing of assessment • Marking and grading • Feedback to students on their performance • Staff development and training • Language of study and assessment • PSRB requirements • Assessment regulations • Student conduct in assessment • Recording, documenting and communicating assessment decisions
<p>External examining (7) Higher education providers make scrupulous use of external examiners.</p> <p>Quality Code - <i>Chapter B7: External examining</i> (effective September 2012) Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 16)</p>	<ul style="list-style-type: none"> • Defining the role of the external examiner • The nomination and appointment of external examiners • Carrying out the role of external examiner • Recognition of the work of external examiners/external verifiers • External examiners'/external verifiers' reports • Serious concerns

<p>Programme monitoring and review (8) Higher education providers have effective procedures in place to routinely monitor and periodically review programmes.</p> <p>Quality Code - <i>Chapter B8: Programme monitoring and review</i> Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 17)</p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Chapter B8 in October 2013.</p>	<ul style="list-style-type: none"> • General principles • Monitoring and review processes • Programme withdrawal • Evaluation of processes
<p>Academic appeals and student complaints (9) Higher education providers have fair, effective and timely procedures for handling students' complaints and academic appeals.</p> <p>Quality Code - <i>Chapter B9: Complaints and appeals</i> Quality Code - <i>Chapter B2: Admissions</i> (Indicators 10-11) Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicator 18) Quality Code - <i>Chapter B11: Research degrees</i> (Indicator 18)</p> <p>Note: A revised Expectation will take effect from August 2014 following publication of the revised Chapter B9 in April 2013.</p>	<ul style="list-style-type: none"> • General principles • Information • Internal procedures: design and conduct • Access to support and advice • Monitoring, review and enhancement of complaints procedures

<p>Managing higher education provision with others (10) 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"> • Strategy and governance • Developing, agreeing and managing an arrangement to deliver learning opportunities with others • Responsibility for, and equivalence of, academic standards • Quality assurance • Information for students and delivery organisations, support providers or partners • Certificates and records of study
<p>Research degrees (11) 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"> • Higher education provider arrangements • The research environment • Selection, admission and induction of students • Supervision • Progress and review arrangements • Development of research and other skills • Evaluation mechanisms • Assessment • Research student complaints and appeals

3 Information about higher education provision

Expectation	Quality Code Chapter headings
<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) HEFCE circular letter 2011/18: Table 1 and Table 2 HEFCE circular letter 2012/04 Quality Code - <i>Chapter B10: Managing higher education provision with others</i> (Indicators 10, 18 and 19) Quality Code - <i>Chapter B7: External examining</i> (Indicator 14)</p>	<ul style="list-style-type: none"> • Information for the public about the higher education provider • Information for prospective students • Information for current students • Information for students on completion of their studies • Information for those with responsibility for maintaining standards and assuring quality

4 Enhancement

Expectations	Headings
<p>(1) Deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.</p> <p>Embedded in Quality Code - Part B: Assuring and enhancing academic quality</p>	<ul style="list-style-type: none"> • Strategic approach to enhancement of student learning opportunities • Integration of enhancement initiatives in a systematic and planned manner at provider level • Ethos which expects and encourages enhancement of student learning opportunities • Identification, support and dissemination of good practice • Use of quality assurance procedures to identify opportunities for enhancement

Annex 3: Evidence base for Higher Education Review, including the self-evaluation document

The evidence base for Higher Education Review is a combination of information collected by QAA, information given by the provider - including the self-evaluation document, and information provided by students. This annex deals with the first two of these; information from students is covered in [Annex 5](#) on page 52.

Additional guidance for providers on the information they need to give will be published on QAA's website.

Information collected by QAA

We will compile as much of the evidence base as we can from sources available directly to us. This information will vary from provider to provider and may include:

- the most recent QAA review reports about the provider and the organisations with whom it delivers learning opportunities
- the most recent published professional, statutory and regulatory body (PSRB) reports about the provider and the organisations with whom it delivers learning opportunities
- the most recent reports of other quality assurance bodies, including international organisations, about the provider and/or organisations with whom it delivers learning opportunities
- the most recent Ofsted inspection reports about the provider and organisations with whom it delivers learning opportunities
- the most recent Skills Funding Agency audit reports about the provider and organisations with whom it delivers learning opportunities.

In the consultation on the draft Higher Education Review handbook we proposed to collect, or ask providers to submit, the most recent reports of PSRBs about the provider and the organisations with whom it delivers learning opportunities. Many respondents to the consultation, including providers and PSRBs themselves, highlighted the fact that only a small proportion of PSRBs publish, or make available externally, review reports which were likely to be of use to QAA review teams. On the advice of a number of PSRBs, therefore, we have decided to carry out a scoping study into the possibility of surveying PSRBs about the providers they accredit or are otherwise involved with, with a view to using that information in the desk-based analysis for Higher Education Review. We envisage a regular survey of PSRBs which would list the providers on the Higher Education Review schedule for the next academic year or so and ask PSRBs to tell us if there are any issues among these providers that our review teams might usefully focus on. These could be potential examples of good practice as well as concerns. We will publish further details about this study in due course.

We will compile a list of this information by the time of the preparatory meeting (16 weeks before the review visit) and share the list with you at that meeting in order to promote transparency and to allow you to raise any concerns. You will have an opportunity in your self-evaluation document to explain or contextualise any of the information we have listed.

Self-evaluation document

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

- to give the review team an overview of your organisation, including its track record in managing quality and standards, and details of any relationships with degree-awarding bodies or awarding organisations and of 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 Expectations that form the basis of each judgement in organising your SED. Further guidance is given 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 in several different parts of 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 also hope that by encouraging providers to use more narrative text in SEDs for this method than under IRENI, RCHE and REO, it will be possible to limit the amount of evidence which it is necessary to reference.

Data requirements

HEFCE has asked QAA to ensure that Higher Education Review considers providers' achievements and shortfalls against relevant nationally benchmarked datasets. Some of these datasets are available directly to us. However, we ask providers to report against, and reflect upon, these datasets (rather than include them within the information we collect

ourselves) to allow providers to explain and contextualise the results. The other datasets are not available to QAA.

Therefore, where the following datasets 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.¹⁷

All providers are encouraged to cite other relevant nationally or internationally benchmarked data where this data is available and applicable. This includes any benchmarked data published by awarding organisations.

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.

How the self-evaluation document is used

The SED is used throughout the review process. During the desk-based analysis it is part of the information base which helps to determine the duration of the review visit. The reviewers will be looking for indications that:

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

Reviewers will also expect the SED to consider the effectiveness of the provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

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 agree on a shorter 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.

¹⁷ Derived from table series T3 of the *Performance Indicators in Higher Education in the UK*, published by the Higher Education Statistics Agency www.hesa.ac.uk.

Suggested structure of the self-evaluation document

Core element of the review

Section 1: Brief description

- 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 Expectation in *Chapter B10: Managing higher education provision with others* of the Quality Code regarding the existence of agreements setting out the rights and obligations of both parties.

Section 2: Your track record in managing quality and standards

Briefly describe your track record in managing quality and standards by reference to the outcomes of previous external review activities and your responses to those activities. Describe how the recommendations from the last QAA review(s) (where applicable) have been addressed, and how good practice identified has been built on. Refer to any action plans that have been produced as a result of review(s).

Although the outcomes of previous review activities are likely to be part of the information QAA will collect, it is still worth referencing these outcomes as evidence in this section of the SED in case QAA cannot access them.

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 Expectation (where applicable, within the context of your agreements with degree-awarding bodies and other awarding organisations).

- 1 Each qualification (including those awarded through arrangements with other delivery organisations or support providers) is allocated to the appropriate level All higher education programmes of study take account of relevant subject and qualification benchmark statements.
- 2 Higher education providers make available definitive information on the aims, intended learning outcomes and expected learner achievements for a programme of study.
- 3 Higher education providers have in place effective processes to approve and periodically review the validity and relevance of programmes.

- 4 Higher education providers ensure independent and external participation in the management of threshold academic standards.
- 5 Higher education providers ensure the assessment of students is robust, valid and reliable and that the award of qualifications and credit are based on the achievement of the intended learning outcomes.

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 datasets. **The evidence for this section should include a representative sample of the reports of external examiners/verifiers, programme approvals and periodic reviews, as well as your organisation's response to those reports, where applicable.**

More information about what might be relevant to consider as you present your evidence is given 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 have effective processes for the design and approval of programmes.
- 2 Policies and procedures used to admit students are clear, fair, explicit and consistently applied.
- 3 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.
- 4 Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.
- 5 Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.
- 6 Higher education providers ensure that students have appropriate opportunities to show they have achieved the intended learning outcomes for the award of a qualification or credit.
- 7 Higher education providers make scrupulous use of external examiners/verifiers. Higher education providers have effective procedures in place to routinely monitor and periodically review programmes.
- 8 Higher education providers have fair, effective and timely procedures for handling students' complaints and academic appeals.
- 9 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.
- 10 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.

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

More information about what it might be relevant to consider as you present your evidence is given in [Annex 2](#).

Section 5: The quality of information about the higher education provision offered

The Expectation of Part C: Information about higher education provision of the Quality Code 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 datasets.

More information about what it might be relevant to consider as you present your evidence is given in [Annex 2](#).

Section 6: 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 [Annex 2](#).

Thematic element

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
- 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 to ensure that the student representative body is informed of, and understands, the progress of the review
- work with the lead student representative 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 working relationship with the lead student representative that is appropriate to the provider and to the organisation of the student body. It is anticipated that the lead student representative will be involved in the oversight and possibly the preparation of the student submission, 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 lead student representative 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 lead student representative, the facilitator might also provide guidance and support to student representatives when preparing the student submission and for 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.

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 lead student representative. 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, as follows.

The lead student representative

The role of the lead student representative (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 student representative 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 provider 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 review 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 in the provider's assurance of standards and quality, this may lead the review team to spend longer at the provider than they would do if the submission suggests the provider is managing its responsibilities effectively. 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 datasets that provide robust and comparable information about the provider when putting together the student submission. One good source of relevant data for subscribing providers in England and Northern Ireland and providers with direct access to funding from HEFCE who are not subscribers to QAA is the website 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 self-evaluation document (see [Annex 3](#) on page 44). The self-evaluation document 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:

- how effectively the provider sets and maintains the threshold academic standards of its awards (or maintains the threshold academic standards of the awards set by its degree-awarding bodies or other awarding 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
- the provider's plans to enhance the quality of students' learning opportunities.

Reviewers will also be interested to know students' views on the effectiveness of their provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

The thematic part of the review is described in paragraphs 31-34 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 representatives 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 12 weeks before the review visit. QAA will confirm the precise date in correspondence with the LSR.

Sharing the student submission with the provider

Given that the student submission is such an important input into the review process, 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.

Other ways for students to make their views known

QAA is committed to enabling students to contribute to its review processes. The principal vehicles for students to inform this process are the student submission and the LSR. However, it may not be possible in all providers to identify an LSR and/or for the students to make a student submission. In these circumstances, we may need to consider an alternative way of allowing students to contribute their views directly to the review team using an online tool.

The online tool will include 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.

If the online tool is required to be used, we will expect providers to inform all their students about its availability using a standard message developed by QAA. Any comments from students using this tool must be received by the beginning of the desk-based analysis (that is, 12 weeks before the review visit) to allow the review team to give them proper consideration. Therefore, any decision to activate the tool should be made during, or as soon as possible after, the preparatory meeting at the latest.

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 student 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.

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.

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 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 are given below.

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

- Staff reviewers currently working for a 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 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 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 organisational 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 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 contributing to the management of academic standards and/or quality
- 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 our 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: Responsibilities Checklist for new applicants for educational oversight

One copy of this checklist should be completed for **each** awarding body and awarding organisation and sent to QAA as part of the self-evaluation.

Provider:

Awarding body/organisation:

Please identify management responsibilities (or responsibilities for implementation within partnership agreements) using the checklist below. Where the provider is fully responsible (implementation is fully devolved) please mark the **provider** column; where the awarding body/organisation has full responsibility, mark the **awarding body/organisation** column; where responsibility is shared or the provider implements under awarding body/organisation direction, mark the **shared** column. Where responsibility is devolved to the provider or shared please give **documentary reference(s)** that show how this is managed or implemented. These may be provided in the self-evaluation portfolio or in documents presented subsequently or available during the visit.

Item	Provider	Awarding body/organisation	Shared	Documentary reference(s)
1 Identification of curriculum needs				
2 Strategic development of higher education				
3 Curriculum development				
4 Programme specifications and intended learning outcomes				
5 Setting assessments				
6 First marking of student assignments				
7 Moderation or second marking of assignments				
8 Giving feedback to students on their assignments				
9 Student recruitment and selection				
10 Monitoring student admission, retention and completion				
11 Reviewing and responding to annual monitoring reviews and module evaluations				
12 Quality review of higher education provision				
13 Provision for developing				

staff teaching and assessing skills at higher education level				
14 Provision for staff higher education subject updating and scholarship				
15 Monitoring the quality of higher education teaching and learning				
16 Student admission guidance and induction				
17 Academic tutorial/review and monitoring/academic guidance				
18 Library and learning resources available to students				
19 Guidance for progression				
20 Liaison with and involvement of employers				
21 Student appeal system				
22 Collecting and acting upon student feedback/opinion				
23 Programme and module information available to students				
24 Information about learning opportunities, for example, on web or in prospectus				
25 Procedures for ensuring that information about learning opportunities is fit for purpose, accessible and trustworthy				

Annex 8: Financial Sustainability, Management and Governance Checks for new applicants for educational oversight

The overall purpose of the new financial sustainability, management and governance (FSMG) checks will be to ensure that providers are financially viable and sustainable with a low risk of failure on financial grounds over the medium term. An assessment against these criteria will be made as part of the application process and checked through annual monitoring. This will give students reasonable confidence that they should not be at risk of being unable to complete their course as a result of institutional failure. The assessment of the provider may take account of the financial sustainability, management and governance arrangements of any subsidiary, parent company or linked organisation.

Providers must offer evidence that they are financially sustainable, financial management is sound and a clear relationship exists between the provider's financial policy and the safeguarding of the quality and standards of its provision. The provider should also offer evidence that it is governed and managed effectively, with clear and appropriate lines of accountability for its academic responsibilities.

FSMG checks will be carried out by the QAA and its partner organisations in three stages. Stage one is a preliminary check and takes place after the application window closes and before the review commences. Stage two is a key financial and individuals check to determine whether there are any material concerns over the financial health of the provider. Stage three is a full management and governance assessment and takes place immediately following stage two.

The output from the FSMG assessment will take the form of advice to the Home Office as to whether there are any material issues identified in respect of the provider's financial sustainability or its management and governance arrangements and a brief description of these and their significance as well as an overall risk assessment of the provider as being high, medium or low risk in respect of FSMG considerations. **Providers must be assessed as low risk in order for the Higher Education Review to go ahead. Providers who are assessed as medium or high risk or those for whom material issues are identified will be deferred until all issues are addressed and they are assessed as low risk and have no material concerns.**

Evidence requirement

Providers are required to provide information on:

- details of the organisation, type of organisation, trading names and addresses, key individuals; directors, shareholders, trustees and relationships with other organisations
- adequacy and appropriateness of corporate governance arrangements (note: academic governance arrangements will form part of the assurances over quality covered by the quality assessment part of the HER+ review)
- sufficient track record of financial performance
- assurance of financial sustainability over the length of a cohort of students' course from the date of the HER+ review.

The following is an illustrative list of the evidence that providers will need to give:

- Demonstration of the identity of the provider as an organisation and key individuals (for example, the principal, directors, shareholders, trustees) to ensure that the provider is owned, managed and run by 'fit and proper persons';
- Adequacy and appropriateness of corporate governance arrangements;
- Sufficient track record of financial performance, evidenced by the last three years' externally audited accounts. The auditor must be independent of the preparer of the accounts. The basis of accounts and forecasts will be Generally Accepted Accounting Practice in the UK (UK GAAP) (or successor requirements) or International Financial Reporting Standards (IFRS) (if appropriate)¹⁸. New entrant providers or new entities without a track record will need to demonstrate strong support from a parent company or guaranteed financial backing;
- Financial sustainability, evidenced by a business plan and full financial forecasts for the current year and future three years. This will include a commentary on the assumptions being made and how any financial risks are being managed. In order to assess the financial position and performance, the application must cover other relevant contextual information; and
- Accountability for the accuracy of the application.

As part of the financial sustainability assessment, indicators will be used to benchmark the provider's financial performance and position. It is important to note that the indicators will not be used in isolation to determine the financial sustainability assessment of the provider; but rather the financial sustainability assessment will be an overall judgment that considers the context of the provider's financial position and performance (such as its strategic or business plan). The indicators will be used to inform the assessment process and as a suggestion of areas that may require a closer review and understanding by the assessor. The indicators are as follows:

- Surplus/(deficit) before dividends as per cent of income;
- Dividends as per cent of surplus/(deficit);
- Liquidity (in days' expenditure): calculated as $[(\text{cash less overdrafts})/(\text{expenditure less depreciation})] \times 365$;
- Current ratio (current assets/current liabilities);
- Borrowing as per cent of total income;
- Net total assets/(liabilities) as per cent of total income; and
- Cash flow from operating activities as per cent of total income.

In order to inform the financial sustainability assessment, additional contextual information provided in the application will be considered. This contextual information will come from the financial statements themselves as well as the commentary around specific questions that providers will need to complete.

In short, providers need to give assurances that they:

- Have adequate cash flow to remain solvent (that is, have sufficient liquidity to pay their debts as they fall due)

¹⁸ Even if providers are not required to prepare full financial statements for statutory purposes, they will still need to provide independently audited full financial statements as part of their application - these will include income and expenditure statement, balance sheet, cash flow statement and notes to the accounts. The accounts must be audited each year by a registered auditor who is independent of the preparation of the financial statements themselves. The register of statutory auditors can be found at: www.auditregister.org.uk/Forms/Default.aspx.

- Have an adequate balance sheet (that is, maintain a net total assets position and not incur deficits if these would result in a net total liabilities position).

Providers should be aware that any change of ownership or control will automatically require a re-assessment.

Details on what to submit and how are given in the application form.

How we will consider applications

In order to inform the financial sustainability assessment, the QAA and its partner organisations will need to refer to additional contextual information provided in the application. This contextual information will come from the financial statements themselves as well as the commentary around specific questions that providers will need to complete.

Providers are responsible for ensuring that the application is complete, and that all requested information is provided. We will **not** assess incomplete applications. An initial check will be made to be sure all the necessary information has been provided, and if not the application will be returned.

During the application process the QAA and its partner organisations may request further information or seek clarification on specific issues.

Data protection

Personal information supplied about the accountable officer, head of organisation, directors or trustees and shareholders will be used to inform our assessment of the management and governance of the provider and to ensure that the provider is owned, managed and run by 'fit and proper' persons. The QAA and its partner organisations will check some of the information with other sources, such as Companies House. Providing a date of birth for individuals allows us to more easily identify people named in multiple applications and involved in the management of other organisations. If this information is not provided we may need to ask the provider to submit proof of identification for each individual.

Personal information will be treated in confidence and only shared with organisations involved in the assessment.

Further information on rights to access information that we hold about providers can be found at www.qaa.ac.uk/AboutUs/corporate/Pages/Memoranda.aspx.

Freedom of Information Act

Information submitted to QAA or its partner organisations may be disclosed on request, under the terms of the Freedom of Information Act 2000. The Act gives a public right of access to any information held by a public authority, in this case the QAA and its partner organisations. We have a responsibility to decide whether any responses should be made public or treated as confidential. We may refuse to disclose information in exceptional circumstances, for example where disclosure of information would prejudice commercial interests, such as a company's financial and strategic planning or where the release of information could result in anti-competitive behaviour. For further information about the Act, including the particular circumstances when information may be withheld, see www.ico.gov.uk under Freedom of Information Act.

Monitoring arrangements

Providers will be required to submit an annual monitoring return to enable the QAA and its partner organisations to reassess FSMG arrangements and ensure that terms and conditions are being met. Further guidance will be available at the HER+ briefing.

Verification of information

The QAA and its partner organisations reserve the right to verify any aspect of the information supplied by the provider. This may involve sharing information with other organisations and/or conducting independent checks.

Annex 9: Annual Monitoring for new applicants for educational oversight

Purpose of the monitoring process

1 The annual return and the monitoring visit are an integral part of the overall review process; they will serve as a short check on the provider's continuing management of academic standards, the management and enhancement of the quality of learning opportunities, and the information it produces about learning opportunities. The annual return will be an opportunity to reflect upon developments made in the management of academic standards and quality by the provider since the previous review or monitoring visit, and for QAA to note any matters which will be of particular interest to the team that conducts the provider's next review or monitoring visit.

2 The monitoring process has a developmental aspect, in that it will also serve to support providers in working with the Quality Code. The Quality Code gives all higher education providers a shared starting point for setting, describing and assuring the academic standards of their higher education awards and programmes and the quality of the learning opportunities they provide.

3 Significant changes in circumstances, or complaints or concerns raised about the provider, may trigger a full review instead of a monitoring visit (see paragraphs 23-25).

Overview of the monitoring process

4 All providers should submit an annual return to QAA, normally **nine months after their previous review or monitoring visit**. QAA will notify providers of the date when the annual return should be submitted.

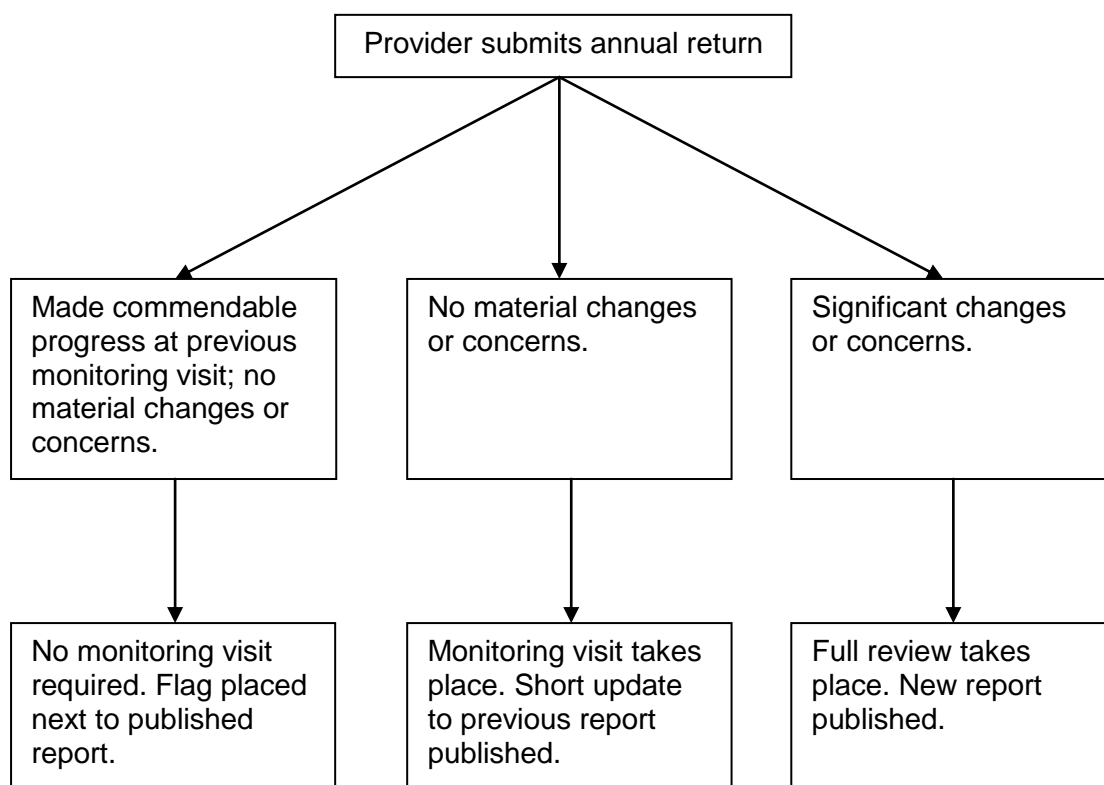
5 Based on the annual return, QAA will determine whether a short monitoring visit or a full review visit is necessary (see Figure 3 and paragraph 16). Providers who make commendable progress in one monitoring visit may not be required to undergo a monitoring visit the following year.

6 The monitoring visit will result in a short update to the published report.¹⁹ If a full review takes place, a new report will be published.

7 The flow chart in Figure 3 outlines the monitoring visit process, which takes place each year between full review visits.

¹⁹ Where providers do not have a monitoring visit because they exceeded expectations the previous year, this will be flagged on the QAA website.

Figure 3: flow chart of the monitoring process



The annual return

8 The annual return will normally be submitted nine months after the previous QAA visit. However, QAA should be notified immediately of any material changes of circumstances (see paragraphs 23-25 for details of material changes). If a provider does not have a monitoring visit in one year, the annual return will be due one year after the previous return.

9 The annual return should be submitted electronically to QAA. Details will be given to providers on how to do this when they are advised of the date for submission. The template for the annual return can be downloaded from the QAA website at: www.qaa.ac.uk/publications/informationandguidance/pages/REO-annual-return-form.aspx.

10 The provider is required to update QAA on:

- current programmes offered, awarding bodies/organisations and student numbers
- any major strategic or material changes since the last QAA team visit (see paragraphs 23-25)
- actions taken to address the good practice and recommendations in the action plan, or subsequent developments
- actions taken to address any recommendations in other external reports since the REO (such as awarding organisation or professional, statutory or regulatory body reports)
- progress in working with relevant external reference points to meet UK expectations for higher education
- involvement of students in quality assurance processes.

11 The annual return will take the form of a short briefing paper, together with links to key documents that provide evidence of any action taken in response to all previous good practice and recommendations.

12 In the first year following a full REO, the annual return should report in detail on how the provider has effectively implemented the action plan in response to the review report. Providers should supply evidence that the actions have been implemented effectively.

13 Providers should **maintain the action plan on an ongoing basis**, to ensure continual monitoring, review and enhancement of their higher education provision. In subsequent years, the monitoring visit will assess the effectiveness of the provider's actions to support continuous improvement. The annual return is the main mechanism by which the provider can communicate to QAA that it is continuing to evaluate and enhance its management of academic standards and quality.

14 Providers should consider how their quality assurance policies and processes allow them to meet the UK expectations for higher education. Providers should reflect on their use of relevant external reference points, including the Quality Code, in the annual return.

15 Providers should engage students in their quality assurance processes. Students may be involved in implementing the action plan and/or in measuring the outcomes of actions taken. Providers should reflect on the effectiveness of their processes to support student engagement in the annual return.

16 The provider's annual return and supporting evidence will be read by a QAA officer. QAA may decide that a full review visit is required instead of, or following, a monitoring visit if:

- there is evidence that material changes in circumstances have occurred (see paragraphs 23-25)
- there is a lack of demonstrable progress against the published action plan
- QAA has received complaints about academic standards or quality issues that are being investigated through the concerns scheme (see paragraph 131)
- there are other serious concerns about the provider's ability to effectively maintain academic standards and/or manage and enhance the quality of learning opportunities or the information the provider produces about learning opportunities (see paragraph 131).

The monitoring visit

17 The monitoring visit will last for one day, and will normally include meetings with the provider's staff and students. The monitoring team will normally consist of a review coordinator and one reviewer. The team will produce a short update to the existing report that will comment on:

- any changes since the last review
- the progress that has been made against the good practice and recommendations made in the most recent QAA report for the provider
- progress on working with external reference points to meet UK expectations for higher education
- any matters that should be followed up in the next monitoring visit/review visit
- a conclusion on the progress made in responding to the previous review or monitoring visit.

Table 3: Indicative timeline for the monitoring process

Time +/- visit (in weeks)	Actions required
-12 weeks	Provider submits electronic copies of the annual return and supporting evidence to QAA.
-10 weeks	QAA Review Support Officer (RSO) reads the annual return and determines whether a monitoring visit will take place or whether a full review is required. ²⁰ If the monitoring visit is to take place: QAA administrator confirms the monitoring team to the provider, and agrees the date of the visit. QAA administrator notifies the provider's awarding bodies/ organisations of the visit.
-6 weeks	Monitoring team analyses the annual return and prepares its agenda for the monitoring visit.
-4 weeks	Coordinator agrees the arrangements for the visit with the provider, and copies in the awarding bodies/organisations.
0 weeks	The monitoring visit takes place: monitoring team visits the provider, meets with staff and students, and considers any other evidence provided.
+1 weeks	Monitoring team drafts the update to the report, and coordinator sends it to the QAA RSO for editing.
+2 weeks	QAA RSO edits the update. Coordinator then sends the update to the provider and its awarding bodies/organisations for comment.
+4 weeks	Provider returns comments on factual accuracy to QAA. Comments from awarding bodies/organisations should be incorporated into the provider's comments.
+5 weeks	Coordinator discusses the provider's comments with the reviewer and QAA RSO and makes final amendments to the update.
+6 weeks	QAA publishes the outcome on the QAA website as an addendum to the previous review report.

Outcomes of the process

18 Conclusions reflect the provider's continuing management of academic standards, management and enhancement of the quality of learning opportunities, and the information it produces about learning opportunities. An overall conclusion will be graded as follows:

- the provider is making commendable progress
- the provider is making acceptable progress
- the provider is making progress but further improvement is required
- the provider is not making acceptable progress.

The requirements for meeting each of these grades in the annual monitoring process are defined in the table on page 69.

19 Providers should engage effectively with relevant external reference points, including the Quality Code, to manage their higher education. They should actively engage

²⁰ If a full review is required, the process will be followed as outlined in the REO handbook. The review cycle will then begin again.

students in quality assurance processes. Monitoring teams may identify good practice, or may make recommendations if providers are not managing these responsibilities effectively.

20 Academic standards and quality must be maintained in order for a provider to pass the monitoring process. Where there is evidence to demonstrate that a provider is making commendable progress (see table on page 69), the next monitoring process will take place in two years' time,²¹ unless the provider undergoes a material change in circumstances or other concerns are raised about the provider's management of its academic provision.

21 Where action plans have not been implemented fully or have not been effective in all areas, further action will be required to maintain educational oversight.

- Where the provider is **making progress but further improvement is required**, the provider will be required to submit a new action plan within 30 days of the visit. In order to maintain educational oversight, the provider should request a full review to take place within **six months** of publication of the outcome of the monitoring process.
- Where the provider is **not making acceptable progress**, the provider will be required to submit a new action plan within 30 days of the visit. In order to maintain educational oversight, the provider should request a full review to take place within **three months** of the publication of the outcome of the monitoring process.

22 A draft of the monitoring team's findings will be sent to the provider for comment on factual accuracy. The final update will be shared with UKBA and the provider's awarding bodies/organisations, and will be published on the QAA website.

Significant changes in circumstances

23 Any of the following material changes will automatically trigger a full review in place of the next monitoring visit. The following changes should be reported from the last QAA review or monitoring visit:

- an increase in total student numbers (international and/or domestic) by more than 50 places or 25 per cent, whichever is greater
- merger with another college or acquisition of a new branch that is planned to be included in the existing UKBA sponsorship arrangement
- a change of 50 per cent or more on the type of provision/courses offered, including changes of awarding body/organisation.

24 The following changes will be considered at the next monitoring round, which may mean that the monitoring visit requires additional time, at additional cost:

- change of address, acquisition of a new building, or extension of premises with an increase in capacity by 25 per cent or more
- change of principal and/or proprietor, or equivalent
- change of 20 per cent or more of permanent teaching staff
- change of 30 per cent or more on the type of provision/course offered, including changes of awarding body/organisation.

25 Notification of three or more of these changes will trigger a full review instead of the monitoring visit.

²¹ If a full review is planned for the following year as part of the four-year cycle, this exemption will not apply.

Conclusions for the monitoring process

Teams will draw a conclusion on the progress that has been made by the provider against their action plan and on working with relevant external reference points, following the criteria below. Conclusions reflect the provider's continuing management of academic standards, management and enhancement of the quality of learning opportunities, and the information it produces about the learning opportunities it offers.

Monitoring process conclusions

The provider is making commendable progress	The provider is making acceptable progress	The provider is making progress but further improvement is required	The provider is not making acceptable progress
The provider is making commendable progress in response to the good practice and recommendations of the previous review.	The provider is making acceptable progress in response to the good practice and recommendations of the previous review.	The provider is making progress in response to the good practice and recommendations of the previous review but further improvement is required.	The provider is not making acceptable progress in response to the good practice and recommendations of the previous review.
All actions have been implemented fully and have led to improvements in the provider's management of its higher education.	Most actions have led to improvement. Areas that have not been addressed fully do not have the potential to put academic standards or quality at risk.	Areas that have not been addressed fully or effectively have the potential to put academic standards and/or quality at risk and/or	Areas that have not been addressed fully or effectively currently put academic standards and/or quality at risk.
The provider demonstrates highly effective engagement with relevant external reference points, including the Quality Code.	The provider demonstrates appropriate engagement with relevant external reference points, including the Quality Code.	the provider demonstrates insufficient engagement with relevant external reference points, including the Quality Code	

Information produced by the provider for its intended audiences about the learning opportunities it offers is fit for purpose, accessible and trustworthy.	Information produced by the provider for its intended audiences about the learning opportunities it offers is fit for purpose, accessible and trustworthy.	and/or improvement is required to ensure information produced by the provider for their intended audiences about the learning opportunities they offer is fit for purpose, accessible and trustworthy.	
Outcome of the monitoring visit			
The provider is making commendable progress	The provider is making acceptable progress	The provider is making progress but further improvement is required	The provider is not making acceptable progress
The provider will not receive a monitoring visit in the following year, if no material changes have taken place which may require a full review. (If a full review is due the following year, there is no exemption.)	The provider will undergo a monitoring visit or full review in the following year.	To maintain Educational Oversight, the provider must apply for and undergo a full review within six months of the publication of the outcome of the monitoring visit.	To maintain Educational Oversight, the provider must apply for and undergo a full review within three months of the publication of the outcome of the monitoring visit.

QAA 549 08/13

© The Quality Assurance Agency for Higher Education 2013

Southgate House
Southgate Street
Gloucester
GL1 1UB

Tel 01452 557000

Fax 01452 557070

Email enquiries@qaa.ac.uk

Web www.qaa.ac.uk

ISBN 978 1 84979 911 9

All QAA's publications are available on our website www.qaa.ac.uk

Registered charity numbers 1062746 and SC037786