



Review for Specific Course Designation: Handbook

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About Review for Specific Course Designation by QAA

Review by the Quality Assurance Agency for Higher Education (QAA) is a requirement of alternative providers of higher education that wish to apply for or maintain specific course designation for student support purposes. QAA has been recognised by the Department for Business, Innovation and Skills (BIS) to carry out reviews for this purpose.

The term 'provider' refers to a range of organisations that deliver higher education programmes to students. Some may operate for profit, others may have charitable status. The providers reviewed through this method are not currently subscribers to QAA. The process of review described in this handbook is called Review for Specific Course Designation (RSCD). It focuses on providers that offer higher education programmes in collaboration with awarding bodies/organisations. It reflects the core principles of QAA review processes. In line with QAA's mission, reviews are intended in part to contribute to the enhancement of UK higher education and to reinforce the reputation of UK higher education worldwide.

In applying for RSCD, applicants have agreed to come within the scope of the QAA Concerns scheme (or within the scope of the *Protocol for managing potential risks to quality and academic standards* in Scotland) and to cooperate with any investigations.¹ Providers should be aware that QAA is developing protocols with Ofqual to share with them, as is deemed appropriate, matters of concern regarding the management of quality. For the purposes of RSCD, only 'confidence' judgements in the management of academic standards and management and enhancement of the quality of learning opportunities and 'reliance' in information about learning opportunities are deemed as acceptable outcomes.

About QAA

QAA's mission is to safeguard standards and improve the quality of UK higher education. QAA's aims are to:

- meet students' needs and be valued by them
- safeguard standards in an increasingly diverse UK and international context
- drive improvements in UK higher education
- improve public understanding of higher education standards and quality.

QAA's values are:

Integrity

We always aim to be fair, objective and honest in our work, basing our judgements on sound evidence.

Professionalism

We set high professional standards in everything we do, providing relevant and effective services that are trusted by all with an interest in UK higher education.

¹ See www.qaa.ac.uk/complaints/concerns/pages/default.aspx.

Accountability

Through safeguarding standards and driving improvements, we fulfil our responsibilities. We consult on the development of our work and assess its impact, seeking to provide a high level of service and to be responsive to external demands.

Openness

We are open and approachable about the work we do, and how we do it, believing that this encourages trust and confidence. We publish full details of our review methods, as well as our reports on institutions. We are committed to communicating clearly and accessibly about all aspects of our work.

Independence

To fulfil our responsibilities we must be an independent voice in UK higher education, basing our work on expert, objective scrutiny and analysis.

A fuller account of QAA's purposes, values and standards is provided in Annex A.

QAA is committed to evaluating and monitoring its work in an open and reflective manner. It does this within the context of an evaluation policy. For further information, please see the QAA website:

www.qaa.ac.uk/AboutUs/corporate/Policies/Documents/EvaluationPolicy.pdf.

About this handbook

This handbook is intended primarily for staff working for those higher education providers applying for RSCD, and for review teams. It is also intended to provide information and guidance for other staff working for higher education providers and for the providers' awarding bodies/organisations. It is not intended for students (for whom QAA has produced separate guidance).

There is a glossary of terms in Annex J; further information may also be found through the web links listed at the end of Annex J. In addition to this handbook, QAA will provide support for providers and reviewers through briefings and training.

Section 1: Key features of Review for Specific Course Designation

1 Review for Specific Course designation (RSCD) consists of periodic reviews, an annual return and a monitoring process between reviews. This section gives an overview of RSCD, including its aims, objectives and scope. A more detailed description of how RSCD works follows in Section 2. The annual return and monitoring process is described in Section 6.

2 RSCD aims to:

- safeguard academic standards and contribute to the enhancement of UK higher education
- promote partnership working between providers, their awarding bodies/ organisations and students
- provide information that is useful to applicants, students and other interested parties.

3 RSCD focuses on:

- how the provider manages academic standards
- how the provider manages and enhances the quality of learning opportunities provided for students
- the information about learning opportunities that the provider is responsible for producing.

4 It reviews how providers carry out their delegated responsibilities within the context of their agreements with their awarding bodies/organisations. RSCD assumes that the provider and its awarding bodies/organisations are already managing the provision effectively according to the expectations of the UK Quality Code for Higher Education (Quality Code)² or other relevant external reference points (see Annex I).

5 The scope of the review is the provider's management of the quality of all of its higher education provision delivered in the UK, whether the courses are designated for student support or not.

6 Providers typically work with a range of awarding bodies and/or awarding organisations, including higher education institutions. The awarding bodies/organisations retain responsibility for the academic standards of all awards granted in their names and for ensuring that the quality of learning opportunities offered through collaborative arrangements is adequate to enable students to achieve the academic standard required for their awards. All awards reviewed should be validated by either an awarding body (a higher education partner) or an Ofqual-regulated awarding organisation, or must be an Association of Chartered Certified Accountants (ACCA)-approved learning partner at either Gold or Platinum level.

7 RSCD is conducted in an open and mutually respectful way, through discussion with staff and students and by scrutinising documents. Review teams will make judgements about the effectiveness of the provider's procedures for managing academic standards, management and enhancement of the quality of learning opportunities available to students, and the reliance that can be placed on the information about learning opportunities that the provider produces.

² For more information, see: www.qaa.ac.uk/qualitycode.

8 QAA will publish a report at the end of the review. Working documents related to the review, which are not already in the public domain, are regarded as confidential and will only be disclosed to a third party when QAA believes the release is appropriate to comply with the law.

Annual monitoring

9 Reviews will normally be carried out every four years. Providers are required to submit an annual return each year before the next scheduled full review. The current template for the annual return is available from the QAA website at: www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/REO-annual-return-form.aspx. Providers should maintain their action plan, in response to the review and other internal quality monitoring, to demonstrate that they are self-critical, reflective and evaluative of their management of quality of higher education programmes, and continuously enhance their programmes for the benefit of their students.

10 Providers are not subject to a monitoring visit between full reviews unless they meet significant changes in circumstances, which would trigger a visit. Providers who do not pass the monitoring process may request a full review in order to maintain specific course designation. It is expected that full reviews will take place every four years. Section 6 describes the process for the annual return.

Adapted reviews

11 Some providers of courses specifically designated for student support may also be reviewed by another approved body for Educational Oversight (such as the Independent School's Inspectorate). Where this is the case, QAA will carry out an adapted review for specific course designation. There are slight differences in adapted reviews, which are referred to in the relevant paragraphs below.

Section 2: Review for Specific Course Designation - how it works

12 This section provides an overview of RSCD and describes how it operates. The process is summarised in a timeline at the end of the section.

Overview

13 The emphasis of RSCD is on the effectiveness of the provider's procedures for managing its higher education. The review takes full account of the varying roles of awarding bodies/organisations, and is sensitive towards differences in those roles between different providers. RSCD covers all aspects of a provider's management of its higher education. Each review report is published on the QAA website.

Review teams

14 QAA appoints all review team members, including a review coordinator who will liaise with the provider on behalf of the review team (see Annex G for more information about the role of the coordinator and review team).

15 There will normally be four members of the RSCD team: the coordinator and three reviewers. Providers and awarding bodies/organisations will have the opportunity to check team membership for conflicts of interest. Where a provider has more than 1,000 students and/or more than four awarding bodies/organisations associated with its higher education provision, QAA may consider including an additional reviewer. For providers with fewer than 100 students, and for all adapted reviews, the team will normally comprise a coordinator and two reviewers. For teams of three or more reviewers, one will be a student reviewer.

16 While individual reviewers may take responsibility for drafting particular sections of the report, the whole team reaches a consensus on the judgements about the management of academic standards, the management and enhancement of the quality of learning opportunities, and whether information about learning opportunities is fit for purpose, accessible and trustworthy.

17 A facilitator - a member of staff nominated by the provider - will act as the key point of contact between the provider and the coordinator both before and during the visit.

Role of students

18 The review seeks to identify students' views of their education, both before and during the visit. The coordinator is responsible for discussing with the provider methods of obtaining a student submission, which is voluntary. The team will also expect the provider's self-evaluation to explain how it ensures that students' views inform the management of its higher education programmes.

19 A student representative will be invited to attend the QAA briefing event, alongside members of college staff. Students will be invited to meet the coordinator at the preparatory meeting, and during the visit the team will meet at least one group of students.

Key stages of RSCD

20 The key stages of RSCD are set out below under three headings:

- preparing for RSCD
- the review visit
- after the review.

Preparing for RSCD

21 Before the review visit is scheduled to take place, QAA will do the following.

- Notify the provider and its awarding bodies/organisations of the dates of the review.
- Invite the provider to attend a briefing. Two members of staff, a student representative and a representative of the awarding bodies/organisations are also invited to the briefing. The briefing will contain further advice and guidance on preparing a self-evaluation and on helping students to prepare a submission.
- Invite the provider to identify a facilitator, normally no later than 12 weeks before the visit.
The facilitator should be a member of staff who has a thorough understanding of the provider's higher education provision. More information about the role of the facilitator is provided in Annex G, and in the glossary in Annex J.

Self-evaluation

22 The self-evaluation is a key element of the review. It should be submitted to QAA nine weeks in advance of the review visit. The self-evaluation should provide an analytical self-reflection on the provider's approach to the management of academic standards, the management and enhancement of the quality of learning opportunities, and information about its higher education provision. It should make reference to its agreements with awarding bodies/organisations, and the processes and procedures it has adopted for carrying out these responsibilities. The self-evaluation should cover all aspects of the provider's higher education provision and needs to be fully referenced to supporting evidence. The RSCD team will carry out a careful analysis of the self-evaluation prior to the review visit. Section 3 of this handbook provides further guidance on the self-evaluation. The briefing will also offer further advice on preparing a self-evaluation.

Preparatory meeting

23 Four weeks before the review, a preparatory meeting is held at the provider between staff and students, representatives of awarding bodies/organisations (if agreed between the partners), and the coordinator. The purposes of the preparatory meeting are to discuss the arrangements for RSCD, to develop the agenda for the visit in the light of the provider's self-evaluation (and the student submission if one is made), and to identify further evidence for the provider to make available before and during the visit. It is also an opportunity for the coordinator to meet key staff and student representatives, clarify the process, and provide an opportunity for staff and students to ask questions.

24 An indicative programme for a preparatory meeting is provided in Annex C.

The review visit

25 The visit by the review team will normally take place over two consecutive days. It is designed to allow reviewers to scrutinise evidence on site, and to meet the provider's staff,

students and other stakeholders. Reviewers do not observe teaching, but will consider evidence of how the provider assures the quality of teaching and other learning opportunities. Reviewers are responsible for analysing the evidence, which leads to their judgements. The role of the coordinator is one of leadership and facilitation. The coordinator supports the team in making their evidence-based judgements. Annex D provides an indicative programme for the review visit.

Adapted review visits

26 The focus of the review visit is reduced in the case of adapted reviews. In most cases, adapted reviews will cover the following aspects of the management of higher education (please note that this list is neither exclusive nor exhaustive, and review teams may cover other aspects that are relevant to the review).

Academic standards

- How effectively does the provider fulfil its responsibilities for the management of academic standards?
- How effectively are external reference points used in the management of academic standards?
- How does the provider use external moderation, verification or examination to assure academic standards?

Management and enhancement of the quality of learning opportunities

- How effectively does the provider fulfil its responsibilities for managing and enhancing the quality of learning opportunities?
- How effectively are external reference points used in the management and enhancement of learning opportunities?
- How does the provider engage students in its quality assurance processes?
- What are the provider's arrangements for staff development to maintain and/or enhance the quality of learning opportunities?

Information about learning opportunities

- How effective are the provider's mechanisms for ensuring that information about learning opportunities is fit for purpose, accessible and trustworthy?

27 Providers may include in their self-evaluation and evidence base any evidence previously submitted to the other body, where relevant and appropriate. Although QAA may only report on the matters listed above, we request providers to submit a full self-evaluation as set out in Section 3 of this Handbook.

28 The scope of the adapted review method is the same as for other reviews of alternative providers for specific course designation (paragraph 5).

After the review visit

Provisional judgements

29 For adapted reviews, teams will reach provisional judgements at the end of the visit. For full reviews, the review team meets again within a week of the review visit, at an off-site location to agree summaries of evidence and to make provisional judgements about:

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

30 For academic standards and the quality of learning opportunities, teams will make judgements of **confidence**, **limited confidence** or **no confidence**.

31 A provisional **confidence** judgement will be made where:

- the provider is found to be effective in managing its responsibilities for delivering academic standards
- the prospects for academic standards and quality being maintained at current levels appear sound
- the provider has rigorous mechanisms for the management of its higher education programmes in accordance with the awarding bodies'/organisations' requirements.

32 A provisional **limited confidence** judgement will be made where:

- significant concerns exist about aspects of a provider's current or likely future management and enhancement of quality and/or delivery of the standards of its higher education programmes.

33 A judgement of 'limited confidence' indicates that there is evidence that the provider's capacity to manage the quality of learning opportunities and/or the security of the standards of its awards soundly and effectively is limited or is likely to become limited in the future.

34 The reason for this judgement may be significant weaknesses either in the management of the provider's structures and procedures or in their implementation. Confidence may be limited either because of the extent or the degree of weaknesses identified. The determining factor in reaching a judgement of 'limited confidence' is not simply evidence of problems in some programmes - no institution could be expected to avoid these entirely. It is, instead, the fact that the provider may not have been fully aware of the problems and/or has failed to take prompt and appropriate action to remedy them. The review team may also express 'limited confidence' where the provider makes a less than full use of independent external examiners and/or independent external persons in internal quality management procedures.

35 'Limited confidence' judgements are likely to be accompanied by a number of recommendations graded essential or advisable.

36 A provisional **no confidence** judgement will be made where:

- major concerns exist about significant aspects of a provider's current or likely future capacity to secure and maintain quality and/or deliver standards of its higher education programmes.

37 The team will also reach a judgement on whether or not **information** about learning opportunities that the provider produces for its intended audiences is fit for purpose, accessible and trustworthy. This includes:

- information for the public about the higher education provider
- information for prospective students
- information for current students
- information for students upon completion of their studies
- information for those with responsibility for academic standards and quality.

38 A judgement that **reliance can be placed** on the information the provider produces for its intended audiences about the learning opportunities it offers will be reached where the provider:

- recognises all the information that it is responsible for producing within the area under review
- has effective mechanisms for making sure that the information is fit for purpose, accessible and trustworthy
- has supplied evidence that this is the case.

39 A judgement that **reliance cannot be placed** on the information the provider produces for its intended audiences about the learning opportunities it offers will be reached where a provider:

- does not recognise all of the information that it is responsible for producing

and/or:

- does not have effective mechanisms for ensuring that the information is fit for purpose, accessible and trustworthy.

40 Judgements will always be made with due reference to the delegated responsibilities from the awarding bodies/organisations to the provider.

41 Further details of the criteria for making judgements are set out in full in the glossary in Annex J. Differentiated judgements can be made only where a team regards a provider's management of the standards and/or quality of the programmes of study of one awarding body/organisation to be substantially different from those of others.

42 At the provisional judgement meeting, the team will also identify **good practice** and **recommendations**.

43 Good practice is practice that the review team regards as making a particularly positive contribution to the provider's management of academic standards and/or academic quality, and which is worthy of wider dissemination within and/or beyond the provider.

44 Recommendations for improving the provider's management of its higher education provision are categorised as **essential**, **advisable** or **desirable**, according to priority.

- **Essential recommendations** refer to issues that the review team believes are currently putting quality and/or standards at risk and hence require urgent corrective action.
- **Advisable recommendations** relate to matters that the review team believes have the potential to put quality and/or standards at risk and hence require preventative corrective action.
- **Desirable recommendations** relate to matters that the review team believes have the potential to enhance quality, build capacity and/or further secure standards.

45 A 'no confidence' judgement will always be accompanied by one or more recommendations graded 'essential'. 'Limited confidence' and 'no reliance' judgements are likely to be accompanied by a number of recommendations graded 'essential' or 'advisable'.

46 The coordinator will inform the provider and its awarding bodies/organisations about the outcome of the provisional judgement meeting in writing within one week of the meeting. The letter will also be copied to the Higher Education Funding Council for England (HEFCE). All judgements, good practice and recommendations remain provisional and confidential until the report is finalised.

47 The provider may request a second visit if the review team makes a provisional judgement of 'limited confidence' or 'no confidence' in either the management of academic standards or the management or enhancement of the quality of learning opportunities, or of 'no reliance' on information about learning opportunities. The second visit is at QAA's discretion, and will be considered if:

- the provider identifies relevant evidence, that was in existence at the time of the review visit, that was not made available during the review, and could have a significant bearing on the final judgements
- errors were identified in information about learning opportunities which need to be corrected, but do not indicate systemic problems in the provider's processes for ensuring that the information is fit for purpose, accessible and trustworthy.

Should a second visit be agreed, the judgements are finalised at the conclusion of the second visit.³

Draft report

48 The review team is responsible for writing a report of its findings. An early draft of the report provides the focus for the provisional judgement meeting. The next draft sets out the provisional judgements, good practice and recommended actions as described above, together with contextual information and supporting evidence.

49 Four weeks after the end of the visit, the coordinator will send a draft version of the report to the provider and its awarding bodies/organisations for comment. This gives the provider the opportunity to draw the review team's attention to any areas that it regards as inaccurate or incomplete and, if necessary, to submit additional evidence. Review teams will be able to consider only supporting evidence that was available at the time of the review visit. The review team will then decide whether or not any aspect of the report, including the provisional judgements, should be amended in response. When the judgements are finalised, QAA will also inform the provider's awarding bodies/organisations and HEFCE.

³ Details about second visits are published separately: www.qaa.ac.uk/InstitutionReports/types-of-review/tier-4/Pages/guidance.aspx. Please note that an additional fee is payable for second visits.

50 If the review team finds that it has confidence in the provider's ability to manage its responsibilities for academic standards and the quality of learning opportunities, and concludes that reliance can be placed on the information the provider produces about the learning opportunities it offers, the provider will be asked at this stage to produce an action plan to accompany the report. If the review team makes a judgement of 'no confidence' or 'limited confidence', or 'no reliance' on the provider's ability to manage its responsibilities, a second visit may be scheduled and the preparation of the action plan will be deferred. Further information on the second visit can be found on the QAA website at www.qaa.ac.uk/educational-oversight.

Action plan

51 The action plan describes how the provider intends to take forward the reviewers' findings, and the effectiveness of the action taken will form part of the evidence base for any future review activity, including the annual return and monitoring visit. The plan will also constitute a published record of the provider's commitment to developing its provision. A template for the action plan can be found in Annex E, with further guidance on how to complete it.

Final report

52 Normally, once the review team has considered and responded to the provider's comments, it will confirm the judgements. QAA will set out these judgements in writing to the provider and the awarding bodies/organisations. The final report will normally be published on the QAA website 12 weeks after the end of the visit. The final publication date will be deferred if a second visit takes place, or if a provider appeals against the review team's confirmed judgements. QAA will notify the provider and its awarding bodies/organisations when the final version of the report has been published.

Follow up action

53 If the published report contains judgements other than confidence and reliance, follow-up action is required in order to meet the requirements for specific course designation. If the provider does not currently have designated courses, it is at QAA's discretion to determine the appropriate time period for a re-review. At the re-review, the review team would expect the provider to have addressed all of the essential recommendations in the report and to have made significant progress in responding to the advisable and desirable recommendations. The re-review will be a 'full' review, and will look again at all aspects of the provider's management of higher education.

54 If the provider offers courses that are currently designated for student support purposes, it will be offered the opportunity to seek a further review to overturn the judgements.

55 For judgements that include **limited confidence** in the provider's management of academic standards or the quality of learning opportunities, or where **reliance cannot be placed** on information about learning opportunities, the provider should submit an update on their plan within 30 days of publication of the review report, and request a re-review to take place within six months of the original review, for which the full review fee will be charged.

56 At the re-review, the review team would expect the provider to have addressed all of the essential recommendations in the report and to have made significant progress in responding to the advisable and desirable recommendations. The re-review will be a 'full' review, and will look again at all aspects of the provider's management of higher education.

57 If the provider chooses not to request a re-review, the provider will be withdrawn from the designation process.

58 Should the outcome of the re-review contain judgements other than confidence and reliance, the provider will be deemed to have fallen below the standard which is a prerequisite for designation for student support purposes. The provider may not apply for a further review for 18 months.

59 For judgements that include **no confidence** in the provider's management of academic standards or the quality of learning opportunities, the provider must submit a new action plan within 30 days of publication of the review report, and request a re-review to take place within 3 months of the original review.

60 At the re-review, the review team would expect the provider to have addressed all of the essential recommendations in the report and to have made significant progress in responding to the advisable and desirable recommendations. The re-review will be a 'full' review, and will look again at all aspects of the provider's management of higher education. If the provider chooses not to request a re-review, the provider will be withdrawn from the designation process. Should the outcome of the re-review contain judgements other than confidence and reliance, the provider will be deemed to have fallen below the standard which is a prerequisite for designation for student support purposes. The provider may not apply for a further review for 18 months.

Figure 1

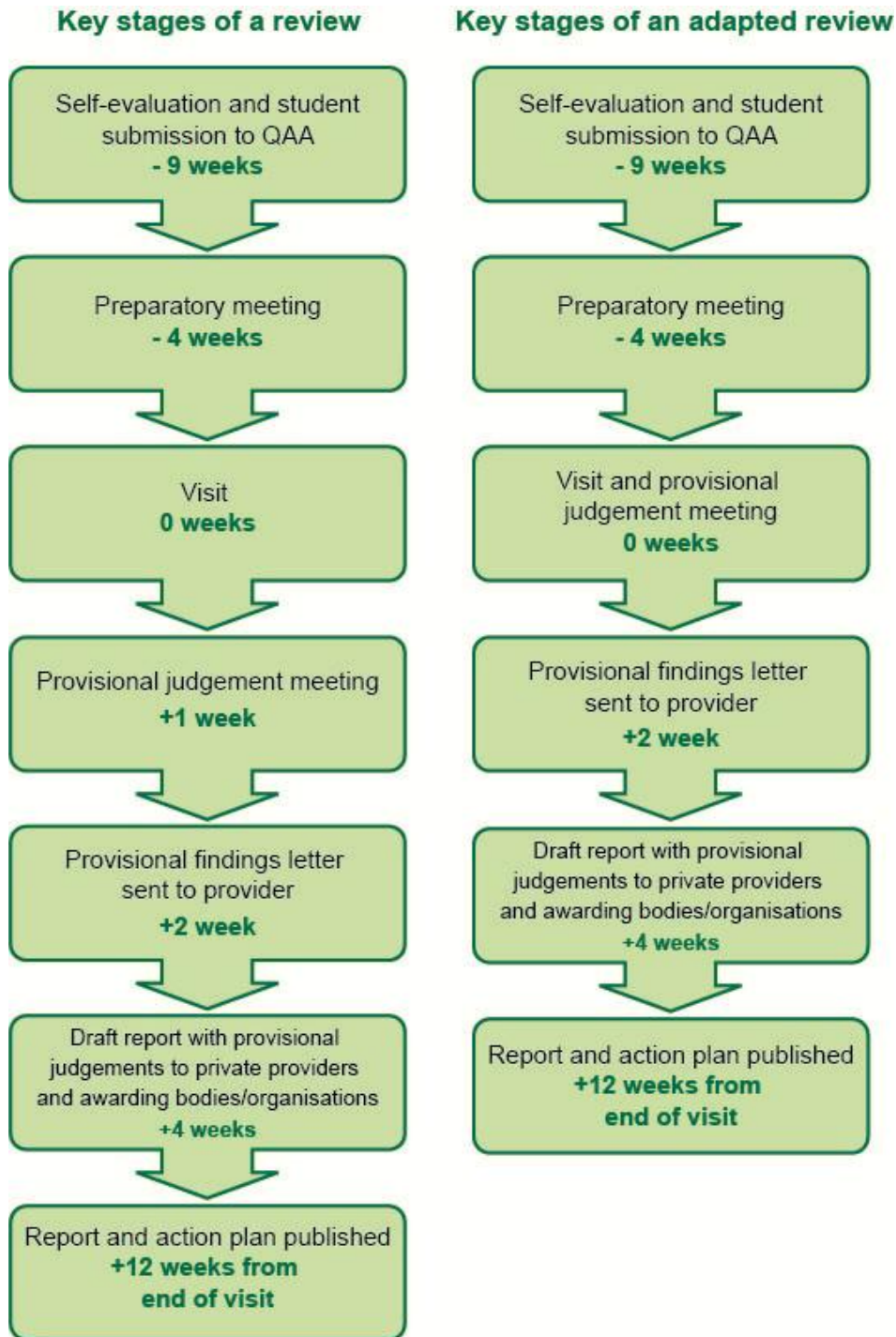


Table 1: Indicative timeline for a review with a single visit⁴

Time +/- visit (in weeks)	Actions required
Preparation	
-13 (minimum)	<p>QAA notifies the provider of the proposed date for the visit.</p> <p>QAA asks the provider to identify the facilitator.</p> <p>QAA notifies the awarding bodies/organisations of the review of its partner provider.</p> <p>QAA invites provider, student representative and representative of awarding bodies/organisations to a briefing.</p>
-12	<p>Provider confirms the facilitator to QAA.</p> <p>Awarding bodies/organisations respond to the provider about possible involvement in the preparatory meeting with the coordinator.</p>
-11	<p>Provider sends copy of agreement(s) with awarding bodies/organisations concerning their participation in the review process to QAA.</p> <p>Coordinator contacts the provider to discuss the date, agenda and participants of the preparatory meeting and the student submission.</p> <p>QAA notifies the provider of the review team and the QAA officer responsible for the review.</p> <p>Provider checks the proposed team for conflicts of interests.</p> <p>Provider sends details of the proposed review team to awarding bodies/organisations.</p>
-10	<p>Provider organises the preparatory meeting and identifies provider participants, including staff and students.</p> <p>Provider sends details of the proposed preparatory meeting to the awarding bodies/organisations, coordinator and QAA, if this has been agreed in advance.</p> <p>Provider reports potential conflicts of interest regarding team members to QAA.</p>
Self-evaluation	
-9	<p>Provider submits the self-evaluation to QAA together with Annex B of this handbook (responsibilities checklist), and formal partnership agreement(s) with awarding bodies/organisations.</p> <p>Students forward their (voluntary) submission to QAA.</p> <p>QAA officer and coordinator scrutinise the provider's self-evaluation, the partnership agreement(s) for higher education awards, and the student submission if provided.</p> <p>QAA informs the provider whether the self-evaluation is a suitable basis for the review.</p> <p>QAA officer asks the provider for additional information if it is not a suitable basis for the review.</p> <p>Review team analyses the self-evaluation and the supporting evidence, and makes suggestions for further evidence and for the programme for the visit.</p> <p>Coordinator produces a summary of the team's analysis of the self-evaluation and sends it to the provider and awarding bodies/organisations as a basis for discussion at the preparatory meeting.</p>

⁴ Please note that timings may be altered to take account of Christmas and Easter holidays.

Preparatory meeting	
-4	Coordinator chairs the preparatory meeting with the provider. Awarding bodies/organisations attend, if this has been agreed in advance with the provider (during week -12).
-3	Coordinator sends the provider, its awarding bodies/organisations, the review team and QAA a letter confirming the arrangements for the visit. Coordinator sends a briefing note and allocates areas of responsibility to each review team member.
-1	Provider assembles evidence in accordance with the team's requirements.
Review visit	
0	Coordinator leads/chairs the review visit. Review team conducts the visit. Provider takes part in the review visit. Awarding bodies/organisations take part in the review visit, in accordance with agreements with the provider made in advance (during week -12). Facilitator liaises with the review team on behalf of the provider. Coordinator offers an oral update on the progress of the review to the provider's facilitator at the end of the visit. (For adapted reviews , provisional judgement meeting takes place at the end of the visit, while the team is onsite at the provider)
Provisional judgement meeting	
+1	Full reviews only: Coordinator chairs the provisional judgement meeting with the review team. Review team agrees summaries of evidence, provisional judgements, good practice and recommendations. (for adapted reviews , provisional findings letter sent to provider)
+2	Full reviews only: Coordinator sends a letter, setting out the provisional judgements, to the provider, copied to the awarding bodies/organisations. QAA will also send a copy of the letter to HEFCE.
Report writing	
+1	Review team drafts report text. Coordinator collates and edits the text and sends the first draft report to the review team for comment.
+2 to +3	Review team comments on draft one of the report. Coordinator prepares draft two of the report and submits it to QAA for proofing.
Draft report to the provider	
+4	Coordinator sends draft three of the report to the head of the provider and to the awarding bodies/organisations for comments and, if necessary, for the provision of further evidence. This report draft includes the action plan template. Provider checks the draft report for factual accuracy and identifies any additional evidence it needs to submit. Provider liaises with relevant staff to discuss and develop the action plan.

+5	Awarding bodies/organisations send any comment(s) on draft report to the provider to collate into one response to the coordinator.
+6	Provider collates all comments on the draft report, including those from the awarding bodies/organisations, and sends one set of comments on factual accuracy to QAA, providing additional evidence if appropriate.
+7	Coordinator and review team consider the provider's comments (and those of its awarding bodies/organisations) and any further evidence submitted. Coordinator confirms judgements and finalises draft four. QAA confirms by letter to the provider, its awarding bodies/organisations and HEFCE, either that final judgements of 'confidence' and 'reliance' have been reached or that a second visit is to take place.
+8 to +9	If no second visit takes place: Awarding bodies/organisations contribute to the development of the action plan, if this has been agreed in advance with the provider. Provider returns the completed action plan to QAA.
Report publication	
+12	QAA publishes the report on its website.

Section 3: Preparing a self-evaluation

61 Self-evaluation is a key feature of all QAA reviews. The self-evaluation should contain an evaluative, self-critical commentary and supporting evidence.

62 The self-evaluation is a fundamental part of the review process. Its purpose is to:

- describe the provider's responsibilities for the management of its higher education provision, making reference to its agreements with the awarding bodies/organisations
- provide the opportunity for analytical self-reflection on the effectiveness of the processes and procedures the provider has adopted for discharging these responsibilities.

63 In simple terms, the self-evaluation explains:

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

64 An effective self-evaluation is key to the provider gaining substantial benefit from RSCD and to the smooth running of the review. QAA therefore encourages providers to give due time and attention to preparing this document. The preparation of a self-evaluation is a major focus of the briefing that QAA will arrange for providers and their awarding bodies/organisations.

65 The self-evaluation should not involve the production of significant amounts of new material; all the evidence should be readily available and not specially written for the review. In managing their higher education provision, providers will have a range of policies, supported by procedures for implementing them and evidence that they are being carried out. Providers will also have processes for evaluating the effectiveness of these policies and procedures.

Scope

66 RSCD addresses all aspects of the provider's management of its higher education provision, and the self-evaluation should reflect this. It should therefore take the form of a portfolio of existing documents accompanied by a short commentary that signposts and contextualises the evidence contained within them and reflects on the effectiveness of processes and procedures. The portfolio should, as far as possible, describe the provider's responsibilities, processes and procedures and give evidence for how they work. It may also include the provider's quality improvement plan. Further guidance on the composition of this portfolio is provided in Table 2 (page 19).

Structure

67 The self-evaluation should be structured in the following way:

- introduction and context
- analysis of management of academic standards
- analysis of management and enhancement of the quality of learning opportunities

- analysis of management of information about learning opportunities
- evaluative summary
- list of evidence
- copies of Annex B (responsibilities checklists).

68 The introduction should provide details of any agreements with awarding bodies. It is important to briefly describe the responsibilities that the agreement with the provider's awarding bodies have conferred upon it and explain the processes and procedures that it has adopted for discharging them. The summary should identify strengths and areas for development, indicating what the provider is doing to enhance its provision. The responsibilities checklist (see Annex B), completed separately for each awarding body/organisation the provider works with, should be submitted with the self-evaluation.

Content

69 The self-evaluation should identify areas that will help the provider to develop its higher education provision for the benefit of its students. Providers should give careful consideration to ensuring that the management of academic standards, the management and enhancement of the quality of learning opportunities and information about learning opportunities can be addressed adequately by the review. The self-evaluation must provide sufficient evidence for the review team to evaluate the effectiveness of the provider's management of its higher education provision.

70 For reviews of provision located on the frameworks for higher education qualifications, the main points of reference for assisting in developing the self-evaluation are contained within the Quality Code. For qualifications on the Qualifications and Credit Framework (QCF)/National Qualifications Framework (NQF)/Credit and Qualifications Framework for Wales (CQFW)/Scottish Credit and Qualifications Framework (SCQF), the other external reference points as identified by the provider will be used. The review team will be interested to see examples that demonstrate how effective the provider's processes are in identifying areas for enhancing the experience of students.

71 The length of the self-evaluation depends on the provider's level of responsibility and the quality and comprehensiveness of existing written evidence.

72 Table 2 is intended to give providers guidance on the structure and content of the self-evaluation. It should not be regarded as prescriptive, since providers have different responsibilities reflecting individual agreements with awarding bodies/organisations. QAA does not publish exemplars of such documents.

Table 2: Indicative structure of a self-evaluation for RSCD

The following guidance applies to **all** RSCD reviews, whether they are full or adapted.

Sections	Suggested content (commentary)	Possible sources of evidence or references (portfolio)
1 Introduction and context	<p>Brief contextual information on the provider:</p> <ul style="list-style-type: none"> • history, location, number of campuses, total enrolments, total higher education enrolments and a breakdown of full and part-time higher education enrolments, spread of provision across campuses, student numbers, staff supporting higher education (headcount and full-time equivalents), management structure. <p>Partnership agreements, memoranda of understanding or equivalent with the awarding bodies/organisations:</p> <ul style="list-style-type: none"> • include summary of key characteristics of each partnership agreement and the arrangements with other awarding bodies; note any significant recent changes. <p>Recent developments in higher education at the provider:</p> <ul style="list-style-type: none"> • include summary of any recent developments, such as new building work, expansion or decrease in provision, significant changes to the academic structure and/or staffing. <p>Students' contribution to the review, including the submission:</p> <ul style="list-style-type: none"> • outline whether students sent QAA a submission and, if so, how it was prepared; for example, mention any facilities or guidance given by the provider to the student representatives. 	<ul style="list-style-type: none"> • Mission statement. • Prospectus. • Organisational diagrams and quality management processes. • Retention, achievement and progression data tables (normally three years of figures). • Higher education annual monitoring reports. • Provider's strategic plan. • Internal self-evaluations. • Partnership agreements with higher education institution(s) and/or awarding organisations.

<p>2 Analysis and evaluation of how higher education is managed</p>	<p>Management of academic standards</p> <ul style="list-style-type: none"> • How effectively does the provider fulfil its responsibilities for the management of academic standards? • How effectively are external reference points used in the management of academic standards? • How does the provider use external moderation, verification or examining to assure academic standards? 	<ul style="list-style-type: none"> • Quality assurance policy and manual. • Monitoring and review processes. • Admissions policy. • Accreditation of prior learning policy. • Atudent assessment policy. • Management structure. • Deliberative meeting structure. • Internal validation processes. • Provider and awarding bodies/organisations' regulations for progression. • External examiner/verifier reports. • Action taken on receipt of external review or inspection reports. • Statistical records. • Programme specifications. • Student complaints and appeals processes. • Analyses by provider of student surveys. • Information for higher education staff. • Examples of policies in practice (for example relevant committee minutes/ completed forms/ action plans/ feedback on student work).
	<p>Management and enhancement of the quality of learning opportunities</p> <ul style="list-style-type: none"> • How effectively does the provider fulfil its responsibilities for managing and enhancing the quality of learning opportunities? • How effectively are external reference points used in the management and enhancement of learning opportunities? • How does the provider assure itself that the quality of teaching and learning is being maintained and enhanced? • How does the provider assure 	<ul style="list-style-type: none"> • Quality assurance policy and manual. • Monitoring and review processes. • Resource policy. • Admissions policy. • Accreditation of prior learning policy. • Student support and guidance policy. • Teaching and learning strategy. • Management structure. • Meeting structure. • Staff development policy. • Staff development records. • Statistical records. • Programme specifications. • Analyses by provider of student surveys. • Student complaints and

	<p>itself that students are supported effectively?</p> <ul style="list-style-type: none"> • What are the provider's arrangements for staff development to maintain and/or enhance the quality of learning opportunities? • How effectively does the provider ensure that learning resources are accessible to students and sufficient to enable them to achieve the intended learning outcomes? 	<p>appeals procedures.</p> <ul style="list-style-type: none"> • Examples of policies in practice (for example relevant committee minutes/ completed forms/ action plans/ examples of where policies have been applied and outcomes documented).
	<p>Information about learning opportunities</p> <ul style="list-style-type: none"> • How effectively does the provider's information about learning opportunities communicate to students and other stakeholders about the higher education it provides? • How effective are the provider's mechanisms for ensuring that information about learning opportunities is fit for purpose, accessible and trustworthy? <p>Providers demonstrate they currently provide sufficient public information for prospective students and other stakeholders. They would be expected to publish:</p> <ul style="list-style-type: none"> • a full list of all their higher education programmes • details of the awarding body, or bodies, that will award any higher level qualifications (Levels 4 - 8) • details of course fees and any bursary arrangements; • details of course delivery showing the proportion of time spent in different modes of learning (scheduled teaching, practical classes, placements and so on) • arrangements for assessment. 	<ul style="list-style-type: none"> • Publishing policy and procedures for both electronic and paper-based information. • Notes of meetings discussing scrutiny and approval of information about learning opportunities. • Promotional material. • Mission statement. • Corporate plan. • Programme specifications. • Information for prospective students, current students, and for students on completion of their studies. • Information for those with responsibility for academic standards and quality. • Information for the public about the education provider.

3 Summary	<ul style="list-style-type: none"> • Strengths. • Areas for development. • Actions being taken currently to improve previously identified areas for development. 	
4 Evidence and references	<ul style="list-style-type: none"> • Label and number evidence documents. • Provide clear references in the text. 	
5 List of documents	<ul style="list-style-type: none"> • Provide numbered master list. 	
6 Responsibilities checklist	<ul style="list-style-type: none"> • Complete one 'responsibilities checklist' (see Annex B) for each awarding body/organisation. 	

Evaluative commentary

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

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

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

The provider's Quality Manager and Human Resources Manager are currently reviewing the staff development policy. It will be strengthened by requiring higher education programme managers to conduct an annual evaluation of the impact of staff development and training on the standard and quality of higher education provision. This will serve to improve the planning and sharpen the focus of future events. The revised policy (2 Draft Policies: doc 2i) will be available from the start of the new academic year, supported by training for programme managers and briefings for staff (6 Minutes, Higher Education Development team meeting, 23/07/10, para 2).

Referencing

75 In order for the team to be able to operate efficiently, both in advance of and during the two days of the review, it is important to ensure that all evidence documents are clearly named and that there is an electronic numbered master list of documents. It is equally important to ensure that each document is clearly referenced to the appropriate text (preferably using hyperlinks) in the self-evaluation, using a consistent naming and numbering system and providing paragraph numbers and dates of minutes as appropriate.

Drafting

76 The provider may consider circulating the draft self-evaluation to higher education students, staff and awarding body/organisation representatives for comment, as this widens the perspective and helps to keep colleagues informed and engaged in the process. QAA staff, coordinators or reviewers involved in RSCD may not comment on the draft self-evaluation.

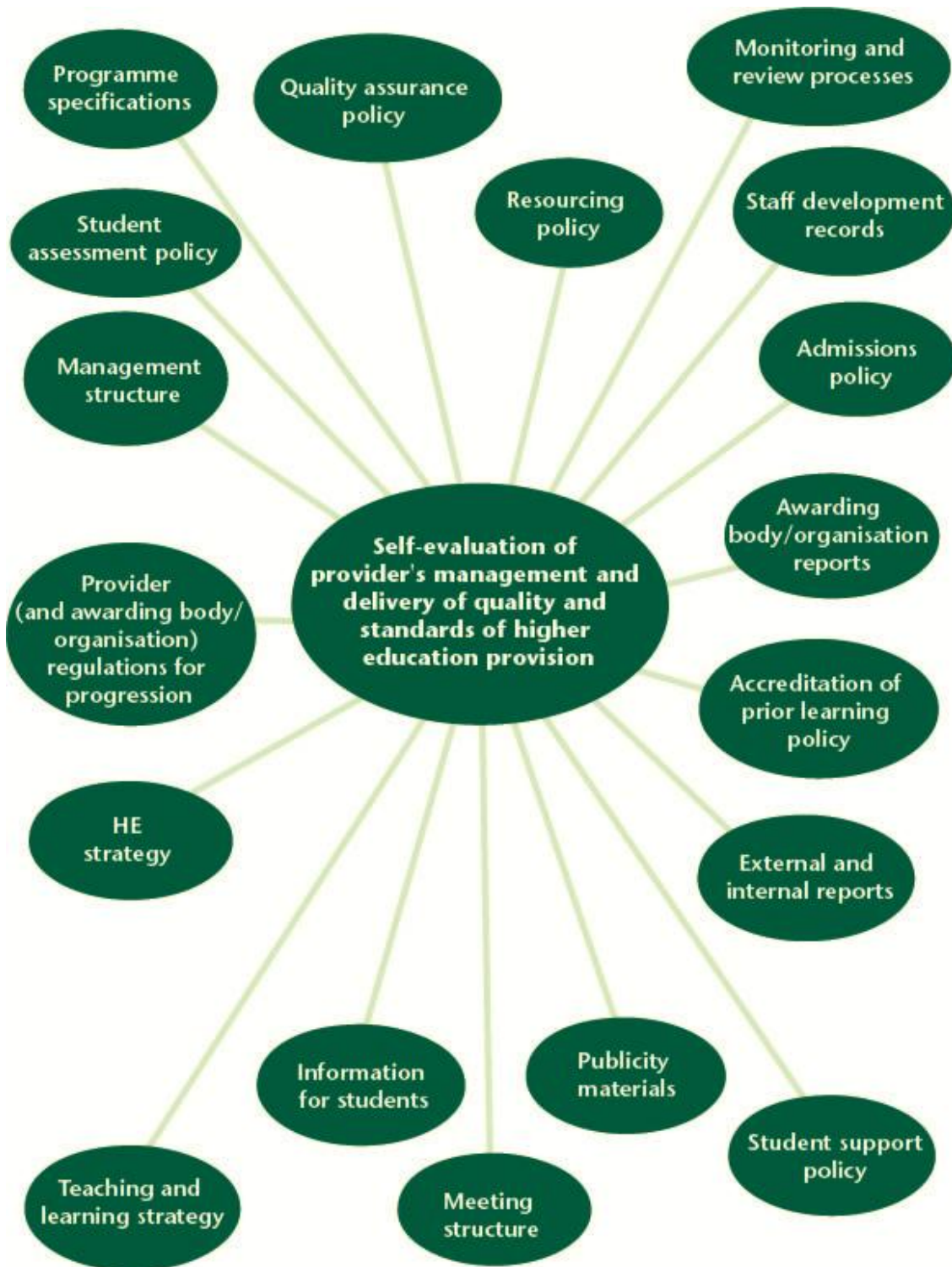
Submission

77 The self-evaluation should be sent to QAA nine weeks before the start of the visit. The coordinator will analyse the self-evaluation and decide, in conjunction with a QAA officer, whether it forms an appropriate basis for the review. When the self-evaluation is approved, QAA will arrange for the review team to receive it. QAA may return the self-evaluation to the provider for further work if it does not enable the team to identify the provider's responsibilities and understand how these are discharged. In these circumstances, the QAA officer will advise the provider.

Advice on the self-evaluation

78 QAA will hold briefing events for all providers and their awarding bodies/organisations. These events will include advice and guidance on preparing the self-evaluation. Once the coordinators have been appointed, providers should refer to their coordinators for advice. Coordinators may offer guidance on the form and structure of the self-evaluation. They may also advise on the sort of supporting evidence to include. Coordinators will not comment on a draft self-evaluation.

Figure 2: Possible sources of evidence which inform the self-evaluation



Section 4: Role of awarding bodies and awarding organisations

79 This section provides guidance on how awarding bodies/organisations may be involved in RSCD. It should be read with reference to the Quality Code, *Chapter B10: Managing higher education provision with others*,⁵ and in conjunction with the description of the review approach detailed in Section 2. More specific information about the role of higher education institutions is provided in paragraph 66.

80 RSCD assumes no preferred model for higher education provision, other than that it expects that any model must permit the awarding body/organisation to assure itself about the standards and quality of the higher education provided by its collaborative partners. For further details of a higher education awarding body/organisation's responsibilities for its awards, see the Quality Code, *Chapter B10: Managing higher education provision with others*.

81 RSCD is concerned with the way in which providers discharge their responsibilities within the context of their agreements with awarding bodies/organisations. It is not concerned with how awarding bodies/organisations manage their responsibilities for collaborative agreements.

82 To enable awarding bodies and/or awarding organisations to manage their responsibilities for their collaborative arrangements effectively, QAA will make sure that they are notified of any RSCD of a collaborative partner. Initial RSCD correspondence between QAA and providers is copied to the heads of the relevant awarding bodies/organisations and/or their nominated contacts. Such correspondence will include confirmation of the dates of any meetings or visits, provisional outcomes of visits and draft reports. In addition, QAA encourages providers to copy all subsequent correspondence from QAA, and any responses to QAA, to their awarding bodies/organisations.

83 Awarding bodies/organisations may also wish to support their partners through RSCD by assisting, for example, with the preparation of the self-evaluation and by attending various RSCD events, including review visits. The extent of an awarding body's/organisation's involvement with RSCD should be decided in discussion between the partners, taking account of the provisions of the partnership agreement and at the discretion of the organisations involved in the collaborative arrangements. The participation of the awarding body/organisation may be considered against:

- the maturity of the relationship between the partners
- the extent of the responsibilities conferred on the provider by the awarding body/organisation
- the accuracy and completeness of existing written evidence about these responsibilities
- the resources available to the awarding body/organisation
- the number of collaborative partners that the awarding body/organisation has.

84 RSCD teams will be pleased to meet awarding body/organisation representatives at the appropriate stage of the process. QAA will invite awarding bodies/organisations to the briefing, which will provide further guidance on their role. However, awarding bodies/organisations are not required to attend the briefing, or any subsequent events. QAA will not make unreasonable requests for awarding body/organisation involvement in this method, which focuses on the responsibilities of providers. Annex B contains a

⁵ Available at www.qaa.ac.uk/publications/informationandguidance/pages/quality-code-B10.aspx.

responsibilities checklist which, once completed, should make clear whether responsibility for each item is taken by the provider or by the awarding body/organisation. This checklist should be completed and submitted with the self-evaluation.

Role of higher education institutions

85 QAA reviews the responsibilities of higher education institutions within collaborative agreements through the process of Institutional Review. Nevertheless, higher education institutions are important stakeholders in RSCD for several reasons:

- they are identified in RSCD reports in association with those programmes which lead to their awards, including those awarded under licence arrangements with Edexcel
- RSCD reports will be used as a source of evidence for the review of a higher education institution's collaborative provision
- although judgements, recommendations, identified good practice and action plans arising from RSCD are not addressed to the awarding body, they may have implications for its relationship with its provider partner.

QAA reviews of validating institutions

86 If a QAA judgement of a validating higher education institution has triggered action under an unsatisfactory quality policy, then most resulting actions should apply principally to that institution. The detail of the judgement in the QAA review report will determine whether partner providers are affected.

87 In such a case, QAA would refer to both BIS and HEFCE, where validated provision is being delivered on a designated course, to ensure that any partners delivering the provision leading to that body's awards were not adversely affected by the identified problem or by the actions taken to address them: these partners may therefore also be subject to the activity stemming from the follow-up actions. These enquiries will be treated as part of the investigations at the institution which has triggered the policy, not as an issue at the partner institution.

Section 5: Role of students

88 This section provides guidance for providers on the involvement of students in RSCD. It should be read in conjunction with the description of the RSCD method in Section 2.

89 One of the aims of RSCD is to support providers in reviewing and improving the management of their higher education for the benefit of students. In considering providers' higher education provision, RSCD teams need to draw on students' views about their experiences as learners. Students are involved in the RSCD process in two principal ways: the preparation of an optional student submission, and in meetings with the review team.

90 Before a visit, students have the opportunity to produce a student submission, which may take a variety of forms. The principle of the student submission, irrespective of its form, is that it should reflect the students' own views of their experiences as learners.

91 Teams will meet students during RSCD visits as a matter of course. The arrangements for organising these meetings are covered in Section 2.

92 QAA will provide further guidance to providers on the involvement of students during the briefing and training events in preparation for RSCD. Separate guidance documentation will be provided for students on QAA's website: www.qaa.ac.uk/partners/students/reviews/pages/RSCD.aspx.

Section 6: The monitoring process and annual return

Purpose of the monitoring process

93 RSCD consists of periodic reviews and an annual return between reviews. The annual return is an integral part of the overall review process; it 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 publishes about its academic provision. 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, and for QAA to note any matters which will be of particular interest to the team that conducts the provider's next review.

94 The monitoring process has a developmental aspect, in that it will also serve to support providers in working with the UK Quality Code for Higher Education (the Quality Code).⁶ 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.

95 Significant changes in circumstances, or complaints or concerns raised about the provider, may trigger a monitoring visit, which would incur an additional charge (see paragraphs 108-109).

Overview of the monitoring process

96 All providers should submit an annual return to QAA nine months after the previous QAA visit, or on the anniversary of the previous annual return. QAA will notify providers of the date when the annual return should be submitted.

97 QAA will analyse the annual return to check that the provider is making acceptable progress with implementing the good practice and recommendations from the previous review, and the effectiveness of the provider's actions to support continuous improvement.

98 Providers should publish an updated action plan on their website, which should be updated annually, until all actions have been completed. A link to the latest review or monitoring report on QAA's website should also be provided.

The annual return

99 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 108-109 for details of material changes). In subsequent years, the annual return will be due one year after the previous return.

100 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.

101 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 paragraph 109)

⁶ www.qaa.ac.uk/assuringstandardsandquality/pages/default.aspx

- 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 last full QAA review (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
- engagement of students in quality assurance processes.

102 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 (see the annual return template published separately on QAA's website).

103 In the first year following a full review, 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.

104 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.

105 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.

106 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.

107 The provider's annual return and supporting evidence will be read by a QAA Officer. QAA may decide that a monitoring visit or full review is required if:

- there is evidence that material changes in circumstances have occurred (see paragraphs 108-109)
- 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 paragraphs 110-12)
- 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 publishes about its learning opportunities (see paragraphs 110-12).

Significant changes in circumstances

108 Any of the following material changes should be reported to QAA in the annual return, and could trigger a monitoring visit at the provider's expense

- 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
- a change of 50 per cent or more on the type of provision/courses offered, including changes of awarding body/organisation
- 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 control, ownership or significant beneficial interest which could be from a change in owners, directors or senior (see further detail in the Change of Ownership and Control section of the Technical Notes to Alternative Providers published on the BIS website in December 2013)
- change of name
- 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.

109 Providers should note that they have similar requirements to report changes to HEFCE under the conditions and criteria of specific course designation (See BIS guidance June 2013).

Section 7: Concerns, complaints and appeals

Concerns about the standards and quality of higher education

110 QAA investigates concerns about the standards and quality of higher education provision raised by students, staff and other people and organisations, where we think these concerns indicate serious systemic or procedural problems.

111 QAA can investigate concerns about:

- academic standards - the level of achievement a student has to reach in order to achieve a particular award or qualification
- academic quality - everything that a university or college provides to ensure its students have the best possible opportunity to achieve the required standard (this includes teaching, learning resources and academic support)
- the accuracy and completeness of the information institutions publish about their higher education provision.

112 Concerns may be followed up through specific course designation reviews or as a separate process. Further information about the concerns process can be found on the QAA website: www.qaa.ac.uk/complaints/concerns/pages/default.aspx.

113 If a concern is upheld, QAA will refer this to BIS, who will review next steps on a case-by-case basis.

Complaints and appeals

114 QAA distinguishes between complaints and appeals. A complaint is an expression of dissatisfaction with services we provide or actions we have taken. If you wish to complain about QAA, please contact Julian Ellis (Head of Concerns) at QAA, in writing. It is helpful if you tell us how you think QAA has erred and what you think we should do in response to your complaint. It is also helpful if you submit evidence to support your complaint, such as correspondence you have had with a member of QAA staff. Further information about

complaints can be found on the QAA website at:
www.qaa.ac.uk/AboutUs/Pages/Complaints.aspx.

115 Appeals are challenges to specific decisions, in specific circumstances. An appeal may be lodged if, and only if, the review team's final judgements are any one of the following:

- no confidence in academic standards
- no confidence in the quality of learning opportunities
- limited confidence in academic standards
- limited confidence in the quality of learning opportunities
- reliance cannot be placed on the information the provider produces for its intended audiences about the learning opportunities it offers.

116 An appeal can be lodged on either or both of the following grounds:

- Procedure: that there was a procedural irregularity in the conduct of the review such that the legitimacy of the decisions reached is called into question. Examples include the review team: failing to carry out agreed procedures; reaching decisions which are disproportionate; failing to take account of relevant information or taking account of irrelevant information; or exceeding its powers.
- New material: there is material that was in existence at the time the review team made its decision which, had it been made available before the review had been completed, would have influenced the judgements of the team, and in relation to which there is a good reason for it not having been provided to the review team.

117 For further information about appeals in RSCD, please see the QAA website:
www.qaa.ac.uk/AboutUs/Pages/Complaints.aspx.

Annex A: QAA's mission, values and standards

QAA stands for the Quality Assurance Agency for Higher Education.

QAA's vision is:

to be the authority on UK higher education standards and quality.

QAA's mission is:

to safeguard standards and improve the quality of UK higher education.

QAA is committed to:

- the intrinsic worth of higher education
- the entitlements of students
- the public interest in higher education
- the importance of equality and diversity.

The intrinsic worth of higher education

We admire and support the research and teaching that takes place in universities and colleges across the UK. We respect the autonomy of UK universities and colleges, and believe that it fosters the diversity that is central to their success and international reputation. We also recognise that their primary role in maintaining academic standards and quality is vital to that autonomy. We rely upon their cooperation in our work, and in return provide valuable advice and support.

The entitlements of students

All students deserve a high quality learning experience. They have a right to a range of learning opportunities leading to a qualification that has recognised value and meets published national expectations. Students are our partners in quality assurance, and are experts not only on their own learning but also on issues of governance, policy and practice. We seek to harness that expertise in every aspect of our work.

The public interest in higher education

Students, their families and the wider public make a big investment in higher education. As well as helping students meet material aspirations and offering personal fulfilment, higher education enriches our society. We believe the public have a legitimate interest in ensuring standards are safeguarded and quality maintained, and that we have a duty to clearly communicate our work to a wide audience.

The importance of equality and diversity

We believe that equality and diversity should be promoted through the services we provide, and that in our work we should be supportive, fair, just and free from discrimination. The higher education sector should lead the way in valuing the diverse contributions of all its staff, students and partners, and in developing and sharing good practice in this area.

QAA's values are:

Integrity

We always aim to be fair, objective and honest in our work, basing our judgements on sound evidence.

Professionalism

We set high professional standards in everything we do, providing relevant and effective services that are trusted by all with an interest in UK higher education.

Accountability

Through safeguarding standards and driving improvements we fulfil our responsibilities. We consult on the development of our work and assess its impact, seeking to provide a high level of service and to be responsive to external demands.

Openness

We are open and approachable about the work we do, and how we do it, believing that this encourages trust and confidence. We publish full details of our review methods, as well as our reports on institutions. We are committed to communicating clearly and accessibly about all aspects of our work.

Independence

To fulfil our responsibilities we must be an independent voice in UK higher education, basing our work on expert, objective scrutiny and analysis.

QAA's aims are to:

- meet students' needs and be valued by them
- safeguard standards in an increasingly diverse UK and international context
- to drive improvements in UK higher education
- to improve public understanding of higher education standards and quality.

More information about QAA is available on our website: www.qaa.ac.uk.

Annex B: Responsibilities checklist

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 C: Indicative programme for a preparatory meeting

The agenda below is indicative and QAA considers it the minimum necessary to enable the provider, its awarding bodies/organisations and the coordinator to establish the requirements of the review. The coordinator, the provider and its awarding bodies/organisations may feel it appropriate to include additional items. In practice, the programme for each provider may vary.

The coordinator should have the opportunity to meet a wider group of staff than those who will be involved directly in the review, such as the facilitator. This typically happens during the early part of the preparatory meeting, although the coordinator will also expect to meet a smaller core team for the detailed planning. The coordinator will also want to hold a separate meeting with students. At the briefing, QAA will give further guidance about who might attend the preparatory meeting.

It is important that providers prepare to discuss each item on the agenda by, for example, ensuring that they have up to date information available at the meeting. The preparatory meeting provides staff with a valuable opportunity to clarify their understanding of the review method.

Table 5: Indicative programme for a preparatory meeting

Activity	Suggested participants
<p>Overview of RSCD:</p> <ul style="list-style-type: none"> • a standard presentation about the method • clarification of the scope of the review • questions from provider staff • next steps. 	<ul style="list-style-type: none"> • Head of the provider or a representative, and relevant members of the senior management team. • Staff responsible for managing higher education and/or heads of departments or sections providing higher education. • Other staff who deliver higher education • Provider's facilitator. • Awarding body/organisation representatives, if agreed in advance.
<p>The role of students:</p> <ul style="list-style-type: none"> • introductions • purpose of the preparatory meeting • clarification of the RSCD method • scope of the review • questions from students. 	<ul style="list-style-type: none"> • Students. • Students' representatives who may, for example, represent the students on their programme or year, or the higher education students.
<p>Detailed planning, including confirmation of the team's requirements for the visit:</p> <ul style="list-style-type: none"> • questions arising from the initial analysis of the self-evaluation • confirmation that the statistical data is correct and accurate • reviewers' requests for information • establishing the programme of review activities • clarification of the availability of evidence, including student work • 'housekeeping' arrangements 	<ul style="list-style-type: none"> • Provider staff responsible for managing higher education. • Provider's facilitator. • Awarding body/organisation representatives, if agreed in advance.

<ul style="list-style-type: none">• remaining questions from provider staff or awarding body/ organisation representatives• next steps.	
End of meeting	

Annex D: Indicative programme for a review visit

Indicative programmes for a RSCD visit are set out below. They are provided here primarily to illustrate the balance between meetings with staff, students and other stakeholders, and the time that teams will spend scrutinising evidence in private. In practice, each visit will have a bespoke programme informed by several factors including the availability of staff and students, the involvement of awarding bodies/organisations and the topics/themes the team wishes to explore. The programme will be discussed at the preparatory meeting and confirmed by the coordinator before the visit.

Day one

Time	Activity
08.45	The team arrives at the provider's premises.
09.00	A brief presentation by the provider about its higher education provision.
09.15	The team develops a detailed work plan for the visit, including questions for staff and students (team and facilitator).
10.30	The team meets relevant staff (to discuss the management of academic standards and relevant aspects of information about academic standards).
12.00	The scrutiny of evidence (team only), including working lunch.
13.00	The team meets higher education students.
14.00	The scrutiny of evidence (team only).
15.00	The second meeting with relevant staff (to discuss the management and enhancement of the quality of learning opportunities and relevant aspects of information about learning opportunities).
16.30	The further scrutiny of evidence (team only).
17.30	A team meeting (team and facilitator).
18.00	The team departs.

Day two

Time	Activity
08.45	The team arrives at the provider's premises. The further scrutiny of evidence (team only).
11.00	The third meeting with relevant staff, to discuss any matters arising from day one.
12.00	The further scrutiny of evidence (team only) with working lunch.
14.00	The team summarises evidence and confirms that all areas have been addressed (team and facilitator) (there may be an additional meeting with staff to follow up any outstanding issues).
16.00	The coordinator, with the support of the team, gives an oral update to the facilitator and the provider contact on the progress of the review and the need for any additional evidence.
16.30	End of visit. The team departs.

Indicative programme for an adapted review visit

Day one

Time	Activity
08.30	The team develops a detailed work plan for the visit, including questions for staff and students (team and facilitator).
10.00	The team reviews assessed student work (team only).
11.00	The team meets with higher education students.
12.00	Team debrief on the student meeting, and scrutiny of additional evidence (team only) (a working lunch to be served during this time).
14.30	Meeting with relevant staff, to discuss the management of higher education provision (facilitator may attend).
16.00	Team debrief on the staff meeting, and further scrutiny of evidence (team only).
17.30	A team meeting to finalise the agenda for day 2 and identify any further evidence required (team and facilitator).
18.00	The team departs.

Day two

Time	Activity
08.30	The further scrutiny of evidence (team only).
10.00	Additional meeting with staff, if required (facilitator may attend).
11.00	The further scrutiny of evidence (team only).
12.00	Working lunch served in the team's work room.
13.00	The team summarises evidence and confirms that all areas have been addressed, identifies provisional good practice and recommendations, and provisional judgements (ensuring that evidence is available to triangulate each finding) (team only).
17.00	Team departs (or when the final team meeting has concluded).

Annex E: Guidance notes on completing the action plan

Following a review, the provider should develop an action plan to a QAA template. The action plan should identify how the provider will take action on the findings of the review. The template for the action plan can be found in Table 7 at the end of this annex.

The action plan forms part of the final published version of the report. It is important, therefore, that the action plan is completed by the provider in consultation with its awarding bodies/organisations and signed off by the head of the provider. It should be completed and returned to QAA by the given deadline.

The action plan, its implementation and its impact will form part of the evidence base for any future annual monitoring or review activity. It will also constitute a published record of the provider's commitment to take forward the findings of RSCD.

Table 6: Deadlines for completion of action plans

Number of weeks after the visit	Action
+4	The provider receives the draft report and action plan template.
+4 to +8	The provider liaises with relevant staff to develop the action plan. The awarding bodies/organisations contribute to the development of the action plan, if this has been agreed in advance with the provider.
+9	The provider returns the completed action plan to QAA, signed by the head of the provider.
+10	QAA appends the completed action plan to the final report and proofreads the document.
+12	QAA publishes the final report, with the completed action plan, on its website.

Completing the action plan

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

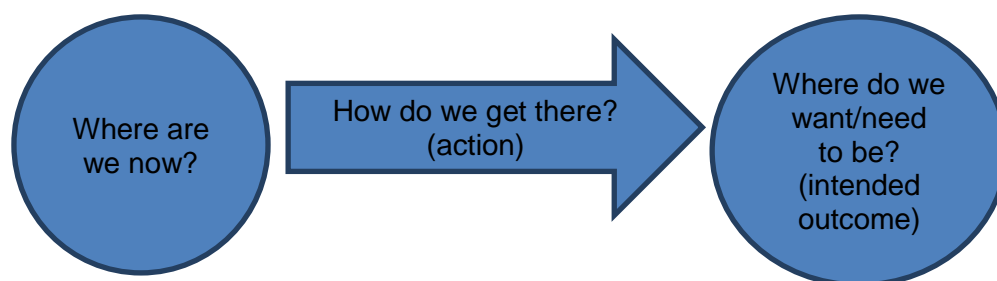


Figure 4: Completing the action plan

For example:

Recommendation	Intended outcomes
Formalise and enhance the current arrangements for the central recording and tracking of internal verification of assessment.	<p>Fully embedded formal policy on internal verification.</p> <p>All staff competently follow the policy and procedures and use the tracking logs to provide evidence of successful internal verification of assessment.</p> <p>External verifier reports comment on an effective internal verification system.</p>

Actions can then be developed that will lead to the intended outcomes being achieved.

General considerations on the action plan

It may be helpful to consider the following points.

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

The column headings in the action plan template are:

Column 1: Good practice and recommendations

This column is completed by the coordinator and repeats precisely the wording of the good practice and/or recommendations identified in the Key findings section of the report.

The following columns are completed by the provider in conjunction with its awarding bodies/organisations:

Column 2: Intended outcomes

State the outcomes that will be achieved in response to the good practice and recommendations. Outcomes for good practice should involve wider dissemination and/or enhancement. Outcomes for recommendations should show improvement. The provider's responsibilities to its awarding bodies/organisations should be considered when developing the intended outcomes.

It may be helpful to consider the following questions.

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

Examples:

Recommendation	Intended outcomes
Ensure that formal committees have appropriate powers and membership, and record and disseminate their actions and outcomes systematically.	<p>Successful implementation of formal committees and formal meeting minutes.</p> <p>All academic committee minutes (including faculty committees and student forums) show that all action points are reported and tracked until completed and closed.</p>
Ensure that staff receive appropriate training and guidance to enable them to effectively identify and address instances of plagiarism.	<p>Successful implementation of anti-plagiarism training for all staff.</p> <p>Plagiarism detection software effectively used to identify and reduce instances of plagiarism.</p> <p>Internal verification process evidences instances of and responses to plagiarism in student work.</p>

Column 3: Actions to be taken to achieve intended outcomes

Each point of good practice and each recommendation must be accompanied by at least one action. Each action should be 'SMART' (specific, measurable, achievable, realistic and time-bound).

Each action must be specific and detailed. Actions such as 'maintain', 'enhance' or 'continue' are difficult to complete and evaluate effectively and should be avoided.

The actions should allow the provider to achieve the intended outcomes. It is possible that several actions may be needed. Multiple actions may be used as milestones.

Examples:

Recommendation	Intended outcomes	Actions to be taken to achieve intended outcomes
Ensure that formal committees have appropriate powers and membership, and record and disseminate their actions and outcomes systematically.	<p>Successful implementation of formal committees and formal meeting minutes.</p> <p>All academic committee minutes (including faculty committees and student forums) show that all action points are reported and tracked until completed and closed.</p>	<p>Create terms of reference for each committee and review annually.</p> <p>Develop a flow chart of activities to illustrate responsibilities and reporting mechanisms for each committee.</p> <p>Assign formal minute-taking responsibilities for each committee.</p> <p>Implement system of recording and tracking all actions and outcomes.</p>

Ensure that staff receive appropriate training and guidance to enable them to effectively identify and address instances of plagiarism.	<p>Successful implementation of anti-plagiarism training for all staff.</p> <p>Plagiarism detection software effectively used to identify and reduce instances of plagiarism.</p> <p>Internal verification process evidences instances of and responses to plagiarism in student work.</p>	<p>Update student disciplinary policy and procedure to include plagiarism.</p> <p>Design or purchase anti-plagiarism training programme for staff to include training on definition of plagiarism and on plagiarism detection software. All staff to undertake training and pass assessment.</p> <p>Update internal verification form to include section on plagiarism so that plagiarism detection software can be used and outcome recorded for each assessment verified.</p>
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Column 4: Target date(s)

Set dates for when the actions will be completed. The more specific the action, the easier it will be to set a realistic target date. Ensure there is a specific target date for each milestone or subsidiary action.

If an action is to happen more than once, state the first date for the action to take place. The word 'ongoing' should not be used.

For example:

- 17 September 2012 and then the third week of every month
- 4 January 2013, 8 February 2013, 8 March 2013
- second week of every term starting January 2013.

Column 5: Action by

State the role or job title of the specific person or committee who is responsible for carrying out the action and who is to be accountable for this. Do not include individuals' names, just their role titles. Ensure that the role/committee is different from that in the 'reported to' column.

Column 6: Reported to

Identify the role of the person or committee who will monitor the success of the action. A clear designation helps to maintain accountability and ensure successful completion of the action plan. Again, do not include individuals' names, just their role titles.

Column 7: Evaluation (process or evidence)

This column **must** be completed **before** returning the action plan to QAA. Identify the processes or evidence that will be used to evaluate the action taken. How will the provider consider whether it has been an appropriate means of addressing the matter identified in the report?

Due to the timescale for completing the action plan, we do not expect that actions will have been completed at the point it is submitted to QAA. Therefore, identify what process or evidence will show how successful the action has been and what the outcomes of the action are.

For example:

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

Housekeeping

Before the action plan is returned to QAA, please consider the following.

- Is the action plan in the original format provided by QAA? If not, complete the template that is attached to the draft review report.
- Spell out all acronyms and abbreviations in full.
- Check that the intended outcomes are measurable.
- Check that specific dates have been set for each action (do not use the term 'ongoing').
- Check that the 'action by' role is different from the 'reported to' role.
- Remove any individual names such as 'Dr Jones' and replace with their job title, such as 'Director of Studies'.

Action plan example

No Name College action plan relating to the Review for Specific Course Designation of March 2012						
Good practice	Intended outcomes	Actions to be taken to achieve intended outcomes	Target date(s)	Action by	Reported to	Evaluation (process or evidence)
The review team identified the following areas of good practice that are worthy of wider dissemination within the provider:						
<ul style="list-style-type: none"> the highly effective system used to log all communications to and from the awarding organisations, which records actions taken and the provider's responses, ensuring that all staff are kept well informed (paragraph 1.2). 	<p>All outstanding issues with awarding organisations or bodies are dealt with in the month they are logged.</p> <p>The log is current and accurate.</p> <p>All actions and responses are published on staff section of virtual learning environment. Virtual learning environment log shows pages have been</p>	<p>Use of communication log is discussed at monthly Academic Standards and Quality Committee meetings. All actions and responses are reviewed and updated.</p> <p>Any new awarding organisations or bodies are added to the log within one week of programme validation or approval.</p> <p>Publish log actions and responses on staff section of virtual learning environment. (This is a new method of communication and enhances what we</p>	<p>Monthly (second Wednesday of each month).</p> <p>Within one week of new programme validation or approval.</p> <p>Set up pages by October 2012. Monitor monthly.</p>	<p>Academic Standards and Quality Committee</p> <p>Relevant Head of Department</p> <p>e-Com-munications Manager</p>	<p>Senior Management Team</p> <p>Senior Management Team</p> <p>Senior Management Team</p>	<p>Communications log. Academic Standards and Quality Committee meeting minutes.</p> <p>Senior Management Team meeting minutes.</p> <p>Virtual learning environment usage logs.</p>

	accessed by 75% of staff.	currently do.)				
Essential	Intended outcomes	Actions to be taken to achieve intended outcomes	Target date(s)	Action by	Reported to	Evaluation (process or evidence)
The team considers that it is essential for the provider to:						
<ul style="list-style-type: none"> develop and embed a robust system for programme design and approval (paragraph 1.3). 	<p>Effective processes are in place to approve and periodically review the validity and relevance of programmes.</p> <p>All programmes are approved and validated prior to students beginning their course of study.</p>	<p>In consultation with Academic Board, Senior Management Team and awarding bodies develop new system for programme design and approval.</p> <p>Ensure all programmes are approved before students are enrolled. No new programmes to run without validation.</p>	<p>September 2012</p> <p>September 2012</p>	<p>Academic Board</p> <p>Heads of Department/ Academic Board</p>	<p>Senior Management Team</p> <p>Senior Management Team/ Director of Studies</p>	<p>Programme design, approval and validation policies and procedures.</p> <p>Signed programme approval and validation documents. Academic Board meeting minutes. Student enrolment data.</p>
Advisable	Intended outcomes	Actions to be taken to achieve intended outcomes	Target date(s)	Action by	Reported to	Evaluation (process or evidence)
The team considers that it is advisable for the provider to:						

<ul style="list-style-type: none"> introduce a more reliable method for the systematic collection of data on student retention, academic standing and achievement (paragraph 1.5). 	<p>Coherent, comprehensive and accurate student data on retention, academic standing and achievement.</p> <p>Annual monitoring process systematically takes due account of relevant data.</p> <p>Student retention 85% or higher.</p>	<p>Develop and implement new system of data compilation and analysis.</p> <p>Reflection on data during annual monitoring process (at annual monitoring validation panels) informs strategic and operational management decisions.</p> <p>Annual data returns produced and shared with college staff.</p> <p>Includes section on previous year's actions and responses to actions.</p>	<p>October 2012 to be implemented by Dec 2012</p> <p>From January 2013, third month of each term</p> <p>Annually from August 2013</p> <p>Annually from September 2013</p>	<p>Director of Studies and Information Services Manager</p> <p>Heads of School</p> <p>Senior Management Team</p> <p>Director of Studies</p>	<p>Senior Management Team</p> <p>Director of Studies</p> <p>Principal</p> <p>Senior Management Team</p>	<p>Senior Management Team meeting minutes. Academic Board minutes.</p> <p>Annual monitoring reports. External verifier reports.</p> <p>Annual monitoring reports. Senior Management Team minutes.</p>
Desirable	Intended outcomes	Actions to be taken to achieve intended outcomes	Target date/s	Action by	Reported to	Evaluation (process or evidence)
The team considers that it is desirable for the provider to:						
<ul style="list-style-type: none"> formalise the teaching observation processes (paragraph 2.6). 	<p>Teaching and learning policy is approved and implement.</p> <p>90% of teaching staff undergo a teaching</p>	<p>Develop and approve teaching and learning policy to include teaching observation process.</p> <p>Implement and embed teaching observation</p>	<p>December 2012</p> <p>From January 2013</p>	<p>Academic Standards and Quality Committee</p> <p>Director of Studies</p>	<p>Senior Management Team</p> <p>Academic and</p>	<p>Teaching and Learning policy. Teaching observation forms. Teaching observation</p>

	<p>observation at least once per academic year.</p> <p>Where a development requirement is identified, additional support is provided and at least one observation per academic term takes place until no longer required.</p>	<p>process.</p> <p>Annually evaluate the effectiveness of teaching observation process and modify Teaching and Learning policy and procedures accordingly.</p>	<p>July each year from 2013</p>	<p>Director of Studies</p>	<p>Standards Quality Committee</p> <p>Academic Standards and Quality Committee/ Principal</p>	<p>records. Academic Board meeting minutes.</p> <p>Senior Management Team meeting minutes.</p>
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Annex F: Information about learning opportunities

The purpose of this annex is to give providers and review teams an indication of the types of information to be considered under the heading of 'information about learning opportunities'.

Information about learning opportunities means information in the public domain about academic standards and the quality of learning opportunities. Some information will be produced by awarding bodies/organisations on the provider's behalf; some will be supplied by the provider and published by external organisations like Unistats or UCAS; and some will be produced by the provider itself.

RSCD considers whether or not the provider has effective procedures for ensuring that the information that it is responsible for producing about itself is accurate and complete. The indicative list below sets out the types of information about academic standards and the quality of learning opportunities that QAA would expect the provider to make available. It should be emphasised that this list is indicative only, because different providers will have different responsibilities for producing information according to their arrangements with awarding bodies/organisations.

RSCD teams will consider general contextual information about the provider, for example:

- mission statement
- corporate plan
- quality improvement plan
- statement of quality assurance processes and procedures
- learning and teaching and assessment strategies for higher education
- higher education strategy
- information about agreements with awarding bodies/organisations
- details of links with employers.

Teams will also consider information about the academic standards and quality of programmes, for example:

- applications and admissions arrangements
- prospectuses, programme guides or similar
- programme specifications
- student handbooks
- module/unit guides
- information about the provider's and/or its partners' procedures for programme approval, monitoring and review
- policies, processes and procedures for managing academic standards, quality of learning opportunities and information about learning opportunities
- details of accreditation from professional, statutory and regulatory bodies
- the academic environment in which students will be studying and the support made available to them
- what providers expect of current students and what current students can expect of the provider
- results of internal student surveys
- arrangements for assessment and external examination procedures
- policies for student complaints, appeals and representations
- information for students on completion of their studies.

Providers will need to demonstrate that they currently provide sufficient public information for prospective students and other stakeholders. They would be expected to publish:

- a full list of all their higher education programmes
- details of the awarding body, or bodies, that will award any higher level qualifications (Levels 4 - 8)
- details of course fees and any bursary arrangements
- details of course delivery showing the proportion of time spent in different modes of learning (scheduled teaching, practical classes, placements and so on)
- arrangements for assessment.

In drawing a conclusion on information about learning opportunities, RSCD is not concerned with:

- the accuracy and completeness of information that is not available to students or other external stakeholders, such as management information (although teams may be interested in providers' use of this kind of information in the management of academic standards and the management and enhancement of the quality of learning opportunities)
- auditing the accuracy of quantitative information
- information about the provider that is produced by other organisations, such as awarding bodies/organisations.

Annex G: Role descriptions and person specifications

Role title: coordinator

Role purpose

The coordinator manages the review in each of the providers to which he/she is assigned. Key responsibilities include:

- leading a programme of reviews for QAA
- providing clear briefings to a wide range of provider participants on the RSCD method and participants' respective responsibilities
- discussing and agreeing with the provider the agenda that forms the basis of the review
- discussing and agreeing focused review activities with the provider and the reviewers to ensure effective use of time
- organising and coordinating review activities to ensure that the conclusion, recommendations and judgements are sound and evidence-based
- liaising effectively with all stakeholders through face-to-face, telephone, email and other written communications to ensure the smooth running of each review
- providing additional training for reviewers, if necessary
- making effective use of QAA's secure electronic folder system throughout the review to ensure that a full evidence base is available to reviewers and QAA staff in a timely manner and is archived promptly
- respecting protocols on confidentiality
- producing high quality reports that inform all stakeholders of conclusions, recommendations and judgements, where appropriate.

Person specification

Knowledge and understanding to include:

- current or recent knowledge and understanding of current issues affecting higher education providers
- awareness of current higher education teaching methods and curricula
- knowledge and understanding of the assurance of standards and quality
- awareness of the role of professional, statutory and regulatory bodies in programme accreditation
- experience of liaison with senior management and a range of staff at other levels.

Skills include ability to:

- manage small teams (with experience in either higher or further education or in other employment)
- work within tight timescales and to strict deadlines
- chair meetings
- communicate effectively in face-to-face interaction
- train others in methods of work
- produce clear and succinct reports on time
- use word-processing software
- communicate electronically, including emails, attachments and use of web mail
- be flexible and devise sound plans when situations change with little notice.

Role title: reviewer

Role purpose

Reviewers contribute to evaluating academic standards and the quality of higher education provision through a peer review process. They engage in a variety of activities designed to gather and analyse evidence so that they can arrive at considered conclusions, recommendations and judgements. These outcomes help the provider being reviewed to prepare an action plan to further enhance higher education provision.

Key responsibilities include:

- reading, analysing and preparing written commentaries of the self-evaluation submitted by the provider and any other documents sent in advance of a review
- adhering to the review schedule agreed between the provider and the coordinator
- participating in visits to the provider in order to gather, share, test and verify evidence
- drawing conclusions and making recommendations and judgements on the academic standards achieved and the quality of the learning opportunities provided
- recording evidence gathered from a variety of review activities and submitting this to the QAA secure folder in a timely fashion
- drafting sections of the report that are referenced to evidence gathered during the review
- respecting protocols on confidentiality
- contributing to and commenting on the review report, to agreed schedules and deadlines
- being available for the whole period of a review for which they have been selected and committing to complete all processes of a review once they have embarked upon it.

Person specification

Knowledge and understanding to include:

- current or recent experience, knowledge and understanding of higher education provision
- knowledge of, and familiarity with, the Quality Code and other external reference points, such as those of professional, statutory and regulatory bodies
- (for reviews requiring subject expertise) experience of providing higher education; (in the case of industrially or professionally based reviewers) familiarity with teaching and learning in higher education
- understanding of programme entry requirements and the ability to interpret progression statistics, including withdrawal, transfer and failure rates and destinations data
- familiarity with academic support strategies and the functions of academic tutorials
- experience of examining and/or verification procedures/processes (preferably including external examining or external verification)
- knowledge of the quality assurance processes employed by public and higher education providers
- familiarity with the standards of higher education awards in the UK.

Skills include the ability to:

- conduct meetings and interviews with staff
- conduct meetings with a range of current and former groups of students
- write succinctly and coherently
- meet tight timescales and deadlines
- work effectively as a member of a team
- work courteously and professionally
- maintain confidentiality
- communicate electronically, including emails, attachments and use of web mail.

Role title: facilitator

Role purpose

The facilitator ensures the smooth running of the review by acting as the single point of contact between the provider staff and the coordinator.

Key responsibilities include:

- providing effective liaison between the reviewers and the provider staff
- ensuring that the reviewers obtain accurate, timely and comprehensive information about the educational provision and the provider context
- helping the reviewers to come to a clear and accurate understanding of the structures, policies, priorities and procedures of the provider, and the nature of the provision under scrutiny
- ensuring that reviewers are provided with appropriate evidence to allow them to reach the conclusion, recommendations and judgements
- bringing additional information to the attention of the reviewers and correcting factual inaccuracy
- observing objectively
- communicating clearly with the reviewers and the subject provider
- respecting protocols on confidentiality
- establishing effective relationships with the coordinator and the reviewers, as well as with the provider staff
- participating in the provider's preparations for the review
- attending all meetings other than those with students and employers, or where judgements are discussed
- monitoring the pattern of review activities
- maintaining regular telephone and/or email contact with the coordinator to ensure that reviewers are receiving the information or documents that they need, particularly for off-site analysis.

Knowledge and understanding to include:

- thorough knowledge of the structure, policies, priorities, procedures and practices of the provider
- knowledge and experience of working in higher education at a senior level
- experience of quality assurance
- knowledge and understanding of RSCD.

Skills include the ability to:

- locate cogent information
- maintain confidentiality
- deal conscientiously with detail
- make accurate records of discussions
- meet exacting timescales and deadlines
- work effectively with reviewers
- continue to work effectively as part of the provider team after RSCD has been completed
- communicate electronically, using emails, attachments and web mail
- influence colleagues within their provider and take forward the action plan.

Annex H: QAA training and development policy for review team members

Introduction

This policy applies to RSCD.

QAA recognises that those selected to be reviewers are drawn from a pool of highly qualified, experienced and well respected personnel who already have skills in the core activities of review. In particular, they are selected for their highly developed and practised skills of written and oral communication, conduct of meetings, analysis and synthesis of a wide variety of information, and evaluation leading to sound judgement. Reviewer training seeks to build on these skills to assist reviewers to apply them to a specific review process.

The training and development policy will be published.

Policy

The training will be designed to enable reviewers, where appropriate, to:

- participate in accessible and relevant training and development which is economical in the use of their time
- experience learning methods which take account of individual learning styles
- participate in training which takes due account of prevailing legislation
- participate fully in training activities that will be relevant to all participants irrespective of gender, age, ethnicity or disability
- hone and apply core skills essential for all of QAA's methods of review through initial training.

What can reviewers expect of QAA?

Each reviewer can expect QAA to:

- provide induction to the work of QAA, its mission, standards and values
- train them in specialist skills needed to carry out review work, including effective use of the electronic communications system set up to support reviews
- assist them to develop sufficient confidence to undertake their first review
- provide training reference material to use after completion of their training
- provide QAA documents needed to conduct the reviews to which they are assigned
- add them to QAA's mailing list for receipt of relevant new QAA publications and information about QAA's work
- provide them with opportunities to contribute to the evaluation of the methods in which they have reviewed
- publish their name on the register of reviewers:
www.qaa.ac.uk/institutionreports/our-reviewers/pages/default.aspx.

Assuming successful completion of initial training, QAA will:

- provide reviewers with feedback on their performance on their first review and, where appropriate, guidance on their further development

- encourage each reviewer to engage in the further development of their role as reviewer
- take into account prior QAA review training and experience when training review team members to carry out QAA review methods which are new to them.

Following appointment, reviewers will be expected to perform the role to QAA's requirements and satisfaction. Where a reviewer does not perform satisfactorily, feedback will be provided by the review coordinator or by a QAA officer. If a reviewer does not demonstrate improvement following feedback, they may be removed from the register of reviewers.

Benefits for providers and other organisations subject to review

Adherence to this policy should provide the following benefits:

- confidence that reviewers are properly trained to undertake review work professionally and confidently
- consistent application of each review method
- consistency in the messages about the review method which the reviewers take back to their institutions.

Annex I: External reference points

In considering a provider's management of its higher education provision, review teams will be guided by the expectations of external reference points, including the UK Quality Code for Higher Education (the Quality Code). The Quality Code replaced the set of national reference points known as the Academic Infrastructure, from the 2012-13 academic year. 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. Providers use it to design their respective policies for maintaining academic standards and quality.

The UK Quality Code for Higher Education

The Quality Code sets out the formal Expectations that all UK higher education providers reviewed by QAA are required to meet. It is the nationally agreed, definitive point of reference for all those involved in delivering higher education programmes that lead to an award from, or are validated by, a UK higher education awarding body (a provider entitled to award degrees). All higher education providers reviewed by QAA must commit to meeting the expectations that it sets out.

The Quality Code is based on a number of key values, which are set out below.

- All students are treated fairly, equitably and as individuals.
- Students have the opportunity to contribute to the shaping of their learning experience.
- Students are properly and actively informed at appropriate times of matters relevant to their programmes of study.
- All policies and processes relating to study and programmes are clear and transparent.
- Strategic oversight of academic standards and academic quality is at the highest level of academic governance of the provider.
- All policies and processes are regularly and effectively monitored, reviewed and improved.
- Sufficient and appropriate external involvement exists for the maintenance of academic standards and the quality of learning opportunities.
- Staff are supported, enabling them in turn to support students' learning experiences.

Further information about the Quality Code can be found on the QAA website: www.qaa.ac.uk/qualitycode.

The Quality Code has three Parts, on academic standards, academic quality and information about higher education provision. Each of these is subdivided into Chapters covering specific themes.

Part A: Setting and maintaining threshold academic standards

These Chapters cover the issues relevant to the setting and maintaining of academic standards.

Chapter A1: The national level

Chapter A2: The subject and qualification level

Chapter A3: The programme level

Chapter A4: Approval and review

Chapter A5: Externality

Chapter A6: Assessment of achievement of learning outcomes

Part B: Assuring and enhancing academic quality

These Chapters cover the issues relevant to ensuring that the quality of learning opportunities meets expectations and is continually being improved.

Chapter B1: Programme design, development and approval

Chapter B2: Recruitment, selection and admission to higher education

Chapter B3: Learning and teaching

Chapter B4: Enabling student development and achievement

Chapter B5: Student engagement

Chapter B6: Assessment of students and the recognition of prior learning

Chapter B7: External examining

Chapter B8: Programme monitoring and review

Chapter B9: Academic appeals and student complaints

Chapter B10: Managing higher education provision with others

Chapter B11: Research degrees

Part C: Information about higher education provision

This shorter Part is not subdivided into Chapters. It addresses how providers make available information that is fit for purpose, accessible and trustworthy.

Other external reference points

Some providers offer only qualifications which are aligned to the Qualifications and Credit Framework (QCF) or the National Qualifications Framework (NQF). In these cases, they will be expected to provide evidence of the use of the other relevant external reference points and guidance on good practice in setting and maintaining academic standards, in assuring and enhancing the quality of learning opportunities for students, and in providing information about learning opportunities about these qualifications. Where providers offer some qualifications which are on the frameworks for higher education qualifications and others which are on the QCF/NQF, they will be expected to show how they use each set of relevant reference points for the purposes set out above. Reviewers will be interested to see whether providers find it useful to use some parts of the Quality Code for QCF/NQF qualifications to assist in their management of standards and quality.

The Qualifications and Credit Framework (QCF)

The QCF is a system for recognising skills and qualifications. It does this by awarding credit for qualifications and units (small steps of learning). Each unit has a credit value; this value specifies the number of credits gained by learners who complete that unit. The flexibility of the system allows learners to gain qualifications at their own pace along routes that suit them best. The QCF is maintained by the Office of Qualifications and Examinations Regulation (Ofqual). Further information can be found on their website:

www.ofqual.gov.uk/qualifications-assessments/89-articles/145-explaining-the-qualifications-and-credit-framework.

The National Qualifications Framework (NQF)

The NQF helps learners to make informed decisions about the qualifications they need. They can compare the levels of different qualifications and identify clear progression routes for their chosen career.

Further information about the NQF can be found on the Ofqual website:

www.ofqual.gov.uk/qualifications-assessments/89-articles/250-explaining-the-national-qualifications-framework.

Professional, statutory and regulatory body (PSRB) reference points

Some PSRBs develop their own reference points, for example in relation to curriculum development or professional codes of conduct. Providers should identify where higher education programmes have been developed to meet PSRB requirements.

The Framework for Qualifications of the European Higher Education Area

Programmes of study that fall within the scope of RSCD are referred to as 'higher education' in this handbook. The *Framework for Qualifications of the European Higher Education Area* ([Bologna Framework](#)/FEHEA) has generic qualification descriptors for each cycle, known as the 'Dublin descriptors'. These have been developed as a set and are intended to be read with reference to each other. They are primarily intended for use in the alignment of qualifications and hence national frameworks. National frameworks may themselves have additional elements or outcomes, and may have more detailed and specific functions. The frameworks for higher education qualifications align with the Dublin descriptors.

Table 7: Examples of the typical higher education qualifications at each level of *The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ)* and the corresponding cycle of the FEHEA⁷

Main higher education qualifications	FHEQ level	Corresponding FEHEA cycle
Doctoral degrees (eg PhD/DPhil, EdD, DBA, DClinPsy)*	8	Third cycle (end of cycle) qualifications
Master's degrees (eg MPhil, MRes, MA, MSc)	7	Second cycle (end of cycle) qualifications
Master's degrees (integrated)** (eg MEng, MChem, MPhys, MPharm)		
First degrees in medicine, dentistry and veterinary sciences (eg BM, BS, BDS, BVetMed, BVSc)***		
Postgraduate Diplomas		
Postgraduate Certificate in Education (PGCE)****		
Postgraduate certificates		
Bachelor's degrees with honours (eg BA/BSc Hons)	6	First cycle (end of cycle) qualifications
Ordinary bachelor's degrees		
Professional Graduate Certificate in Education (PGCE)****		
Graduate diplomas		
Graduate certificates		
Foundation Degrees (FD)		
Diplomas of Higher Education (DipHE)		
Higher National Diplomas (HND)		
Higher National Certificates (HNC)*****	4	
Certificates of Higher Education (CertHE)		

⁷ Please note that there is a separate framework for Scottish qualifications: the *Scottish Credit and Qualifications Framework*.

Annex J: Glossary and weblinks

<p>Academic standards</p>	<p>Academic standards are defined as the level of achievement a student has to reach in order to achieve a particular award or qualification. There are nationally agreed reference points for the academic standards of the various levels of higher education qualifications set out in the frameworks for higher education qualifications published by QAA (See the Quality Code.)</p> <p>An awarding body/organisation is responsible for the academic standards of all awards granted in its name. RSCD is concerned with how providers exercise any responsibilities they have for the academic standards of the awards that they deliver on behalf of their awarding bodies/organisations.</p> <p>RSCD considers academic standards against all aspects of the provider's higher education provision, leading to a judgement that is subsequently published. (See Judgements.)</p>
<p>Action plan</p>	<p>After RSCD, the provider will be asked to develop an action plan, set out in a format provided by QAA, describing how the provider plans to take action on the findings of the review. The action plan forms part of the final version of the report.</p> <p>QAA will monitor the implementation of the action plan through the next review. The action plan, its implementation and impact will therefore form part of the evidence base for any future review activity. It will also constitute a published record of the provider's commitment to take forward the findings of RSCD.</p>
<p>Advisable recommendation</p>	<p>RSCD reports will include recommendations about how a provider might improve the management of its higher education provision. Recommendations are categorised according to priority.</p> <p>Advisable recommendations relate to matters that the review team believes have the potential to put quality and/or standards at risk and hence require preventative corrective action.</p>
<p>Annual return</p>	<p>The annual return is part of the monitoring process which takes place between full reviews, on a four-year cycle. The annual return takes 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.</p> <p>The provider is required to update QAA on:</p> <ul style="list-style-type: none"> • current programmes offered, awarding bodies/organisations and student numbers • any major strategic or material changes since the last QAA team visit • 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 RSCD (such as awarding body/organisation or professional, statutory or regulatory body reports) • progress in working with relevant external reference points to meet UK expectations for higher education

	<ul style="list-style-type: none"> engagement of students in quality assurance processes. <p>The annual return is submitted to QAA around nine months after the last review visit, and is normally followed by a monitoring visit.</p>
Awarding body	<p>Providers do not have powers to award higher education qualifications. They work with awarding bodies and/or one or more higher education institutions, which retain responsibility for the academic standards of all awards granted in their name(s) and for ensuring that the quality of learning opportunities offered through collaborative arrangements are adequate to enable students to achieve the academic standard required for their awards.</p> <p>Although RSCD is not concerned with how awarding bodies discharge their responsibilities within these arrangements, awarding bodies are important stakeholders in the process. Further guidance on the involvement of awarding bodies in RSCD is given in Section 4 of this handbook.</p>
Awarding organisation	<p>An organisation authorised to award a particular qualification other than a degree; an organisation recognised by Ofqual to award Ofqual-regulated qualifications.</p>
Briefing	<p>The briefing is the first stage of the RSCD process. Its purposes are to describe RSCD in more detail, allow providers and awarding bodies/organisations to ask any questions about the method, and to give further advice and guidance on preparing a self-evaluation and on helping students to prepare a submission. Normally the briefing is also an opportunity for providers and awarding bodies/organisations to meet some coordinators and to talk to other providers who are preparing for RSCD.</p>
Concerns scheme	<p>QAA investigates concerns about the standards and quality of higher education provision raised by students, staff, and other people and organisations, where we think these concerns indicate serious systemic or procedural problems.</p> <p>QAA can investigate concerns about:</p> <ul style="list-style-type: none"> academic standards - the level of achievement a student has to reach in order to achieve a particular award or qualification academic quality - everything that a university or college provides to ensure its students have the best possible opportunity to achieve the required standard (this includes teaching, learning resources and academic support) the accuracy and completeness of the information institutions produce about their higher education provision. <p>Concerns may be followed up through educational oversight reviews or as a separate process. Further information about the concerns process can be found on the QAA website: www.qaa.ac.uk/complaints/concerns/pages/default.aspx.</p>
Confidence	<p>Review teams are required to make judgements about providers' management of academic standards and the quality of learning opportunities. The judgements are 'confidence', 'limited confidence' or 'no confidence'.</p> <p>A judgement of 'confidence' will be reached where:</p>

	<ul style="list-style-type: none"> • a provider is found to be effective in managing its responsibilities for delivering academic standards • the prospects for academic standards and quality being maintained at current levels appear sound • the provider has rigorous mechanisms for the management of its higher education programmes in accordance with the awarding bodies'/organisations' requirements. <p>Such a judgement will be reached on the basis of evidence that the provider has sound structures and procedures for assuring and enhancing quality and the delivery of standards, that it is successful in managing them. This judgement will be accompanied by recommendations for actions that are considered advisable and/or desirable (but never essential); however, the overall judgement should not be seen as being qualified by such recommendations.</p> <p>A judgement of 'confidence' is, therefore, an expression of belief in a provider's commitment and ability to identify and address any situation that potentially threatens the delivery of the standards of awards or the quality of student learning opportunities, or the provider's ability to meet its contractual obligations. This includes considering and addressing in a mature and engaged manner, through its own procedures and those of its awarding bodies/organisations, any recommendations contained in the report.</p>
Conflicts of interest	<p>Reviewers will not be eligible to be part of a team when a conflict of interest is identified. Conflicts include situations where:</p> <ul style="list-style-type: none"> • they have worked for the provider or its collaborative partners during the last five years • they have undertaken validation during the last three years • they have undertaken external examining or consultancy work at the provider or its collaborative partners during the last three years • they are a board member • they are in close geographical proximity (within 5 miles) to your institution or one you have worked for and that offer a similar subject(s). • they have undertaken publication or research with a member of its staff or students within the previous 3 years • they have recently made an application for a post at the provider • a close relative is working or studying at the provider • they have acted in the capacity as a consultant within the previous 3 years • the provider is an institution where the reviewer himself/herself has studied for a higher education qualification (usually but not always deemed to present a conflict of interest).
Coordinator	<p>Coordinators are contracted by QAA to manage a number of RSCDs. They are selected for their experience of the management of higher education.</p> <p>The coordinator manages the review on behalf of QAA. He/she is responsible for guiding the provider on preparing its self-evaluation, chairing the preparatory meeting, discussing and agreeing the</p>

	<p>programme for the visit with the provider and the rest of the review team, identifying the most effective way of engaging with students, discussing with awarding bodies/organisations their involvement in RSCD (if required), leading the team at the visit, editing RSCD reports, responding to any comments on the reports from the provider, and keeping in touch with the provider. A full description of the role is given in Annex G.</p> <p>The coordinator is the provider's first and main point of contact throughout the review process.</p>
Desirable recommendation	<p>RSCD reports will include recommendations about how the provider might improve the management of its higher education provision. Recommendations are categorised according to priority.</p> <p>Desirable recommendations relate to matters that the review team believes have the potential to enhance quality, build capacity and/or further secure standards.</p>
Enhancement	<p>For the purposes of RSCD, QAA uses the term 'enhancement' to mean the continuous improvement of a provider's management of the learning experience of students on its higher education provision, for the benefit of students, and within the context of its agreement(s) with its awarding bodies/organisations.</p>
Essential recommendation	<p>RSCD reports will include recommendations about how the provider might improve the management of its higher education provision. Recommendations are categorised according to priority.</p> <p>Essential recommendations refer to issues which the review team believes are currently putting quality and/or standards at risk and hence require urgent corrective action.</p> <p>When essential recommendations are made at the end of the review, they will be reflected in a judgement of 'limited confidence' or 'no confidence', and/or that 'reliance cannot be placed on the accuracy and/or completeness of all the information about learning opportunities that the provider is responsible for producing about itself'.</p>
Evidence	<p>RSCD is an evidence-based process. This means that review teams conduct their enquiries primarily by comparing evidence about the provider's management of its higher education provision with its own policies and procedures, the agreements it has with its awarding bodies/organisations, and the expectations of the Quality Code and/or other external reference points.</p> <p>Evidence comes in a wide range of forms and will vary from provider to provider. It is likely to include formal agreements with awarding bodies/organisations, policies and procedures for the management of the student learning experience of higher education programmes, external examiners' reports, validation documents, data about the provider on the Unistats website (www.unistats.co.uk), review and inspection reports of other organisations, and any information arising from meetings with staff and students.</p> <p>Some of this evidence, such as review reports by other organisations, will be available publicly. Other elements should be</p>

	<p>supplied by the provider as part of its self-evaluation or supporting evidence. There is guidance on developing the self-evaluation, including a list of supporting evidence, in Section 3 of this handbook. Once the team has read the self-evaluation, the coordinator may ask for more evidence to be available at the visit itself. The coordinator will confirm at the preparatory meeting, or at least three weeks before the visit, precisely what further evidence is required.</p>
External reference points	<p>External reference points are the guidance or requirements provided by awarding bodies/organisations or other organisations (such as professional bodies) for qualifications which are aligned to the Qualifications and Curriculum Framework (QCF), the National Qualifications Framework (NQF), the Credit and Qualifications Framework for Wales (CQFW), or the Scottish Credit and Qualifications Framework (SCQF). These reference points and/or guidance can be similar in purpose to the Quality Code for qualifications on the frameworks for higher education qualifications.</p> <p>The other reference points will deal with good practice in setting and maintaining academic standards, in assuring and enhancing the quality of learning opportunities for students, and in providing information about learning opportunities about those qualifications. In these cases providers will be expected to show the review team evidence of the use of the other external reference points in the management of their higher education provision not on the frameworks for higher education qualifications. Where providers offer some qualifications which are on the frameworks for higher education qualifications and others which are on the QCF/NQF, they will be expected to show how they use each set of relevant reference points. Reviewers will be interested to see whether providers find it useful to use some parts of the Quality Code for QCF/NQF/CQFW/SCQF qualifications to assist in their management of standards and quality.</p> <p>The review process and the possible judgements are the same regardless of the set(s) of external reference points used.</p>
Facilitator	<p>For the review, the provider is invited to nominate a facilitator. The facilitator acts as a single point of contact between the provider and the coordinator, and through her/him the review team. The facilitator's responsibilities include, in consultation with the coordinator, ensuring that reviewers have the relevant evidence to enable them to conduct the review (including when the team is off-site), bringing additional information to the attention of the reviewers, and helping to clarify any matters of fact.</p> <p>In addition, the facilitator attends all review team meetings other than those with students and employers, or where judgements are discussed. The facilitator does not contribute to the review report or its judgements.</p> <p>Facilitators will be trained for the role alongside reviewers. For more information, see Annex G.</p>
Good practice	<p>Good practice is practice that the review team regards as making a particularly positive contribution to the provider's management of</p>

	<p>academic standards and/or academic quality in the context of that particular provider, and which is worthy of wider dissemination within and/or beyond the provider.</p> <p>Review reports are likely to include features of good practice. QAA will disseminate good practice identified through RSCD in periodic publications.</p>
<p>Higher education reviewed by RSCD</p>	<p>RSCD is concerned with taught higher education programmes of study at level 4 or above on <i>The framework for higher education qualifications in England, Wales and Northern Ireland</i> (FHEQ), and level 7 or above on <i>The framework for qualifications of higher education institutions in Scotland</i>. It also applies to programmes at level 4 or above on the Qualifications and Curriculum Framework and/or the National Qualifications Framework.</p>
<p>Information about learning opportunities</p>	<p>Information about learning opportunities is information about the academic standards and the quality of learning opportunities that is in the public domain. This includes information available to students and staff. In some cases the awarding bodies/organisations are responsible for producing information on the providers' behalf; some information about learning opportunities will be provided by the provider and produced by external organisations such as Unistats; and in other cases publication will be the direct responsibility of the provider.</p> <p>RSCD considers whether or not the information that the provider produces for its intended audiences is fit for purpose, accessible and trustworthy. An indicative list of this information is provided in Annex F. It should be emphasised that this list is indicative only, because providers will have different responsibilities for producing information according to their agreements with awarding bodies/organisations.</p> <p>A judgement that 'reliance can be placed on the information the provider produces for its intended audiences about the learning opportunities it offers' will be reached where the provider:</p> <ul style="list-style-type: none"> • recognises all the information that it is responsible for producing within the area under review • has rigorous mechanisms for the management of these responsibilities, which ensure that the information it produces is fit for purpose, accessible and trustworthy • has supplied evidence that this is the case. <p>A judgement that 'reliance cannot be placed on the information the provider produces for its intended audiences about the learning opportunities it offers' will be reached where:</p> <ul style="list-style-type: none"> • a provider does not recognise all of the information that it is responsible for producing <p>and/or:</p> <ul style="list-style-type: none"> • a provider does not have effective mechanisms for ensuring that the information is fit for purpose, accessible and trustworthy.

<p>Limited confidence</p>	<p>Review teams are required to make judgements about providers' management of academic standards and the quality of learning opportunities. The judgements are 'confidence', 'limited confidence' or 'no confidence'.</p> <p>A judgement of 'limited confidence' indicates that there is evidence that the provider's capacity to manage the quality of learning opportunities and/or the security of the standards of its awards soundly and effectively is limited or is likely to become limited in the future.</p> <p>The reason for this judgement may be significant weaknesses either in the management of the provider's structures and procedures or in their implementation. Confidence may be limited either because of the extent or the degree of weaknesses identified. The determining factor in reaching a judgement of 'limited confidence' is not simply evidence of problems in some programmes - no institution could be expected to avoid these entirely. It is, instead, the fact that the provider may not have been fully aware of the problems and/or has failed to take prompt and appropriate action to remedy them. The review team may also express 'limited confidence' where the provider makes a less than full use of independent external examiners and/or independent external persons in internal quality management procedures.</p> <p>'Limited confidence' judgements are likely to be accompanied by a number of recommendations graded essential or advisable.</p>
<p>No confidence</p>	<p>Review teams are asked to make judgements about the provider's management of academic standards and quality. The judgements are 'confidence', 'limited confidence' or 'no confidence'.</p> <p>Where major doubts exist about significant aspects of a provider's current or likely future capacity to deliver, secure and maintain academic standards and/or the quality of learning opportunities, the provider will receive a judgement of 'no confidence'. A 'no confidence' judgement will be made with reference to what the awarding bodies/organisations require of the provider. The report will identify the main areas of concern, discuss the means by which such a situation was able to arise and be sustained, and advise students and other stakeholders of the existence of failing or unsatisfactory academic standards or quality of provision. It will contain one or more recommendations considered essential and others considered advisable and/or desirable.</p> <p>A judgement of 'no confidence' will reflect serious procedural inadequacies or implementation failures, and will be indicative of fundamental weaknesses in a provider's capacity to manage its responsibilities for the delivery of academic standards or for providing higher education of an appropriate quality. It will have serious implications for awarding bodies/organisations, which are likely to wish to take urgent action. A judgement of 'no confidence' will trigger follow-up action.</p>

<p>Partnership agreement</p>	<p>Providers have formal partnership agreements, sometimes called memoranda of understanding, with their higher education institution awarding bodies or awarding organisation, and many of these describe precisely the provider's responsibilities for any given higher education programme.</p> <p>These agreements will be very useful to review teams in identifying the parameters of each particular review. Such agreements will form a key part of the provider's self-evaluation. Where an agreement does not identify the provider's responsibilities in detail, then it may be appropriate for the provider and the awarding body/organisation to provide further information, or for the awarding body/organisation to participate in the visit. Completion of the responsibilities checklist (see Annex B), which should be submitted with the self-evaluation, is an effective way of providing this information. Section 2 of this handbook provides more information about this.</p>
<p>Peer review</p>	<p>RSCD is a peer-review process. This means that the reviews are conducted by people with current or very recent experience of managing, developing, delivering and/or assessing higher education in institutions and/or providers. As a result, review reports are based upon a working knowledge of UK higher education and, more specifically, an understanding of the challenges of managing higher education academic standards and quality effectively.</p>
<p>Preparatory meeting</p>	<p>Typically four weeks before a review visit, there is a preparatory meeting for the visit between provider staff, students and the coordinator.</p> <p>The purpose of the preparatory meeting is to develop the agenda for the visit and identify further evidence for the provider to supply to the team, based on an analysis of the provider's self-evaluation and the student submission. This meeting also gives the opportunity for the provider to ask the coordinator any questions. Awarding bodies/organisations may also attend this meeting.</p> <p>An indicative agenda for the preparatory meeting is provided in Annex C.</p>
<p>Provider</p>	<p>The term 'independent college' refers to a range of organisations, including some operating for profit, and including those with charitable status. This handbook refers to the range of independent colleges as 'providers'.</p>
<p>Provisional judgement meeting</p>	<p>Review teams meet around one week after the visit to agree summaries of evidence, to make provisional judgements, and to identify provisional good practice and recommendations.</p> <p>The coordinator will inform the provider about the outcome of the provisional judgement meeting in writing, usually within one week of the meeting. All judgements, good practice and recommendations remain provisional until the provider has had the opportunity to highlight any areas in the draft report that it regards as inaccurate or incomplete, and until the review team has finalised the report in response to the provider's comments. Occasionally, the judgements will remain provisional until the team has completed a second visit. All provisional judgements are made with reference to what the awarding bodies/organisations require of the provider.</p>

QAA	<p>The Quality Assurance Agency for Higher Education (QAA) was established in 1997 and is an independent body funded by subscriptions from UK universities and providers of higher education, and through contracts with the main UK higher education funding bodies.</p> <p>QAA's mission is to safeguard standards and improve the quality of UK higher education. QAA does this by working with universities and other higher education providers to define academic standards and quality, and by carrying out and publishing reviews against these benchmarks.</p>
QAA officer	<p>Each RSCD review is supported by a QAA officer called the 'review support officer'. The QAA officer's role is to ensure that the process is applied in accordance with this handbook and that the provider meets its obligations to provide information in a timely manner.</p> <p>The QAA officer may attend the preparatory meeting and one or more days of a visit for monitoring purposes. The QAA officer does not take part in the review.</p>
Quality Code	<p>The UK Quality Code for Higher Education (the Quality Code) replaced the set of national reference points known as the Academic Infrastructure, from the 2012-13 academic year. 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. Providers use it to design their respective policies for maintaining academic standards and quality.</p> <p>Further information about the Quality Code can be found in Annex I of this handbook, and on the QAA website: www.qaa.ac.uk/qualitycode.</p>
Quality of learning opportunities	<p>Quality of learning opportunities means the effectiveness of everything that is done or provided (the 'learning opportunities') by the provider to ensure that its students have the best possible opportunity to meet the intended learning outcomes of their programmes and the academic standards of the awards they are seeking.</p> <p>The review considers the quality of learning opportunities against all aspects of the provider's provision, leading to a judgement that is subsequently published. (See Judgements.)</p>
Recommendations	<p>Review reports will include recommendations for the provider about how it might improve the management of its higher education provision. Recommendations are for actions categorised as 'essential', 'advisable' or 'desirable' according to priority.</p>
Reliance can/cannot be placed on information about learning opportunities	<p>See Information about learning opportunities.</p>

Reports	RSCD culminates in a report of the team's findings. Review reports will be published on QAA's public website. Providers and their awarding bodies/organisations will always be invited to provide comments on a draft report and to indicate any areas that they consider incomplete or inaccurate. The coordinator will provide further guidance on the procedures for making comments on reports.
Review	In this handbook 'review' means Review for Specific Course Designation (RSCD). RSCD evaluates all aspects of the provider's management of its higher education provision and leads to judgements about the management of that provision within the context of the provider's agreement with its awarding bodies/organisations.
Reviewer	Reviewers are external peers with current or recent experience of managing, developing, delivering and/or assessing higher education in higher education institutions and/or providers. Reviewers are not employees of QAA, although they are paid for taking part in RSCD. Reviewers are trained specifically for the role by QAA (see Annex H).
Second visits	<p>A provider may request a second visit if the review team makes a provisional judgement of 'limited confidence' or 'no confidence' in either the management of academic standards or the management or enhancement of the quality of learning opportunities, or a judgement of 'no reliance' on information about learning opportunities. The second visit is at QAA's discretion. QAA will consider a second visit on the following grounds:</p> <ul style="list-style-type: none"> • the provider identifies relevant evidence, that was in existence at the time of the review visit, that was not scrutinised during the review, and could have a significant bearing on the final judgements • errors were identified in information about learning opportunities which need to be corrected, but do not indicate systemic problems in the provider's processes for ensuring that information is fit for purpose, accessible and trustworthy. <p>Further information about second visits can be found on the QAA website: www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/REO-second-visits-follow-up-action.aspx.</p>
Self-evaluation	<p>RSCD is based on a self-evaluation prepared by the provider. The self-evaluation describes the responsibilities that the provider has for the management of its higher education provision and evaluates the effectiveness of the policies and procedures it has adopted for discharging these responsibilities. An effective self-evaluation is key to the provider gaining substantial benefit from RSCD and to the smooth running of the review. QAA therefore encourages providers to give its preparation due time and attention. The preparation of a self-evaluation is a major focus of the briefing that QAA will arrange for providers and their awarding bodies.</p> <p>In order to limit the burden of the exercise, providers should as far as possible describe their responsibilities, processes and procedures with reference to a portfolio of existing documents, with any new material limited to a commentary that signposts and/or contextualises the existing material for the team.</p>

<p>Student submission</p>	<p>One of RSCD's aims is to support providers in reviewing and improving the management of their higher education provision for the benefit of students. Within this context, in developing their conclusions about the provider's provision teams need to draw on students' views about their experiences as learners. Teams will meet students at the visit as a matter of course. QAA will also invite students to prepare a submission before the visit, to help them make sure that students' views inform the arrangements for the visit.</p> <p>Student submissions may take a variety of forms, such as a summary of responses to recent student questionnaires or a written report of student focus groups. QAA will provide further guidance to students in a separate guidance note. The principle of the submission, irrespective of its form, is that it should reflect the students' own views of their experiences as learners. Providers may, however, have a valuable role to play in helping their students to prepare a submission, for example by sharing information with them. QAA will provide further guidance to providers during preparations for RSCD, and students will be invited to the briefing. After the briefing, coordinators will also have the responsibility of discussing with the provider how the provider might assist students to develop a submission for RSCD.</p> <p>The student submission is voluntary. If students are not able to make a submission, despite the best efforts of the provider and the coordinator, this will not prejudice the outcomes of RSCD.</p>
<p>Team</p>	<p>The review team normally comprises the coordinator and three reviewers. However, for providers with fewer than 100 students there will be two reviewers. Review team selection will be made with reference to a provider's higher education provision. QAA will avoid known conflicts of interest.</p> <p>QAA will send brief details of proposed teams to providers and their awarding bodies not less than 11 weeks before the review visit, allowing the provider one week to draw QAA's attention in writing to any conflicts of interest they believe QAA has not identified.</p>
<p>UK Quality Code for Higher Education</p>	<p>See Quality Code.</p>
<p>Unistats</p>	<p>Unistats brings together authoritative, official information from universities and providers in the UK, in one place, in a way that is not available on any other website. It includes the results of the annual National Student Survey (NSS). The Higher Education Funding Council for England (HEFCE) owns the Unistats websites and has contracted the Universities and Colleges Admissions Service (UCAS) to manage the delivery and maintenance of these websites on its behalf.</p>
<p>Visit</p>	<p>Each review visit normally takes place over two consecutive days. The purpose of visits is to allow the review team to scrutinise evidence on-site; meet provider staff, students and other stakeholders (such as awarding bodies'/organisations' representatives and employers, where appropriate); and consider the extent of the provider's engagement with the Quality Code or other external reference points.</p>

	<p>An indicative programme for a review visit is provided in Annex D. The coordinator will discuss and agree the programme for each visit with the provider beforehand. During the visit itself, it is helpful if the provider can make a room available as a workroom for the review team and a separate and larger room available for meetings.</p>
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Useful weblinks

QAA

www.qaa.ac.uk

UK Quality Code for Higher Education

www.qaa.ac.uk/qualitycode

The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ)

www.qaa.ac.uk/publications/informationandguidance/pages/the-framework-for-higher-education-qualifications-in-England-Wales-and-Northern-Ireland.aspx

The framework for qualifications of higher education institutions in Scotland

www.qaa.ac.uk/assuringstandardsandquality/qualifications/pages/framework-for-HE-qualifications-in-Scotland.aspx

Subject benchmark statements

www.qaa.ac.uk/assuringstandardsandquality/subject-guidance/pages/subject-benchmark-statements.aspx

Programme specifications

www.qaa.ac.uk/assuringstandardsandquality/subject-guidance/pages/programme-specifications.aspx

Guidelines on the accreditation of prior learning

www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Guidelines-on-the-accreditation-of-prior-learning-September-2004.aspx

National Qualifications Framework

www.ofqual.gov.uk/qualifications-assessments/89-articles/250-explaining-the-national-qualifications-framework

Credit and Qualifications Framework for Wales

www.cqfw.net

Scottish Credit and Qualifications Framework

www.scqf.org.uk

Student guides to reviews

Mini guide: A brief student guide to reviews

www.qaa.ac.uk/publications/informationandguidance/pages/REO-mini-guide-2012.aspx

Review for Educational Oversight: The student submission

www.qaa.ac.uk/publications/informationandguidance/pages/REO-student-submission-2012.aspx

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