



**Institutional review of higher education
institutions in England and Northern Ireland**

**A handbook
for higher education providers**

March 2011

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Institutional review: What you need to do - when and how

The background and context of the Institutional review process is given in the operational description, available on QAA's website.¹

The protocol for the thematic element and rolling review programme are also published on QAA's website.

This handbook explains the activities that need to be carried out to prepare for and take part in the review process. It is aimed at all higher education providers in England and Northern Ireland that take part in the Institutional review process.

Part 1 of the handbook describes the process for Institutional review where collaborative provision is included in the normal review process.

If you have been told that your review is a hybrid review, you will need to turn to Part 2 (page 12).

If your review is to be a separate review of collaborative provision, please turn to Part 3 (page 17).

¹ www.qaa.ac.uk/reviews/institutionalreview.

Part 1 - Institutional review that includes collaborative provision

Timeline

1 The standard timeline for Institutional review is given below. This shows what you need to do and when.

18 months before start of review year (except first year, when notice will be one year)	March	<ul style="list-style-type: none"> • Institution provides information about academic year • Institution completes collaborative provision proforma • QAA sets dates for all reviews in a particular year
1 year before start of review year	September	<ul style="list-style-type: none"> • Institution submits key information (student numbers, number of programmes, and so on) • Institution reports major changes to collaborative provision arrangements • Institution nominates IF and LSR
9 months before start of review year	December	<ul style="list-style-type: none"> • Size of review team confirmed • Mode of collaborative provision review agreed • QAA identifies coordinating officer
6 months before start of review year	March	<ul style="list-style-type: none"> • Topic for the thematic element is confirmed by QAA • Any agreed changes to review process are confirmed by QAA
4-5 months before start of review year	May	<ul style="list-style-type: none"> • Briefing event for IFs and LSRs • QAA gives institutions the names of team members
At institution's convenience		<ul style="list-style-type: none"> • Institution accesses online briefing and makes contact with QAA officer
Working weeks	Cumulative weeks	
- 16	0	<ul style="list-style-type: none"> • Preparatory meeting between the institution and QAA officer at the institution
- 11	5	<ul style="list-style-type: none"> • Document upload: institution uploads to QAA secure folder information including SED and SWS
- 7	9	<ul style="list-style-type: none"> • Team considers documentation remotely; QAA analyses public information set
- 6	10	<ul style="list-style-type: none"> • Review team makes first visit to the institution (1.5 days)
- 5	11	<ul style="list-style-type: none"> • QAA informs institution of any further

		documentation required and confirms review visit details • QAA confirms length of review visit
0	16	• Review visit
2	18	• QAA informs institution and HEFCE/DEL of key findings
6	22	• QAA sends draft report and evidence base to institution
9	25	• Institution provides factual corrections; QAA finalises report
12	28	• QAA publishes report
22	38	• Institution publishes its action plan on its website
3 years		• Three-year follow-up
within 6 years		• Next review

First contact with QAA - 18 months before review

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

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

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

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

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

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

Size and scope of your review - 9 to 12 months before the start of your review year

6 QAA will again contact you for information to help us plan the size and scope of your review. We will ask you to provide some basic information about the scope of your

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

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

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

9 There is now a gap of about three months in the review timetable. The next event will be the announcement of the topic for the thematic part of the review.

Review core and thematic element - six months before the start of the review year

10 Every review will have two parts: a core element and a thematic element. You can read more about the rationale for this in the operational description.

Core element

11 The core element of review will explore your institution's management of standards, quality of learning opportunities, enhancement of learning opportunities and public information. These explorations will lead to judgments on:

- the institution's threshold academic standards
- the quality of students' learning opportunities (teaching and academic support)
- **from 2012-13**, the quality of public information, including that produced for students and applicants
- the institution's enhancement of students' learning opportunities.

12 Review judgments at any level will be open to high-level differentiation so that a judgment may apply, for example, only to collaborative provision or on-campus provision, or to provision at a certain award level.

13 You can read more about standards, quality, public information and enhancement in Annex 1.

14 The review team will identify features of good practice and, where appropriate, affirm developments or plans already in progress in the institution. The team will also make recommendations for action. Unlike in previous methods, these recommendations will not be categorised as 'essential', 'advisable', or 'desirable' but instead will indicate the urgency with which the team thinks each recommendation ought to be addressed. The team may indicate that a recommendation should be addressed within three months, or before the start of the next academic year, or before any further students are recruited to a programme, and so on. We will

expect you to take notice of these deadlines when you put together your action plan after the review.

Thematic element

15 The topic for the thematic element of review will change annually, so that different institutions will experience review of different topics. The identification of theme topic and operation of the thematic element is subject to the protocol agreed by the sponsoring bodies (UUK, GuildHE and HEFCE) in the light of advice from the Quality in Higher Education Group (QHEG).² In order to promote consistency and comparability of review findings, the thematic element will not be subject to a judgment. Instead, the review report will contain a commentary on the thematic element.

16 If there is more than one theme topic per year QAA will let you know which topic will be included in your review.

17 In the March before the start of the academic year in which you will have your review you should expect to be alerted by QAA that the theme topic has been announced. We will email the IF and LSR to let them know that there is now information about the topic on QAA's website. This will identify the theme topic and indicate any UK reference points to which you should refer when you provide information about the theme area in your review. There is more information about how you cover the thematic element in the self-evaluation document (SED) and in the student written submission (SWS) on QAA's website.³

18 The protocol for the rolling review programme allows for changes to take place as necessary. Any changes to the review process since the previous year will be announced at the same time as the theme topic.

Briefings for the institutional facilitator (IF) and lead student representative (LSR) - four to five months before the start of your review year

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

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

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

² www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/QualityAssurance/Pages/Protocol.aspx.

³ www.qaa.ac.uk/reviews/institutionalreview.

Preparatory meeting - 16 weeks before your review visit

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

23 The meeting will give an opportunity to discuss the likely interactions between the institution, QAA and the review team; to confirm that the institution's SED and SWS will be well-matched to the process of review; to emphasise that documentary evidence should be based primarily on existing material used in internal quality management, not on material prepared specially for the review; and to discuss any matters relating to the required public information set. An agenda showing the kinds of items that might be included in a Preparatory meeting is given in Annex 7.

24 The discussion about the SED will be particularly important. The usefulness of the SED to the review team will be one of the main factors that we shall take into account when we decide the length of your review. If the SED is reflective and well targeted to the areas of the review and the evidence carefully chosen, the greater is the likelihood that the team will be able to verify your institution's approaches and gather evidence of its own quickly and effectively. The same is true of the quality of accompanying documentation that you provide.

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

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

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

Uploading information - 11 weeks before your review visit

28 At the Preparatory meeting we will have clarified with you the information that the review teams will expect to find in the electronic review folder. We hope that you will also have got a good idea of what that information should include by reading this handbook. There are more details in Annex 4a.

29 After the Preparatory meeting you will have a maximum of 5 weeks to upload your SED, accompanying documentation and the required public information to the secure electronic folder. The precise mechanism for doing this will have been explained at the IF/LSR briefing and recapped by your QAA officer at the Preparatory meeting.

30 Information about the requirements for the SED is given in Annex 3a. If you are unsure about the format of the SED you can contact your QAA officer. We will expect the SED to adhere to advice about page limits given. Similarly the LSR (or other appointed students' representative) can talk to the QAA officer about the form and content of the SWS (see Annex 6).

31 We envisage that much of the information that will need to be uploaded will consist of the institution's required public information set, other public information, and other documentation available on intranets or extranets. (See the list in Annex 4a for what we expect to be available). However, you will also need to bear in mind that some categories of information, while available in the institution, may not normally be available online, and so provision will need to be made to upload those documents to the QAA secure electronic folder as well.

32 After the minus-11 week deadline has passed QAA will start to review the required public information. We will produce a desk-based analysis of the institution's public information set, with a commentary on the currency and completeness of this information. We will provide an advisory report on this for the review team which will be shared with the IF and LSR.

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

First team visit - six weeks before your review visit

34 Six weeks before the review visit there will be a one and a half day visit to the institution for the team to discuss its initial commentaries, decide on issues for exploration, any extra documentation needed, and a programme for the review visit. (The format and arrangements will have been confirmed by the QAA officer following the Preparatory meeting.) The team will be in your institution from approximately 2pm on day 1 until 5pm on day 2. Practical details of the visit will have been discussed with you at the Preparatory meeting.

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

36 The IF and LSR will be invited to contribute to this meeting and their involvement will have been discussed at the Preparatory meeting. We suggest (and make financial provision for) the IF and LSR to join the review team at its evening meal on the first evening of the visit. In general we do not expect that the IF and LSR will be present with the team for all of its private meetings, nor in the meetings it has with institutional colleagues or students, but we do expect the team to have regular contact with them, perhaps at the beginning and end of the day, or when invited to meet the team at other times to clarify evidence or provide information. The IF and LSR can also suggest informal meetings to alert the team to information it might have missed. We want this to be an informal but productive relationship, helping the review team to get speedy

access to the kind of information that will help it come to robust and clear findings. There is more information about the role of the IF and LSR in Annex 5 and Annex 6.

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

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

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

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

The review visit - week 0

40 The review team will normally arrive at its accommodation on the evening before the review is due to start. Review activity will, therefore, begin first thing on day 1 of the review. You will be familiar with the programme for the review by this time and will know what meetings and other activities are envisaged.

41 The programme of activity will extend from three days to a maximum of five days and will be tailored to the scope and complexity of the institution, the clarity and usefulness to the review team of the SED, the information provided by the institution, and emerging issues identified by the team. (You will be told the length of the review visit after the first team visit.)

42 The activity carried out at the visit will not be the same for every review but may include contact with staff, external examiners, partner link staff, recent graduates or employers. The review team will ensure that its programme includes meetings with a wide variety of students, to enable it to gain first-hand information on students' experience as learners and on their engagement with the institution's approach to quality assurance and enhancement. The team will meet student representatives who have been involved in the preparation of the SWS, as well as members of the student body who do not have representative functions.

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

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

45 As with the first team visit, the IF and LSR will be invited to contribute to the review visit and their involvement will have been discussed at the Preparatory meeting. In general we do not expect that the IF and LSR will be present with the team for its private meetings, nor in the

meetings with institutional colleagues or students, but we do expect the team to have regular contact with the IF and LSR, perhaps at the beginning and end of the day, or when they are invited to clarify evidence or provide information. The IF and LSR can also suggest informal meetings if they want to alert the team to information which it might find useful.

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

- decide on the grades of the three judgments (four judgments from 2012-13)
- decide on the commentary on the thematic element of the review
- agree the features of good practice that it wishes to highlight as making a contribution to the management of academic standards and quality of provision
- agree recommendations for action by the institution
- agree affirmations of courses of action that the institution has identified.

47 You can find more detail about the factors that teams use to make judgments in Annex 2.

48 The QAA officer will be present throughout the review visit but will not direct the team's deliberations nor lead it as it comes to its conclusions and findings. On the last day of the review the QAA officer will test the evidence base for the team's findings.

After the review - reports

49 Two weeks after the end of the review a letter setting out the provisional key findings will be sent to you and to HEFCE or DEL, as appropriate. After a further four weeks you will receive the draft report and the evidence base for the findings. We expect you to share the report with the LSR and/or other student officers. We will ask you to respond within three weeks, telling us of any factual errors or errors of misinterpretation. We do not ask you at this stage to respond to the content of the report or evidence base. The report will be finalised three weeks after you have let us have corrections. After a further three weeks it will be published on QAA's website. The normal expectation is that the report is finalised and published within 12 working weeks of the review visit.

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

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

52 The format of the report will follow a template that aligns with the structure recommended for the institution's SED (see Annex 3a) and SWS (see Annex 6). Its production will be coordinated by the QAA officer.

Action planning and sign-off

53 After the report has been published you will be expected to provide an action plan, signed off by the head of institution, responding to the recommendations and affirmations, and

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

54 The review will be completed when it is formally 'signed off'. Where the review report offers 'commended' or 'meets' judgments in all three areas (four areas from 2012) the review will be formally signed off on publication of the initial action plan. Upon sign-off, you will be allowed to place the QAA logo and judgment (as supplied by QAA according to its published protocol) on the homepage of your website and on other documents as a public statement of the outcome of your review.

Exception reporting follow-up

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

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

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

Full follow-up

58 A review team will make judgments in the areas of academic standards, quality of student learning opportunities, and enhancement of quality. From 2012-13 a judgment on public information will also be included. Within the area of academic standards review teams will judge whether an institution's academic standards **meet** or **do not meet** UK threshold academic standards. In the areas of quality of student learning opportunities and enhancement the review team will make a judgment of whether the provision is to be **commended**, or **meets** UK expectations, or **requires improvement to meet** UK expectations, or **does not meet** UK expectations (see Annex 2).

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

If a judgment of 'requires improvement' is given in any area

60 If you receive a 'requires improvement' judgment you will be asked to produce an action plan to address the review findings within one academic term/semester. We will expect this to be more detailed than the action plan required for a 'meets' judgment since it

will need to explain how the identified weaknesses or risks that are germane to the 'requires improvement' judgment are to be addressed **within one year** of the publication of the review report.

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

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

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

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

64 We will ask you to submit your development plan to your QAA officer who will plan with you a series of progress reports to be provided over the following year. Both the action plan and the progress reports should be drawn up jointly with student representatives. If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for a second Institutional review to take place. We reserve the right to charge institutions for this activity. If the second review returns 'commended' or 'meets' judgments in all areas, the judgment(s) will be changed, the review signed off, and you will be able to use the QAA logo as mentioned above.

65 If at the second review any judgment of less than 'meets' is achieved, or if insufficient progress is made to make holding a second review worthwhile, HEFCE's policy for dealing with unsatisfactory quality will be invoked. This policy sets out a range of possible actions that might be taken, including, as a last resort, to withdraw funding from an institution. In the case of institutions not in receipt of public funding, QAA will use its discretion to decide whether the matter is of sufficient importance to warrant a further separate focused activity, with a published report.

Complaints and appeals

66 QAA has processes for receiving complaints and appeals. Details of the complaints procedure can be found on the website.⁴ Details of the appeals procedure will be published on the website in summer 2011.

⁴ www.qaa.ac.uk/candc/concerns.

Part 2 - Hybrid Institutional review

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

68 The hybrid model follows the process for the Institutional review of 'home' provision (see Part 1), with the exception that the hybrid model includes visits to up to three partner institutions (partner link visits), that take place between the first team visit and the review visit. To accommodate these visits the timeline for the review is extended (see below).

Institutional review through the hybrid model

Timeline

69 Differences from the standard timeline given in Part 1 are shaded.

18 months before start of review year (except first year, when notice will be one year)	March	<ul style="list-style-type: none"> • Institution provides information about academic year • Institution completes collaborative provision proforma • QAA sets dates for all reviews in a particular year
1 year before start of review year	September	<ul style="list-style-type: none"> • Institution submits key information (student numbers, number of programmes, and so on) • Institution reports major changes to collaborative provision arrangements • Institution nominates IF and LSR
		<ul style="list-style-type: none"> • Institution submits its case for the preferred mode of review for its collaborative provision (hybrid or separate)
9 months before start of review year	December	<ul style="list-style-type: none"> • Size of review team confirmed • Mode of collaborative provision review agreed • QAA identifies coordinating officer
6 months before start of review year	March	<ul style="list-style-type: none"> • Topic for the thematic element is confirmed by QAA • Any agreed changes to review process are confirmed by QAA
4-5 months before start of review year	May	<ul style="list-style-type: none"> • Briefing event for IFs and LSRs • QAA gives institutions the names of team members
At institution's convenience		<ul style="list-style-type: none"> • Institution accesses online briefing and makes contact with QAA officer

Working weeks	Cumulative weeks	
- 22	0	<ul style="list-style-type: none"> • Preparatory meeting between the institution and QAA officer at the institution
- 17	5	<ul style="list-style-type: none"> • Document upload: institution uploads to QAA secure folder information including SED and SWS
- 15	7	<ul style="list-style-type: none"> • QAA confirms partner link visits to the institution
- 10	12	<ul style="list-style-type: none"> • Deadline for documentary upload for partner link visits
- 7	15	<ul style="list-style-type: none"> • Team considers documentation remotely; QAA analyses public information set
- 6	16	<ul style="list-style-type: none"> • Review team makes first visit to the institution (1.5 days)
- 6 to - 1		<ul style="list-style-type: none"> • Review team members make visits to partner links
- 5	17	<ul style="list-style-type: none"> • QAA informs institution of any further documentation required and confirms review visit details • QAA confirms length of review visit
0	22	<ul style="list-style-type: none"> • Review visit
2	24	<ul style="list-style-type: none"> • QAA informs institution and HEFCE/DEL of key findings
6	28	<ul style="list-style-type: none"> • QAA sends draft report and evidence base to institution
9	31	<ul style="list-style-type: none"> • Institution provides factual corrections; QAA finalises report
12	34	<ul style="list-style-type: none"> • QAA publishes report
22	44	<ul style="list-style-type: none"> • Institution publishes its action plan on its website
3 years		<ul style="list-style-type: none"> • three-year follow-up
6 years (approx)		<ul style="list-style-type: none"> • Next review

First contact with QAA - 18 months before review

70 As outlined in Part 1.

Size and scope of your review - 9 to 12 months before the start of your review year

71 In addition to the information outlined in Part 1:

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

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

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

Review core and thematic element - six months before the start of the review year

74 As outlined in Part 1.

IF and LSR briefings - four to five months before the start of your review year

75 As outlined in Part 1.

Preparatory meeting - 22 weeks before your review visit

76 In addition to the information outlined in Part 1:

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

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

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

Uploading information - 17 weeks before your review visit

80 As outlined in Part 1.

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

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

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

82 Your QAA officer will inform the IF of the selection.

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

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

84 10 weeks before your review visit the following documentation should be uploaded for each partner link visit selected:

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

85 and for a sample of programmes from within the link, identified by the team:

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

First team visit - six weeks before your review visit

86 In addition to the information outlined in Part 1:

87 To accommodate the additional discussion needed about the partner link visits the review team will be in your institution from approximately 11am on day 1 until 5pm on day 2.

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

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

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

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

90 As outlined in Part 1.

The review visit - week 0

91 In addition to the information outlined in Part 1:

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

After the review - reports

93 As outlined in Part 1.

Action planning and sign-off

94 As outlined in Part 1.

Exception reporting follow-up

95 As outlined in Part 1.

Full follow-up

96 As outlined in Part 1.

Complaints and appeals

97 As outlined in Part 1.

Part 3 - Collaborative provision review

98 In 2011-12 and 2012-13 no institution will have a separate review of collaborative provision.

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

Annex 1

Definitions of key terms

What do we mean by threshold academic standards?

The 2009 QAS consultation document defined threshold standards as '...the level of achievement that a student has to reach to gain an award'. Threshold standards are distinct from the standards of performance that a student would need to achieve to gain any particular class of award. Threshold standards do not relate to any individual degree classification in any particular subject. They dictate the standard required to be able to label an award 'bachelor' or 'master'.

The threshold standards, as reflected in levels of achievement, are set out in the Academic Infrastructure,⁵ and in particular in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and subject benchmark statements.

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

Subject benchmark statements describe the principles, nature and scope of a particular subject, the subject knowledge, the subject-specific skills and generic skills to be developed, and the forms of teaching, learning and assessment that may be expected. The statements also set the minimum (threshold) standard that is acceptable within that subject. They relate mainly to bachelor's and honours degrees (level 6).

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

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

What do we mean by learning opportunities?

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

What do we mean by published information?

One outcome of the 2009 consultation on the future of the quality assurance system was that, in future, reviews should include a judgment on published information. The consultation was also

⁵ www.qaa.ac.uk/academicinfrastructure.

clear that the judgment should not be brought in until the range of information ('information set') on which it was to be based had been agreed. Since that agreement is dependent on the outcome of the consultation being carried out by the Higher Education Public Information Steering Group (HEPISG) in spring 2011, the first judgment on published information in review will not be until 2012-13. We cannot be specific in this edition of the handbook about what the information set will contain, neither can we confirm the nature and wording of the public information judgment. However, we anticipate that the information set will include all or some of the current public information set (HEFCE 2006/45, Annex F)⁶ plus some new categories. The format for the judgment will be communicated to HEIs and other stakeholders through an addendum to the handbook in 2011.

We anticipate, but cannot confirm in this document, that the judgment made in Institutional review will be made on the basis that the required public information is produced in order to inform the public about the quality of higher education and to help potential students make a choice about what and where to study. We anticipate that review teams will be interested in how institutions keep the information complete, current, reliable and useful.

Institutions produce many forms of information apart from the public information set. How that information is gathered and used will feed into other parts of the review, but will not be part of the judgment on information.

What do we mean by enhancement?

We will continue to expect review teams to use the definition of enhancement that we use at present: 'taking deliberate steps at institutional level to improve the quality of learning opportunities'. This definition means that enhancement is more than a collection of examples of good practice which might spring up across an institution. It is about an institution being aware that it has a responsibility to improve the quality of learning opportunities where that is necessary, and to have policies, structures and processes to make sure that it can detect where improvement is necessary and take appropriate action. It means that the willingness to consider enhancement stems from a high-level awareness and is embedded throughout the institution.

⁶ www.hefce.ac.uk/pubs/hefce/2006/06_45.

Annex 2

Format of judgments for Institutional review

There are four judgments in Institutional review; in 2011-12 only three of the judgments will be in operation.

In order for an institution to meet a judgment, review teams will see whether certain expectations that apply to all UK institutions are being met. To help the team come to its decision we have set out below what those expectations are, and some of the considerations that teams will need to discuss to arrive at a particular decision. The tables talk about 'factors' - we explain these further below.

1 The academic standards of the institution's awards...

The 'standards' judgment has two grades: standards either 'meet UK expectations for threshold standards' and 'do not meet UK expectations for threshold standards'. Below is the guidance that teams will use to come to these judgments.

...meet UK expectations for threshold standards	...do not meet UK expectations for threshold standards
All, or nearly all, factors have been addressed.	Several factors have not been addressed or there are major gaps in one or more key areas of the factors.
Unmet factors do not, individually or collectively, present any immediate or serious risks.	Unmet factors present serious risk(s) individually or collectively, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.
Required actions may relate, for example, to: <ul style="list-style-type: none"> • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • completion of activity that is already underway in a small number of areas that will allow it to meet the factors more fully. 	Required actions may relate, for example, to: <ul style="list-style-type: none"> • ineffective operation of parts of the institution's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to the institution's quality assurance • breaches by the institution of its own quality assurance management procedures.
The need for action has been acknowledged by the institution in its review documentation or during the review, and it has provided clear evidence of appropriate action being taken within a reasonable timescale. There is evidence that the institution is fully aware of its responsibilities for assuring standards and quality: previous responses to external review/audit activities provide confidence that areas of weakness will be addressed promptly and professionally.	Plans for addressing identified problems that the institution presents before or at the review are not adequate to rectify the problems, or there is very little or no evidence of progress. The institution has limited understanding of the responsibilities associated with one or more key areas of the criteria or is not fully in control of what happens in all parts of the organisation.

- 2 The quality of student learning opportunities...
- 3 The public information provided by the institution... [judgment still to be agreed]
- 4 The enhancement of student learning opportunities...

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

...is commended	...meets UK expectations	...requires improvement to meet UK expectations	...does not meet UK expectations
All, or nearly all, factors have been met.	All, or nearly all, factors have been met.	Most factors have been met, but a few factors in key areas have not been met in full.	Many factors have not been met or there are major gaps in one or more key areas of the factors.
Unmet factors do not, individually or collectively, present any immediate or serious risks.	Unmet factors do not, individually or collectively, present any immediate or serious risks.	Unmet factors do not present any immediate or severe risks. Some moderate risks may exist which, without action, could lead to serious problems over time.	Unmet factors present serious risk(s) individually or collectively, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.
<ul style="list-style-type: none"> • The review identifies frequent and widespread examples of good practice in the management of this area. • The institution has plans to improve this area further. • There is substantial evidence from outside the institution that the institution is sector-leading in this area. • Student engagement in the management of this area is widespread and supported. • Managing the needs of students is a prime and clear focus of the institution's strategies and policies in this area. 	<p>Required actions may relate, for example, to:</p> <ul style="list-style-type: none"> • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • completion of activity that is already underway in a small number of areas that will allow it to meet the factors more fully. 	<p>Required actions may relate, for example, to:</p> <ul style="list-style-type: none"> • weakness in the operation of part of the institution's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to assuring quality and standards in the institution's planning processes • quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which quality and/or standards are protected. 	<p>Required actions may relate, for example, to:</p> <ul style="list-style-type: none"> • ineffective operation of parts of the institution's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to the institution's quality assurance • breaches by the institution of its own quality assurance management procedures.

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	<p>The need for action has been acknowledged by the institution in its review documentation or during the review, and it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p> <p>There is evidence that the institution is fully aware of its responsibilities for assuring standards and quality: previous responses to external review activities provide confidence that areas of weakness will be addressed promptly and professionally.</p>	<p>Plans that the institution presents for addressing identified problems before or at the review are under-developed or not fully embedded in the institution's operational planning.</p> <p>The institution's priorities or recent actions suggest that it may not be fully aware of the significance of certain factors. However, previous responses to external review activities suggest that it will take the required actions and provide evidence of action, as requested.</p>	<p>Plans for addressing identified problems that the institution may present before or at the review are not adequate to rectify the problems or there is very little or no evidence of progress.</p> <p>The institution has not recognised that it has major problems, or has not planned significant action to address problems it has identified.</p> <p>The institution has limited understanding of the responsibilities associated with one or more key areas of the factors; or may not be fully in control of all parts of the organisation.</p> <p>The institution has repeatedly or persistently failed to take appropriate action in response to previous external review activities.</p>
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When teams make their judgments they will take into account whether broad **expectations** have been met. These expectations are in turn made up of **factors** which will be taken into account by reviewers. They act as guidance for the sorts of processes, structures, policies, procedures and outputs which an institution should have in place to safeguard standards and quality. Both the expectations and the factors come directly from the reference points in the UK Academic Infrastructure and other external reference points. The factors are not a checklist. Review teams will decide whether they have been addressed satisfactorily in an institution, but they will also accept that the factor could be met in different ways in different kinds of institutions. They will use their peer expertise and experience to make that judgment.

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

1 Standards

Expectations	Factors (for further explanation see the reference points)
<p>(1) Each qualification (including those awarded under collaborative arrangements) is allocated to the appropriate level in the FHEQ.</p> <p>Reference points: FHEQ <i>Code of practice, Section 2</i>, precepts A1, A2, A11, A13, A19 <i>Code of practice, Section 9</i>, precept 2</p>	<ul style="list-style-type: none"> • Whether outcomes of programmes match the expectations of the qualifications descriptors. • Whether there is sufficient volume of study to demonstrate that learning outcomes can be achieved.
<p>(2) Use of external examiners is strong and scrupulous.</p> <p>Reference points: <i>Code of practice, Section 4</i> <i>Code of practice, Section 2</i>, precepts A21-A23, A25-A28</p>	<ul style="list-style-type: none"> • Role of external examiner • Nomination and support • Preparation • External examining process • Reports and their accessibility to students; in particular do reports comment on: <ul style="list-style-type: none"> - whether standards are appropriate - whether the assessment process is rigorous, equitable, fair, etc. - student performance - good practice • Use of reports by the institution • Feedback to external examiners
<p>(3) Design, approval, monitoring and review of assessment strategies is effective in ensuring that students have the opportunity to demonstrate learning outcomes of the award.</p>	<ul style="list-style-type: none"> • Input of assessment to student learning • How panels and boards work • Conduct of assessment • Amount and timing of assessment • Marking and grading

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<p>Reference points: <i>Code of practice, Section 6</i> <i>Code of practice, Section 1, precepts 22-24</i> <i>Code of practice, Section 2, precepts A20, B7-8</i> <i>Code of practice, Section 3, precept 12</i></p>	<ul style="list-style-type: none"> • Feedback to students • Staff development and training in assessment • Language of study • PSRB requirements • Regulations • Student conduct • Recording and documentation of assessment
<p>(4) Design, approval, monitoring and review of programmes enables standards to be set and maintained and allows students to demonstrate learning outcomes of the award.</p> <p>Reference point: <i>Code of practice, Section 7</i></p>	<ul style="list-style-type: none"> • Exercise of authority • Use of externality • Articulation of policy and practice • Programme design • Programme approval • Programme monitoring and review • Evaluation of processes
<p>(5) Subject benchmark statements and qualification statements are used effectively in programme design, approval, delivery and review to inform standards of awards.</p> <p>Reference points: Subject benchmark statements Qualification statements <i>Code of practice, Section 2, precepts A5, A14</i></p>	<ul style="list-style-type: none"> • Are subject benchmark statements and qualification statements used in design and delivery and as general guidance when setting learning outcomes? • Is there effective consideration of the relationship between standards in subject benchmark statements and any required for PSRBs?

2 Quality

Expectations	Factors (for further explanation see the reference points)
<p>(1) Professional standards for teaching and support of learning are supported.</p> <p>Reference points: UK professional standards framework <i>Code of practice, Section 2</i>, precepts A17, B6 <i>Code of practice, Section 9</i>, precept 7</p>	<ul style="list-style-type: none"> • Teachers can demonstrate an understanding of the student learning environment. • Research, scholarship and/or professional practice is incorporated in teaching activity. • Experienced teachers support and mentor less experienced colleagues. • Staff and others involved in delivering or supporting programmes are appropriately qualified.
<p>(2) Learning resources are appropriate to allow students to achieve the learning outcomes of their programmes.</p> <p>Reference points: <i>Code of practice, Section 7</i>, Appendix 3: 28-35 <i>Code of practice, Section 3</i>, precepts 3, 11, 14, 18, 19</p>	<ul style="list-style-type: none"> • The collective expertise of the staff is suitable and available for effective delivery of the curricula, for the overall teaching, learning and assessment strategy and for the achievement of the intended learning outcomes. • Appropriate staff development opportunities are available. • Appropriate technical and administrative support is available. • There is an overall strategy for the deployment of learning resources. • Learning is effectively facilitated by the provision of resources. • Teaching and learning accommodation is suitable. • Subject book and periodical stocks are appropriate and accessible. • Suitable equipment and appropriate information technology facilities are available to learners.
<p>(3) There is an effective contribution of students to quality assurance.</p> <p>Reference point: The factors have been taken from the findings from Institutional audit 2003-2007 which are set out in <i>Outcomes from Institutional audit: Student representation and feedback arrangements</i>, Series 1 and 2</p>	<ul style="list-style-type: none"> • Students are represented on institutional decision-making bodies both at central and local levels. • Students are supported in making their voice heard in decision-making bodies, for example, through training or briefing. • There are close links between senior institutional managers and students' representative bodies. • Effective arrangements are in place to gather feedback from students on their learning experience and to act on that feedback. • The results of the National Student Survey are used for enhancement of students' learning opportunities. • Efforts are made to gain the views of 'hard-to-reach' students such as those studying part-time or off-campus. • The effectiveness of institutional policies and procedures for promoting the contribution of students to quality assurance and enhancement are regularly reviewed.

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<p>(4) There is effective use of management information to safeguard quality and standards and to promote enhancement of student learning opportunities.</p> <p>Reference points: <i>Code of practice, Section 1</i>, precept 4 <i>Code of practice, Section 2</i>, precept A27 <i>Code of practice, Section 3</i>, precepts 3, 4 <i>Code of practice, Section 5</i>, precept 9 <i>Code of practice, Section 8</i>, precept 13</p>	<ul style="list-style-type: none"> • There are centrally administered policies and systems to allow the collection of relevant management information. • Management information is considered at appropriate intervals by senior decision-making bodies to inform enhancement. • The following information, in particular, is collected and reviewed: <ul style="list-style-type: none"> - the success of postgraduate research programmes is monitored against appropriate internal and/or external indicators and targets - in a collaborative arrangement, the awarding institution monitors regularly the information given by the partner organisation or agent to prospective students and those registered on a collaborative programme. This applies equally to students registered on a programme delivered through flexible or distance learning - information is collected by institutions on disclosure of impairments and is used appropriately to monitor the applications, admissions and academic progress of disabled students - systems operate to monitor the effectiveness of provision for disabled students, evaluate progress and identify opportunities for enhancement - there are effective arrangements to monitor, evaluate and improve the effectiveness of student complaints and appeals procedures and to reflect on their outcomes for enhancement purposes - relevant data and information is used to inform CEIAG provision.
<p>(5) Policies and procedures used to admit students are clear, fair, explicit and consistently applied.</p> <p>Reference point: <i>Code of practice, Section 10</i>, precepts 1-9, 12</p>	<ul style="list-style-type: none"> • General principles • Recruitment and selection • Information to applicants • Monitoring of policies and procedures
<p>(6) There are effective complaints and appeals procedures.</p> <p>Reference points: <i>Code of practice, Section 5</i> <i>Code of practice, Section 1</i>: precepts 25-27 <i>Code of practice, Section 2</i>: precept A26 <i>Code of practice, Section 10</i>: precepts 10-11</p>	<ul style="list-style-type: none"> • General principles • Information • Internal procedures • Appropriate action • Access to support and advice • Monitoring, review and enhancement of complaints procedures • Briefing and support
<p>(7) There is an approach to career education, information, advice and guidance (CEIAG) that is adequately quality assured.</p>	<ul style="list-style-type: none"> • General principles • Curriculum design • Students

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<p>Reference point: <i>Code of practice, Section 8</i></p>	<ul style="list-style-type: none"> • Stakeholder relations • Staff • Monitoring, feedback, evaluation and improvement
<p>(8) The quality of learning opportunities is managed to enable the entitlements of disabled students to be met.</p> <p>Reference point: <i>Code of practice, Section 3</i></p>	<ul style="list-style-type: none"> • General principles • Institutional and strategic management • Planning, monitoring and evaluation • Continuing professional development • Information for prospective students, current students and staff • Admissions processes and policies • Enrolment, registration and induction of students • Curriculum design • Learning and teaching • Academic support • ICT • Access to student services • Additional specialist support • Careers education, information and guidance • Physical environment • Facilities and equipment • Institutional procedures
<p>(9) The quality of learning opportunities for international students is appropriate.</p> <p>Reference point: Relevant precepts of the <i>Code of practice</i></p>	<ul style="list-style-type: none"> • How the institution has ensured that its policies, structures and procedures have been applied appropriately to support the quality of learning opportunities for international students.
<p>(10) Appropriate support and guidance is provided to enable postgraduate research students to complete their programmes and to enable staff involved in research programmes to fulfil their responsibilities.</p> <p>Reference points: <i>Code of practice, Section 1 (not 25-27)</i> Researcher developer framework</p>	<ul style="list-style-type: none"> • Institutional arrangements • The research environment • Selection, admission and induction of students • Supervision • Progress and review arrangements • Development of research and other skills • Feedback mechanisms • Student representations
<p>(11) The quality of learning opportunities delivered as part of collaborative arrangements is managed effectively to enable students to achieve their awards.</p>	<ul style="list-style-type: none"> • Policies, procedures and information • Selecting a partner or agent • Written agreements with a partner or agent

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<p>Reference points: <i>Code of practice, Section 2</i>, precepts A3-A4, A6-A10, A15-A18, A24, 25, 27, 28</p>	<ul style="list-style-type: none"> • Assuring quality of the programme • Information for students • Certificate and transcripts • Information for students • Publicity and marketing • Awareness of the <i>Standards and Guidelines for Quality Assurance in the Higher Education Area</i>
<p>(12) The quality of learning opportunities delivered through flexible and distributed arrangements, including e-learning, is managed effectively.</p> <p>Reference point: <i>Code of practice, Section 2</i>, precepts B1-B6</p>	<ul style="list-style-type: none"> • Delivery • Learner support
<p>(13) The quality of learning opportunities delivered through work-based and placement learning is effective.</p> <p>Reference point: <i>Code of practice, Section 8</i>, precepts 1, 3-8</p>	<ul style="list-style-type: none"> • General principles • Responsibilities of partners • Responsibilities and entitlements of students • Students • Partners • Staff development • Monitoring and evaluation
<p>(14) A student charter, or equivalent document, setting out the mutual expectations of the institution and its students, is available.</p>	<ul style="list-style-type: none"> • Students know broadly what they should be able to expect, what is required of them, and what to do if things do not meet expected standards. • The charter covers all students, undergraduate and postgraduate (both taught and research students). • The charter includes clear signposting, for example to appeals and complaints procedures. • The charter is regularly reviewed by the institution and students' union officers. • There is a clear communication and dissemination strategy for the charter which is reviewed regularly.

3 Public information: to be confirmed [judgment to be agreed]

Until the judgment is agreed review teams will provide a commentary on the public information which is set out in HEFCE 2006/45, Annex F⁷ (reproduced below):

Annex F: Public information about academic standards and quality of HE provision

UNISTATS site	HEI sites	UCAS site - Information for applicants
<p>HESA data on:</p> <ul style="list-style-type: none"> • entry qualifications/tariff points • students continuing/completing/leaving without awards • class of first degree achieved • leavers entering employment/further study. <p>NSS results.</p> <p>Institutions' commentaries on the data and links to their web-sites (optional).</p>	<p>These are suggestions for the kinds of information that may be of interest to the public and that institutions should consider making available, either by publication (eg, on their web-sites) or on request.</p> <p>Information on institutional context, for example:</p> <ul style="list-style-type: none"> • mission statement • sections of corporate plan • statement of quality assurance policies and processes • learning and teaching strategy. <p>Information about the quality and standards of programmes, for example:</p> <ul style="list-style-type: none"> • programme specifications • information about procedures and outcomes for programme approval, monitoring and review • details of accreditation from professional, statutory and regulatory bodies • arrangements for assessment and external examination procedures • results of internal student surveys. <p>Information about links with employers.</p>	<p>Course search by subject for all UCAS institutions. Actual amount of information for each course varies, but can include entry requirements, financial information, notes on accreditation of the course and teaching campuses.</p> <p>Short institutional briefing.</p> <p>Guidance on:</p> <ul style="list-style-type: none"> • applying to HE, including admissions tests and using TQI • student finance • qualifications/tariffs. <p>Advice for overseas students and those leaving care.</p>

⁷ www.hefce.ac.uk/pubs/hefce/2006/06_45

Expectations	Factors (for further explanation see the reference points)
<p>(1) Information about academic standards and quality is made publicly available.</p> <p>Reference point: HEFCE 2006/45</p>	<ul style="list-style-type: none"> • The kind of information detailed in HEFCE 2006/45 is available. • There are effective institutional mechanisms for making sure that the information is current and complete. • External examiners' reports are shared as a matter of course with the institution's student representatives, for example through staff-student committees.

4 Enhancement

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

Annex 3a

Guidelines for producing the self-evaluation document (SED) for Institutional review which includes collaborative provision

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

The purpose of the SED is to provide the review team with an account of how you know that your institution meets the expectations set out in the judgment scheme. The most useful format in which you can set out the information is, therefore, under the four judgment headings. You might wish to bear in mind not only the broad expectations for each judgment, but also the factors which teams will take into account in reaching their judgment. These can be found in Annex 2.

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

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

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

Suggested structure of the SED for Institutional review

A Core element of the review

Section 1: Brief description of the institution (2 pages)

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

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

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

Section 3: The institution's threshold academic standards

The following expectations apply in this area:

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

In the SED you should list the **evidence that your institution uses to assure itself** that these expectations are being met and that you are managing the area effectively. The review team will need access to the evidence, as explained in Annex 4a.

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

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

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

The following expectations apply in this area:

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

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

In the SED you should list the **evidence that your institution uses to assure itself** that these expectations are being met and that you are managing the area effectively. The review team will need access to the evidence, as explained in Annex 4a.

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

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

Section 5: From 2012-13, the quality of public information, including that produced for students and applicants; in 2011-12 a commentary on provision of public information

The following expectation applies in this area:

- 1 Information about academic standards and quality is made publicly available.

In the SED you should list the **evidence that your institution uses to assure itself** that these expectations are being met and that you are managing the area effectively. The review team will need access to the evidence, as explained in Annex 4a.

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

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

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

The following expectation applies in this area:

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

In the SED you should list the **evidence that your institution uses to assure itself** that these expectations are being met and that you are managing the area

effectively. The review team will need access to the evidence, as explained in Annex 4a.

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

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

B Thematic element of review

This part of the SED will be asked to address the theme topic, together with an evaluation of the institution's effectiveness of its management in the theme area. QAA provides more information on its website about how you might go about covering the theme topic.

Annex 4a

Provision of documentation for Institutional review which includes review of collaborative provision

The review team will require access to the following **three sets** of information to prepare itself **before the first team visit**. All of the information specified should be currently available in the institution and does not have to be prepared specially for the review. It should all be made available electronically. Where the information is available online the precise URL of where it can be found will be enough, but the institution must be able to give assurances that online documentation will not change during review activity (from document upload to receipt of draft report).

The three sets of information are:

- 1 the required public information set
- 2 any documents which are cross-referenced to the SED
- 3 standard documentation, as set out below, which may already be included in category 2.

1 Required public information set

This is information specified in HEFCE 2006/45, Annex F, and information on the Unistats and UCAS websites, until a further required public information set is specified by HEFCE/UUK/GuildHE advised by the QHEG.

2 SED cross-referenced material

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

3 Standard documentation

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

- a) Institution's mission and strategic plan.
- b) Learning and teaching strategy (or equivalent document) and updates on the progress of the strategy since the last audit/review.
- c) Institutional policy, procedures and guidance on quality assurance and enhancement (including assessment).
- d) A diagram of the structure of the main bodies (deliberative and management) which are responsible for management of quality and standards. This should indicate both central and local (that is, school/faculty or similar) bodies.
- e) Minutes and papers of these bodies for the two academic years previous to the review.
- f) Annual reports (for example, to governing body) where these have a bearing on the management of quality and standards for the two years previous to the review.

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- g) A description of the institution's plans to enhance the quality of students' learning opportunities, if these are not included in the learning and teaching strategy or similar.
- h) Update of the collaborative provision proforma including a current register of collaborative provision.
- i) A list of programmes which are accredited by a PSRB, the PSRB in question, date of last visit, and accreditation status.

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

- j) external examiners' reports and responses
- k) programme specifications
- l) periodic review reports and follow-up documentation
- m) student assessment
- n) student evaluation form.

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

Annex 5

The role of the institutional facilitator

The institution is invited to appoint an institutional facilitator (IF) to support the review (whether Institutional, hybrid or collaborative provision review). The role of the IF is intended to improve the flow of information between the team and the institution. It is envisaged that the IF will be member of the institution's staff.

The role of the IF is to:

- act as the primary institutional contact for the QAA officer during the preparations for the review, including the Preparatory meeting. Where an institution is having a separate collaborative review or where the review includes visits to partner institutions (the hybrid model), the IF will act as the primary contact between the institution undergoing review, the collaborative partner and QAA
- act as the primary institutional contact for the review team during the first team visit and review visit
- provide advice and guidance to the team on the SED and any supporting documentation at the first team visit, and, thereafter, further sources of information
- provide advice and guidance to the team on institutional structures, policies, priorities and procedures
- keep an updated list of evidence presented to the review team throughout the review, to be confirmed by the review secretary
- ensure that the institution has a good understanding of the matters raised by the review team at the first team visit, thus contributing to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the institution
- meet the review team at the team's request during the review, in order to provide further guidance on sources of information and clarification of matters relating to institutional structures, policies, priorities and procedures
- work with the lead student representative (LSR) to ensure that the student representative body is informed of, and understands, the progress of the review team.

At the first team visit or review visit it is not expected that the IF is present for the review team's private meetings. However, the IF will have the opportunity for regular meetings which will provide opportunities for both the team and the institution to seek further clarification outside of the formal meetings. This development is intended to improve communications between the institution and the team during the review and enable institutions to gain a better understanding of the team's lines of inquiry during the review. We suggest (and make financial provision for) the IF and LSR to join the review team at its evening meal on the first evening of the visit.

The IF should develop a relationship with the LSR that is appropriate to the institution and to the organisation of the student body. It is anticipated that the LSR will be involved in the oversight and possibly preparation of the SWS, and with selecting students to meet the review team. In a hybrid or collaborative provision review the LSR may be able to advise on how best to involve students from collaborative partners. There is more about the role of the LSR in Annex 6.

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

Appointment and briefing

The person appointed as IF must possess:

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

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

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

Protocols

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

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

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

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

The IF does not have full access to QAA's electronic communication system for review teams, but will be able to send documents to the review folder.

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

Annex 6

Student engagement with Institutional review

Students are central to both the purpose of Institutional review and to the process of review. Every review (including hybrid and collaborative provision reviews) will present opportunities for students to inform and contribute to the review team's activities.

Officers and staff from the student representative body in the institution, along with the lead student representative, will be invited to participate in the Preparatory meeting between QAA and the institution, and will have access to the online briefing package. It will often be the case that student officers will change during the period of the review. Where this is the case, QAA requests that an appropriate handover of information takes place and that the institutional facilitator (IF) maintains contact with the representatives and ensures that the representatives of the student body are aware of the name and contact details of the QAA officer responsible for the review.

Officers and staff of the representative body and other students will be invited to take part in meetings during the review team's visit to the institution. These meetings provide a means through which students can make sure that the team is aware of matters of primary interest or concern to them.

The lead student representative (LSR)

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

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

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

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

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

Student written submission (SWS)

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

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

Format, length and content

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

The SWS must include a statement of how it has been compiled, its authorship and the extent to which its contents have been shared with, and endorsed by, the student body as a whole. If, for example, the SWS has been prepared entirely from the perspective of undergraduate students or full-time students, then this should be made clear.

The review team will welcome a SWS that tries to represent the views of as wide a student constituency as possible. However, questionnaires conducted specifically for this SWS are generally of limited use to the review team. You are encouraged to make use of National Student Survey data and existing internal student surveys. A critical analysis of existing data will be more useful to the review team than a collection of new data.

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

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

- sets and maintains the threshold standards of its academic awards
- manages the quality of students' learning opportunities
- manages the quality of the public information that it provides, including that for students and applicants
- plans to enhance the quality of students' learning opportunities.

The thematic part of the review is based on a specific topic which is announced in March each year. It will be helpful to the review team if the SWS includes information about the theme topic, especially whether students think that the institution is managing this area of its provision effectively, and how students are engaged in managing its quality.

The SWS should **not** name, or discuss the competence of, individual members of staff. It should not discuss personal grievances. It should also seek to avoid including comments from individual students who may not be well-placed to speak as representative of a wider group.

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

More information and guidance about producing the SWS can be found on QAA's website.

Submission delivery date

For a 'standard' Institutional review the SWS should be posted to the QAA secure electronic folder no later than 11 weeks before the review visit. The date will be confirmed by the QAA officer at the Preparatory meeting held 16 weeks before the review visit. For a hybrid Institutional review the SWS should be posted to the electronic folder no later than 17 weeks before the review visit. The date will be confirmed by the QAA officer at the Preparatory meeting, which in the case of hybrid review is held 22 weeks before the review visit.

Confidentiality

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

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

Continuity

Activities relating to an Institutional review extend over a period of some six months, from the Preparatory meeting to QAA's receipt of the institution's comments on the draft report. It is likely that both the institution and the students' union will have been preparing well before the start of the review, and will continue to be involved in action planning afterwards. QAA expects institutions to ensure that students are fully informed and involved in the process throughout. We expect that the student representative body and the institution will wish to develop a means for regularly exchanging information about quality assurance and enhancement not only so that students' representatives are kept informed about the review process but also to support general engagement with the quality management processes of the institution.

Once the review is over, QAA expects that the draft report and evidence base is shared with student representatives and that they are given an opportunity to comment on matters of accuracy.

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

Related activities

QAA, in conjunction with the National Union of Students, Universities UK and GuildHE, offers an annual series of events focused on helping student representatives and their support staff prepare for Institutional review.

These events are supplemented by guides and briefings, including audio and video case studies and other materials, available on QAA's website.

Annex 7

A possible agenda for the Preparatory meeting

Institutional review England and Northern Ireland: [name of institution]

Preparatory meeting: at [time] on [date]

To be attended by staff and student representatives to include the institutional facilitator and the lead student representative

For all items it would be helpful if you were able to let the QAA officer know in advance if there are particular matters that you would like to discuss.

Agenda

Introductions

Brief outline of the process by the QAA Officer

Please refer to the *Handbook for higher education providers* (March 2011) and the online briefing on QAA's website.

This item will normally cover:

- the significant features of the process
- the role of the institutional facilitator
- the role of the lead student representative
- the public information set
- what other documentation is required (detail could be given under item 5)
- use of reference points
- timetable and key dates.

Scope of the Institutional review

Discussion of the provision to be included in the review. If the review is a hybrid then the discussion will include the approach to be adopted, including the selection of partner link visits.

Student involvement in the process

- resources which students might find useful
- the scope and purpose of the student written submission
- process for selection of students to meet the review team
- support available from QAA.

Preparation of the self-evaluation document (SED) and supporting documentation

- the format and structure of the SED

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- reference to documentary evidence.

Thematic element

Discussion of how consideration and reporting of the thematic element relates to overall review enquiries.

The findings of the Institutional review

- the judgments
- recommendations
- features of good practice
- affirmations.

Operational aspects of the review

- the first team visit: structure and conduct
- partner link visits (for hybrid review)
- review visit: structure and conduct
- information provision - uploading of documents
- practical arrangements: rooms; photocopying; computer access; hotels.

Structure of the review report

- the report and summary
- the evidence base
- publication.

Action planning and sign-off

Any other questions

Name

QAA Officer, **Group**

Date

QAA 382 03/2011

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