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QAA

# Quality Review Visit

## Handbook

Consultation | September 2016

# Contents

<b>Gateway process overview</b>	<b>1</b>
<b>Chapter 1: Introduction and Quality Review Visit overview</b>	<b>4</b>
Introduction	4
Aims of Quality Review Visit	4
Scope and coverage	5
Baseline regulatory requirements	5
Outcomes: Judgements and reference points	6
Stages of the Quality Review Visit	8
<b>Chapter 2: Key roles and responsibilities</b>	<b>10</b>
Facilitators	10
Student engagement in the Quality Review Visit	10
Lead student representatives	10
The role of degree-awarding bodies and other awarding organisations	11
Reviewers and review teams	11
QAA quality specialist	12
<b>Chapter 3: Preparing for the on-site visit</b>	<b>13</b>
Overview of timeline for activity before the on-site visit	13
Initial provider assessment	14
First contact with QAA	14
QAA briefings for providers	15
Provider submission and supporting evidence	16
Student submission	16
Uploading the provider submission and student submission	17
Use of data in the Quality Review Visit	17
Review team desk-based analysis	17
Review team on-site visit preparation meeting	18
<b>Chapter 4: The on-site visit</b>	<b>19</b>
<b>Chapter 5: After the on-site visit</b>	<b>20</b>
Post on-site visit activity timeline	20
Quality Review Visit report	20
Action plan and follow-up activity	21
Process for unsatisfactory judgements	21
Complaints and appeals	21
<b>Annex 1: Definition of key terms</b>	<b>22</b>
<b>Annex 2: The provider submission and framework for self-evaluation against the baseline regulatory requirements</b>	<b>24</b>
<b>Annex 3: Skeleton assessment of the framework for reaching Quality Review Visit judgements</b>	<b>30</b>
<b>Annex 4: The role of the facilitator</b>	<b>32</b>
<b>Annex 5: Student engagement in Quality Review Visit (including student submission)</b>	<b>34</b>
<b>Annex 6: Appointment, training and management of reviewers</b>	<b>37</b>
<b>Annex 7: Quality Review Visit report template</b>	<b>39</b>
<b>Annex 8: Guidance on producing an action plan</b>	<b>41</b>
<b>Annex 9: Quality Review Visit appeals process</b>	<b>42</b>
<b>Consultation questions summary</b>	<b>46</b>

## Gateway process overview

The Higher Education Funding Council for England (HEFCE) and Department for Economy Northern Ireland (DfENI) are implementing a new approach to quality assessment in England and Northern Ireland. The revised approach is designed to be proportionate and risk-based. It is grounded in the mission and context of an individual university or college, and aims to promote continuous improvement and innovation in areas that matter to students. The new approach is designed to encourage creative and context specific approaches to the design and operation of a provider's own quality arrangements.

The revised operating model for quality assessment consists of the following components:

- a. Baseline regulatory requirements<sup>1</sup> to include quality-related requirements, with revised, shared, UK and sector-wide governance arrangements.
- b. A single gateway for entry to the higher education system.
- c. A 'probationary' or 'developmental' period of closer monitoring, engagement and scrutiny for recent entrants, and for providers requiring this for other reasons.
- d. Risk-based and context-sensitive review arrangements for established providers, building on established and tested approaches to data benchmarking and analysis, intelligence gathering (including from students), risk assessment, and assurance.
- e. Strengthened arrangements for securing academic standards and their reasonable comparability across the UK, led by the sector representative bodies.
- f. Rapid tailored intervention where necessary.
- g. Protection of the international reputation of the UK higher education brand, including the assurance of transnational education.

Figure 1 provides a diagrammatic representation of the core components of the revised approach.

Figure 1: Core components of the revised approach to quality assessment



<sup>1</sup> See Chapter 1 page 4

The Gateway process is one element of the revised operating model for quality assessment. The process consists of a number of checks on providers wishing to enter the higher education sector. The requirements for entry have been set to ensure that students receive an appropriately high-quality academic experience, that academic standards are set appropriately and remain secure, and that the reputation of the UK higher education system as a whole is protected.

The process, while maintaining rigor, is designed to be proportionate and provide the assurances that matter to students on academic standards, student outcomes and the academic experience.

The Gateway process tests providers seeking entrance to the English higher education sector<sup>2</sup> against the components of the baseline regulatory requirements. The components of the baseline regulatory requirements set out on pages 5 and 6 are tested during the Quality Review Visit carried out by QAA on HEFCE's behalf. Additionally, HEFCE will test other baseline regulatory elements: a provider's financial sustainability, management and governance requirements and a provider's mission and strategy for higher education provision. In addition HEFCE will confirm that a provider will be able to maintain a funding relationship with HEFCE. If a provider is judged to meet baseline regulatory requirements, they may enter the higher education sector. The provider will enter a period of enhanced scrutiny and undergo Annual Provider Review in subsequent years with a further Quality Review Visit after four years.

If a provider who was seeking to enter the English higher education sector withdraws from the Quality Review Visit process, this will be taken to mean that their whole application has been withdrawn. Further information on this process can be accessed on the HEFCE website.<sup>3</sup> The developmental period of enhanced scrutiny will allow recent entrants to demonstrate that they are able to deliver a consistently high-quality student academic experience, that academic standards are secure and that their students have good outcomes. In parallel, it also allows the relevant funding body to judge whether the provider's arrangements for safeguarding standards and providing broader assurances about its activities are sufficiently mature and reliable to move into a category requiring less intensive regulatory scrutiny.

Following a successful quality judgement at the end of the developmental period the provider can then move into the established category, receiving less intensive scrutiny, but subject to intervention where necessary, for example when issues are identified through the Unsatisfactory Quality Scheme.

Therefore, the following circumstances will require a Quality Review Visit:

- for a provider seeking to enter the higher education sector
- for a provider that is a recent entrant to the higher education sector and is approaching the end of its 'developmental period' having undergone a period of enhanced monitoring and scrutiny.

A Quality Review Visit may also be necessary where evidence occurs of a sufficiently serious problem in an 'established' provider.

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2 The current regulatory framework for higher education in England provides a statutory duty to HEFCE to assess the quality of education in those providers in receipt of HEFCE funding and those to whom HEFCE is considering providing funding. HEFCE has no regulatory responsibility in relation to alternative providers seeking to enter the English higher education system through the process for Specific Course Designation, although its views are sought and it provides advice to the Department for Education (DfE) on financial sustainability, management and governance matters. In England, therefore, throughout this document, references to 'providers seeking to enter the higher education system' relate specifically to English publicly funded colleges seeking to become directly funded by HEFCE.

Entrance to the higher education sector in Northern Ireland is subject to legislation. Providers seeking to enter the sector in Northern Ireland should contact DfENI directly by emailing [hepolicy.branch@economy-ni.gov.uk](mailto:hepolicy.branch@economy-ni.gov.uk)

3 Available at: [www.hefce.ac.uk/pubs/Year/2016/201625](http://www.hefce.ac.uk/pubs/Year/2016/201625)

In addition, as part of the transition to the full implementation of the new quality assessment arrangements in England and Northern Ireland, those providers that were scheduled for QAA Higher Education Review (HER) in 2016-17 and have not had two or more successful reviews under the previous quality assessment arrangements will also receive a Quality Review Visit.<sup>4</sup>

The Quality Review Visit will be carried out by a team of trained peer and student reviewers. It will test a provider's arrangements against a set of baseline regulatory requirements to ensure that the provider is able to deliver a consistently high-quality student academic experience and that academic standards are secure.

Students are at the heart of the Quality Review Visit. There are opportunities for a provider's students to take part in the Quality Review Visit, including by contributing to a student submission, meeting the review team during the on-site visit, working with the provider in response to review outcomes, and acting as the lead student representative. In addition, review teams of three normally include a student reviewer.

### CONSULTATION QUESTION

**Are there any other ways students could be involved in the Quality Review Visit?**

The outcomes of the Quality Review Visit are considered by the relevant funding body, which will make full use of them in reaching its broader judgement about the provider's readiness, or not, to enter the higher education sector, or to remain in, or exit the 'developmental period' as appropriate.

The Gateway process culminates in the publication of the funding body's decision about the status of the provider. The report from the Quality Review Visit will be published at the same time.

**Details the Quality Review Visit methodology for providers who are undergoing review in 2016-17. This guidance will be updated annually.**

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<sup>4</sup> For more information: [www.hefce.ac.uk/media/HEFCE,2014/Content/Regulation/QA.review/Revised\\_operating\\_model\\_for\\_quality\\_assessment\\_transition\\_arrangements\\_in\\_2016-17\\_list\\_of\\_providers.pdf](http://www.hefce.ac.uk/media/HEFCE,2014/Content/Regulation/QA.review/Revised_operating_model_for_quality_assessment_transition_arrangements_in_2016-17_list_of_providers.pdf)

# Chapter 1: Introduction and Quality Review

## Visit overview

### Introduction

QAA, on behalf of the Higher Education Funding Council for England (HEFCE) and the Department for the Economy Northern Ireland (DfENI), and as part of the funding bodies' operating model for quality assessment, will undertake Quality Review Visits of higher education providers to:

- rigorously test a new entrant's readiness to enter the higher education sector
- re-test the quality aspects of the baseline regulatory requirements at the end of a new entrant's four-year developmental period
- re-test the quality aspects of the baseline regulatory requirements in an 'established' provider that has been deemed by the relevant funding body to require enhanced monitoring.

The purpose of this handbook is to:

- state the aims of Quality Review Visit
- set out the approach to be used
- give guidance to providers preparing for, and taking part in, Quality Review Visits.

The handbook is intended primarily for providers going through a Quality Review Visit. It is also intended for teams conducting Quality Review Visits and to provide information and guidance for degree-awarding bodies and awarding organisations involved in the Quality Review Visits of providers who deliver courses leading to their awards.

QAA provides additional guidance for students. QAA also provides other guidance notes to assist providers in preparing for Gateway review visit and supports the implementation of the method through briefing and training events.

The Gateway process has been designed to meet the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*.<sup>5</sup> In the most recent review of QAA by the European Association for Quality Assurance in Higher Education (ENQA), QAA was found to be fully compliant with the ESG.

### Aims of Quality Review Visit

The overall aim of Quality Review Visit is to:

- provide the relevant funding body with an expert judgement about the readiness of a provider to enter, or continue to operate within, the higher education sector.

The Quality Review Visit is designed to:

- ensure that the student interest is protected
- provide expert advice to ensure that the reputation of the UK higher education system is protected, including the protection of academic standards
- identify development areas that will help a provider to progress through a developmental period and be considered 'established'.

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<sup>5</sup> Available at: [www.enqa.eu/wp-content/uploads/2015/11/ESG\\_2015.pdf](http://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf)

## Scope and coverage

The Quality Review Visit encompasses the following:

- programmes of study leading to awards at Levels 4 to 8 of *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ), and Higher National Awards, awarded by Pearson
- integrated foundation year programmes,<sup>6</sup> which are designed to enable entry to a specified degree programme or programmes on successful completion.

All programmes offered by a provider, including those offered through transnational education (TNE) activities, are in scope. QAA can advise if providers are uncertain about whether programmes are in scope of a Quality Review Visit.

## Baseline regulatory requirements

Quality Review Visits encompass detailed scrutiny of a provider's ability to meet those elements of the baseline regulatory requirements that relate directly to the quality of the student academic experience, and to the safeguarding of academic standards.

The external reference points that comprise the baseline regulatory requirements already exist in the regulatory landscape and have been drawn together as part of the new approach to quality assessment.

Table 1: Baseline regulatory requirements against which providers will be reviewed

Element of baseline regulatory requirements	Focus
The framework for higher education qualifications	The academic standard set for, <sup>7</sup> and achieved by, your students.
The Expectations of the UK Quality Code for Higher Education (the Quality Code)	The reference points that address quality management; provider's approach to learning, teaching and assessment; programme approval and review.  QAA is interested in how it has been adopted within the specific context and mission of the provider's higher education provision.
The relevant code of governance (such as the HE Code of Governance published by the Committee of University Chairs or the Association of Colleges' Code of Good Governance)	Those elements of the Code that ensure that the governing body has effective oversight of academic governance for its higher education provision.  QAA is interested in how it has been adopted within the specific context and mission of the provider's higher education provision.

<sup>6</sup> In the case of integrated foundation year programmes, it may be necessary to use other external reference points in addition to the Quality Code to set academic standards for the foundation year element. If the foundation year element is free-standing, and does not have a direct relationship with a specified higher education programme, it is not covered by the Quality Code and is out of scope, but may be subject to other regulatory requirements.

<sup>7</sup> Those providers with degree awarding powers will be expected to set and maintain standards effectively. Those without degree awarding powers will be expected to maintain the standards set by the awarding body or organisation.

Expectations of consumer law compliance, as expressed through the Competition and Markets Authority (CMA) guidance <sup>8</sup>	Provider's arrangements to ensure that students receive clear, accurate and timely information, that terms and conditions are fair, and that complaint handling processes and practices are accessible, clear and fair.
Student protection measures as expressed through the Office of the Independent Adjudicator's (OIA) good practice framework, the Public and Health Service Ombudsman's (PHSO) Principles of Good Administration and HEFCE's Statement of Good Practice on higher education course changes and closures	In particular, how the provider has applied the guidance within the context of its higher education provision.

The baseline regulatory requirements against which providers are not reviewed during visits include:

- the financial sustainability, management and governance (FSMG) requirements of the relevant funding body
- the provider's mission and strategy for its higher education provision.

### Outcomes: Judgements and reference points

Review teams are asked to consider a provider's arrangements against each relevant aspect of the baseline regulatory requirements, and in particular the:

- a. reliability of academic standards and their reasonable comparability with standards set and achieved in other providers in the UK
- b. quality of the student academic experience, including student outcomes where the provider has a track record of delivery of higher education.

For each of (a) and (b) above, the outcomes of the Quality Review Visit will be rounded judgements expressed as:

1. **Confidence** that
  - a. academic standards are reliable, meet UK requirements, and are reasonably comparable
  - b. the quality of the student academic experience meets baseline regulatory requirements
2. **Limited confidence** requiring specified improvements before there can be confidence that
  - a. academic standards are reliable, meet UK requirements, and are reasonably comparable
  - b. the quality of the student academic experience meets baseline regulatory requirements
3. **Insufficient confidence** at this time that
  - a. academic standards are reliable, meet UK requirements, and are reasonably comparable
  - b. the quality of the student academic experience meets baseline regulatory requirements

Judgements will be made by teams of peers against the baseline regulatory requirements and represent the reasonable conclusions that a review team can come to, based on the evidence and time available.

<sup>8</sup> Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/428549/HE\\_providers\\_-\\_advice\\_on\\_consumer\\_protection\\_law.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428549/HE_providers_-_advice_on_consumer_protection_law.pdf)



The review team will also consider the developmental needs of the provider and will identify actions and/or support that would assist the provider to meet, at the next Quality Review Visit in four years, the requirements for becoming an 'established' provider.

The funding body will consider these outcomes and make full use of them in reaching its broader judgement about the provider's readiness, or not, to enter the higher education sector, or to remain in, or to exit the 'developmental period', as appropriate.

The criteria which review teams will use to determine their judgements are set out in Annex 3 (see page 30).

#### **CONSULTATION QUESTION**

**Do you agree with the way in which the judgements are worded (please note that HEFCE will use these judgements to make a broader regulatory decision)?**

- **If no, what other wording should be considered?**

## Stages of the Quality Review Visit

Figure 2: Quality Review Visit at a glance

	QAA	Provider
<b>Stage 1</b> Initial desk-based assessment	<b>Up to 12 weeks before the on-site visit</b>	
	Quality specialist undertakes initial assessment to determine provider context/background that informs the shape of the Quality Review Visit	
	<b>Up to 10 weeks before the on-site visit</b>	
	QAA writes to the provider about the arrangements for the Quality Review Visit confirming the dates and shape of the on-site visit, team membership, practical arrangements and the deadline for provider submission and supporting evidence and student submission	Provider accesses the online review briefing materials Provider nominates a provider facilitator and lead student representative
<b>Stage 2</b> Preparation and submission	<b>6 weeks before the on-site visit</b>	
	QAA arranges a provider briefing which could be face-to-face or virtual	Provider attends briefing
	<b>Up to 2 weeks before the on-site visit</b>	
		Provider prepares and uploads submission and supporting evidence Students prepare and upload student submission
<b>Stage 3</b> Desk-based analysis of submission and supporting evidence	<b>1 week before the on-site visit</b>	
	Review team undertakes desk-based analysis	
	Review team holds virtual team meeting and QAA informs the provider of the confirmed duration of the visit, the main lines of enquiry, who the team wishes to meet and any request for additional evidence	Provider prepares for the on-site review visit
<b>Stage 4</b> On-site visit	<b>Week of the on-site visit</b>	
	The on-site visit takes place	
<b>Stage 5</b> Reporting the outcomes	<b>1 week after the on-site visit</b>	
	Moderation of judgements and draft report	
	<b>3 weeks after the on-site visit</b>	
		Provider and lead student rep comment on factual accuracy
	<b>4 weeks after the on-site visit</b>	
	Final report produced	
<b>5 weeks after the on-site visit</b>		
	Judgements and report sent to the funding body	

The Quality Review Visit takes place in five stages:

**Stage one** is an initial desk-based assessment of providers (initial provider assessment) undertaken by a QAA quality specialist to identify the most appropriate approach for each provider's Quality Review Visit.

**Stage two** incorporates provider briefings six weeks before the Quality Review Visit. These may be face-to-face or virtual. After being briefed the provider and students prepare and upload their submissions and supporting evidence.

**Stage three** sees reviewers conduct a desk-based analysis of the provider submission alongside benchmarked outcomes data provided by HEFCE and other contextual information. Some of this information, including the provider submission, is given by the provider, some is given by students and the rest is assembled by QAA. For providers who have validating relationships with other awarding organisations, QAA may initiate a dialogue with the validating body.

**Stage four** is an on-site visit to the provider. The on-site visit allows the review team to meet some of the provider's students and staff (and other stakeholders, where appropriate) and to scrutinise further information. If TNE provision is under review, the quality specialist will look at the size and complexity of the provision as part of the initial assessment, and will then agree with the provider an appropriate approach to reviewing their TNE provision. For example, QAA may hold a video-conference with overseas branch campuses or delivery partners, including with staff and/or students, as part of the on-site visit in the UK.

On-site visits will normally be two days, although this could be shorter depending on pre-visit findings. Similarly, the programme will also vary for each provider based on the initial provider assessment.

At the end of the on-site visit, the review team will agree its rounded judgements and other findings, as described above, and will give the provider some immediate findings.

**Stage five** is when the review team, working with the QAA quality specialist, produces a report for the relevant funding body and for publication. The QAA quality specialist will also support the provider in developing an action plan that addresses its developmental needs.

## Chapter 2: Key roles and responsibilities

This chapter outlines the roles and responsibilities of key stakeholders.

### Facilitators

Providers are invited to nominate a facilitator. The facilitator will help to organise and ensure the smooth running of the Quality Review Visit and improve the flow of information between the team and the provider. An effective working relationship between QAA and the facilitator should help to avoid misunderstandings (for example, the provider misunderstanding what QAA requires, or QAA misunderstanding the nature and scope of the provider's provision).

In summary the facilitator will carry out the following key roles:

- liaise with the QAA quality specialist to organise the Quality Review Visit
- during the on-site visit, provide the review team with advice and guidance on the provider's approach and arrangements
- during the on-site visit, meet the QAA quality specialist and the lead student representative (and possibly also members of the review team) outside the formal meetings to provide or seek further clarification about particular questions or issues.

Further details about the role of the facilitator can be found in Annex 4 (see page 32).

### Student engagement in the Quality Review Visit

Students play a critical role in the quality assessment of higher education. Given their current academic experience, students provide valuable insight for the review team.

The provider's students can input to the process by:

- nominating a lead student representative, who is involved throughout the Quality review visit
- contributing their views through a student submission describing their academic experience and their experience of quality assurance at the provider, which is key evidence for the desk-based analysis
- participating during the on-site visit
- assisting the provider to draw up and implement the action plan after the Quality Review Visit.

### Lead student representatives

This role allows students to play a central part throughout the Quality Review Visit.

The lead student representative (LSR) will help to ensure smooth communication between the student body, the provider and QAA, and will normally oversee the production of a student submission. If possible, QAA would like to work with the LSR to select the students the review team will meet.

It is recommended that the LSR be appointed by the students themselves, with support from a student representative body or equivalent within the provider. The LSR may be a member of the student representative body but may not hold a senior staff position. A job-share arrangement would be acceptable, as long as it is clear who the main point of contact is.

The provider should offer as much operational and logistical support to the LSR as is feasible. In particular, providers should share relevant information or data with the LSR so that the student submission is well-informed and evidence-based.

In summary the lead student representative will carry out the following key roles:

- liaise with the facilitator throughout the Quality Review Visit to ensure smooth communication between the student body and the provider
- feedback information about the Quality Review Visit and its progress to the student body
- organise and oversee the writing of the student submission
- assist with selecting students to meet the review team
- ensure continuity of activity throughout the Quality Review Visit
- facilitate comments from the student body on the draft Quality Review Visit report
- work with the provider to develop and deliver its action plan.

Further details about the role of the lead student representative can be found in Annex 5 (see page 34).

## **The role of degree-awarding bodies and other awarding organisations**

Providers will liaise with their degree-awarding bodies or other awarding organisations in order to determine their appropriate input into the Quality Review Visit, and to keep relevant degree-awarding bodies and/or organisations informed of the progress of the Quality Review Visit.

Providers may wish for these bodies and/or organisations to be involved in the Quality Review Visit by assisting, for example, with preparing the provider submission or attending on-site visits. Review teams will be pleased to meet the representatives of degree-awarding bodies or awarding organisations during on-site visits, and may encourage them to attend particular meetings, if it is likely to aid the review team's understanding of the relationship.

The provider under review will also be required to complete a responsibilities checklist for each existing arrangement, regardless of the type of arrangement, which will indicate to the QAA review team how the responsibilities are distributed.

## **Reviewers and review teams**

Each QAA review team will comprise a maximum of three reviewers, which normally includes a student reviewer. The size of the team for the Quality Review Visit (that is, the desk-based analysis and the on-site visit) will depend on the outcome of the initial provider assessment undertaken by the QAA quality specialist.

Review team members are selected on the basis of their experience in higher education and are expected to draw on this in their conclusions and evaluations about the management of quality and academic standards.

QAA peer reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision. This expertise and experience includes the management and/or administration of quality assurance arrangements. Student reviewers are recruited from among students or sabbatical officers who have experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality.

The cohort of reviewers appropriately reflects the diversity of the sector, including geographical location, size and type of providers, as well as reflecting those from diverse backgrounds. For review of TNE provision, the Quality Review Visit team will include a reviewer with TNE expertise.

Training for review team members is provided by QAA. Both new team members and those who have taken part in previous review methods must take part in training before they conduct a Quality Review Visit. The purpose of the training is to ensure that all team members fully understand:

- the aims and objectives of the Quality Review Visit
- the procedures involved
- their own roles and tasks
- QAA's expectations of them.

QAA also provides opportunities for continuing development of review team members and operate procedures for managing reviewers' performance. The latter incorporates the views of providers who have undergone Quality Review Visit.

More information about reviewers, their appointment, training and management is provided in Annex 6 (see page 37).

### **QAA quality specialist**

The role of the QAA quality specialist is to guide the team and the provider through all stages of the Quality Review Visit, ensuring that approved procedures are followed.

The quality specialist is responsible for the logistics of the Quality Review Visit programme including:

- undertaking the initial provider assessment
- liaising with the provider to confirm the programme for the on-site visit
- ensuring a record of all discussions is kept
- editing the Quality Review Visit report.

The quality specialist will attend the final day of the on-site visit to advise and guide the review team in its deliberations. In the event that the on-site visit only lasts one day, the quality specialist will attend for the entirety of the on-site visit. This ensures that judgements and the overall conclusion are securely based on evidence available and that each Quality Review Visit is conducted consistently.

### **QAA Quality Assurance Manager**

The Quality Assurance Manager is the senior QAA employee responsible for the Quality Review Visit programme. They will conduct the provider briefings, oversee the delivery of the programme of reviews and manage the report moderation process.

## Chapter 3: Preparing for the on-site visit

This part of the handbook explains the activities that need to be carried out to prepare for the on-site visit.

### Overview of timeline for activity before the on-site visit

Standard timelines are given below. Please note that there may be unavoidable instances when activities need to take place over a shorter time period. The deadlines in this timeline may also be amended to accommodate the Christmas or Easter periods. The precise dates will be confirmed in writing by the QAA quality specialist.

Providers undergoing Quality Review Visit as a result of an unsatisfactory quality investigation will be advised of their timeline individually.

The timeline for the period after the on-site visit is given in Chapter 4.

Table 3: Timeline for activity before the on-site visit

Working weeks	Activity	Entry to the HEFCE-funded sector Quality Review Visit	Quality Review Visit for transition providers who have not yet had two successful reviews
Week -12	Initial provider assessment	QAA will identify, for each individual provider, the most appropriate approach to the Quality Review Visit.	
Week -10	Confirmation of Quality Review Visit activity	QAA will write to the provider about arrangements for the Quality Review Visit confirming the dates and shape of the on-site visit, team membership, practical arrangements and the deadline for provider submission and supporting evidence and student submission.	QAA will write to the provider about the arrangements for the Quality Review Visit confirming the dates and shape of the on-site visit, team membership, practical arrangements and the deadline for the provider submission and supporting evidence and student submission
Week -6	Provider briefings	Normally undertaken in person at the provider by QAA's Quality Assurance Manager, the senior employee responsible for the Quality Review Visit programme. It is possible briefings may take place with more than one provider at a time or via video conference  Online FAQ  Opportunity for provider to explore ways in which they can demonstrate capacity to meet the Quality Review Visit requirements	Normally online webinar and video  Online FAQ
Week -2 Midday Wednesday	Provider submission	Provider uploads provider and student submissions and supporting evidence  Submissions demonstrate the provider has capacity to meet the baseline regulatory requirements	Provider uploads provider and student submissions and supporting evidence  Submissions demonstrate the provider is meeting the baseline regulatory requirements and is ready to progress to established category

Week -1	Reviewers, through a desk-based process, analyse the submissions and supporting evidence and identify: <ul style="list-style-type: none"> <li>• main lines of enquiry for the on-site visit</li> <li>• additional evidence that the provider should make available at the beginning of the on-site visit</li> </ul>
	QAA quality specialist confirms with the provider the main lines of enquiry and requests for additional evidence to be made available at the beginning of the on-site visit
	Review team has virtual visit preparation meeting to propose provisional outcomes where possible, confirm agendas and finalise logistics

## Initial provider assessment

The first stage of the Quality Review Visit is an initial desk-based assessment of providers undertaken by QAA to identify the most appropriate approach for each provider's Quality Review Visit. The analysis will draw on a range of sources to:

- determine whether a one-to-one provider briefing is needed
- consider the size of review team and length of visit.

This information will vary from provider to provider and may include:

- the most recent QAA review reports about the provider and the organisations with which it delivers learning opportunities
- the most recent published professional, statutory and regulatory body (PSRB) reports about the provider and the organisations with whom it delivers learning opportunities
- the most recent reports of other quality assessment bodies, including international organisations, about the provider and/or organisations with whom it delivers learning opportunities
- the most recent Ofsted/Education Training Inspectorate inspection reports, or any equivalent reports about the provider and organisations with whom it delivers learning opportunities
- a metrics profile from HEFCE.

For providers with transnational provision, the initial appraisal may include cooperation with the agency in the sending country, including when appropriate, referring to that agency's reviews.

### CONSULTATION QUESTION

Reflecting on the list above, is there anything else that should be taken into consideration at the initial provider assessment stage?

## First contact with QAA

The first contact that providers will have with QAA about their Quality Review Visit is likely to be around 10 weeks before the on-site visit. QAA will write to the provider to confirm the details of the on-site visit including the dates, team membership, practical arrangements and the relevant deadlines. Once the provider knows the on-site visit date, QAA expects the provider to disseminate that information to its students and tell them how they can engage with the process.



To avoid conflicts of interest, QAA will give the provider information about the review team members and ask the provider to advise of any potential conflicts of interest that a reviewer might have with their organisation, and may make adjustments in light of that.

QAA will also confirm which QAA quality specialist will be coordinating the Quality Review Visit and the administrative officer who will support it. Providers are welcome to phone or email their quality specialist, should they have any questions. The QAA quality specialist can provide advice about the process but cannot act as a consultant for the preparation, nor comment on whether a provider's quality assurance processes are appropriate or fit for purpose.

Finally, at this stage QAA will ask providers to nominate their facilitator and lead student representative. If needed, QAA will contact the president of the students' union (or the equivalent) to confirm the name of the lead student representative.

## **QAA briefings for providers**

From the first contact with QAA, providers should begin to use the online Quality Review Visit briefing material available on QAA's website. This includes details of the Quality Review Visit process, roles of key individuals including facilitators and lead student representatives, guidance on preparing the provider and student submissions, guidance on other documentation required, FAQs and other guidance.

In autumn 2016, the majority of providers will participate in a webinar briefing, with an opportunity to ask questions both during and after the briefing itself. Several webinar sessions will be held, with the material published on QAA's website for providers to review later.

In some cases QAA may decide that it would be more appropriate for a provider to receive an in-person briefing. Such a briefing will take place approximately six weeks before the on-site visit. QAA's Quality Assurance Manager will give each provider further guidance about who should participate in the meeting. Circumstances where this might occur include:

- where the provider is a new entrant, has no previous experience of a QAA review or has a weaker track record
- enhanced monitoring, where a discussion is needed on the nature of the issue and the scope of the review
- where provision is complex or significant changes have occurred.

At the briefing, the Quality Assurance Manager will discuss the structure of the Quality Review Visit as a whole. The purpose of the briefing will be:

- to answer any questions about the Quality Review Visit which remain after reading the online review briefing material
- to discuss the information QAA has assembled from other sources and the outcome of the initial provider assessment
- to discuss what information should be provided to the review team
- to confirm the practical arrangements for the on-site visit.

The briefing will include a discussion about the provider submission and supporting evidence. Further guidance about the structure and content of the provider submission is given in Annex 2 (see page 24).

The briefing will also include discussion about the student submission.

Student representatives are advised to study the online briefing beforehand, and to contact QAA if additional clarification is needed. Discussion will include the scope and purpose of the student submission and any topics beyond the standard template that the student representatives consider appropriate.

The briefing will also provide an important opportunity for QAA to liaise with the lead student representative about how students will be selected to meet the team. Student selection will be the responsibility of the lead student representative, but they may choose to work in conjunction with the facilitator, or with other student colleagues. Finally, the QAA Quality Assurance Manager will discuss the arrangements for the on-site visit.

### CONSULTATION QUESTION

Please highlight the areas that would be most beneficial to cover in these briefings.

After the briefing, the QAA Quality Assurance Manager will be available to help clarify the process further with either the facilitator or the lead student representative.

Providers are welcome to telephone or email their QAA quality specialist to discuss any details of the Quality Review Visit.

### Provider submission and supporting evidence

The provider submission and supporting evidence, which should be tailored to match the nature of the provider and its higher education provision, has three main functions:

- to give the review team an overview of the organisation, including its approach to managing quality and standards, and details of any relationships with degree-awarding bodies or awarding organisations and of the external reference points (other than the baseline regulatory requirements, for example professional, statutory and regulatory body requirements) that the provider is required to consider
- to describe to the review team the provider's approach to assuring the academic standards and quality of that provision
- to explain to the review team how the provider knows that its approach is effective in meeting the baseline regulatory requirements (and other external reference points, where applicable), and how it could be further improved.

For guidance about the content and use of the provider submission, see Annex 2.

### CONSULTATION QUESTION

What page count do you think sufficiently enables the provider to demonstrate its approach to meeting the baseline regulatory requirements and how it secures standards and quality?

### CONSULTATION QUESTION

Should a provider be required to follow a submission narrative template with word limits? Why or why not?

### Student submission

The function of the student submission is to help the review team understand what it is like to be a student at that provider, and how students' views are considered in the provider's decision-making and quality assurance processes. The student submission is, therefore, an extremely important piece of evidence.

For guidance about the content and use of the student submission, see Annex 5 (see page 34).

## Uploading the provider submission and student submission – two weeks before the on-site visit

The provider will need to upload the provider submission and accompanying evidence two weeks before the on-site visit. The precise date for doing this will have been explained at the QAA briefing and/or by QAA through correspondence. Please see Annex 2 for how the provider submission and supporting evidence should be uploaded to the electronic site.

## Use of data in the Quality Review Visit

Key metrics for each provider will be provided by HEFCE and used by the review team throughout the Quality Review Visit. This data set will be shared with the provider to ensure transparency and accuracy.

Providers that do not have sufficient Annual Provider Review data should include in the submission their own data relating to student recruitment, retention, progression and achievement for the higher education provision under review. It is helpful to provide this data covering three to five years in order to demonstrate trends over time. QAA encourages providers to consider their achievements and shortfalls against relevant nationally or internationally benchmarked datasets. Where such datasets exist, the provider submission should report against, reflect upon, and contextualise their results.

### CONSULTATION QUESTION

**Should there be an opportunity for the provider to present additional data? Why or why not? What other data should be considered?**

## Review team desk-based analysis – one week before the on-site visit

The review team will begin its desk-based analysis of all the information almost as soon as the provider submission and student submission are uploaded. The purpose of the desk-based analysis is to enable reviewers to:

- identify main lines of enquiry
- identify additional evidence to be made available at the beginning of the on-site visit
- develop questions for on-site visit
- identify people (roles) to meet during the visit
- propose provisional judgements if appropriate.

To undertake the analysis reviewers will:

- evaluate evidence relating to the provider's provision against agreed baseline regulatory requirements
- analyse data relating to the provider's students' outcomes, completion rates and satisfaction where available; and information about providers' policies and practices
- consider overseas agencies' reports on TNE provision where relevant
- gather students' views through a submission.

The QAA quality specialist will confirm with the provider the review team's main lines of enquiry. The lines of enquiry will be based on those baseline regulatory requirements that the desk-based analysis indicates are not being met. **The lines of enquiry do not preclude the review team from investigating any other area or issue within the scope of the Quality Review Visit while on site.**

Should the team identify any gaps in the information, or require further evidence about the issues they are pursuing, they will inform the QAA quality specialist. The QAA quality specialist will then make a request to the provider for further information to be made available at the beginning of the on-site visit. Requests for additional information will be strictly limited to what the team requires to complete its investigations, and the provider is entitled to ask why the team has asked to see any of the information it has requested.

## **Review team on-site visit preparation meeting - one week before on-site visit**

The week before the on-site visit, the team will hold a virtual visit preparation meeting. This takes place over half a day and does not involve a visit to the provider. It is the culmination of the desk-based analysis and allows the review team to:

- discuss its analysis of the documentary evidence
- propose provisional judgements for areas that have been sufficiently addressed
- confirm issues for further exploration at the on-site visit
- confirm agendas
- finalise logistics.

As the Quality Review Visit is a risk-based process, if the review team is able to reach provisional judgements from the desk-based analysis, the length of the on-site visit may be reduced and the provider will be notified.

## Chapter 4: The on-site visit – week 0

On-site visits will normally take place over a two-day period and begin first thing on Tuesday morning. Shorter on-site visits, determined through the desk-based analysis, may begin on Tuesday or Wednesday.

The activity undertaken during the on-site visit will not be the same for every provider, but the review team will ensure that its programme includes meetings with:

- senior staff, including the head of the provider
- academic and professional support staff
- a representative group of students, to enable the review team to gain first-hand information on students' experience as learners and on their engagement with the provider's quality assurance processes.

### CONSULTATION QUESTION

**Should the lead student representative be able to attend provider staff meetings at the on-site visit? Why or why not?**

The review team will be pleased to make use of video or teleconference facilities to meet people who may find it difficult to attend the provider's premises, such as distance-learning students or alumni.

Although the facilitator and lead student representative will not be present with the review team for its private meetings, the team is expected to have regular contact with the facilitator and lead student representative, normally at the beginning and/or end of the day, or when they are invited to clarify evidence or provide information. The facilitator and lead student representative can also suggest informal meetings if they want to alert the team to information that might be useful.

The QAA quality specialist will be present during the last day of the on-site visit only. On the morning of the final day, the team reserves the right to hold an additional meeting with selected staff, students, the facilitator or lead student representative to seek final clarifications that may help the team come to secure findings. The QAA quality specialist will attend this meeting.

At the end of the visit, the review team will meet with the QAA quality specialist to confirm the provisional rounded judgements and agree any developmental actions for the provider. This meeting will be private and the provisional judgements will not be discussed with the provider during the visit. The review team will reach judgements about:

- the reliability of academic standards and their reasonable comparability with standards set and achieved in other providers
- the quality of the student academic experience, including student outcomes.<sup>9</sup>

The quality specialist will chair this judgement meeting and will test the evidence base for the team's findings. Judgements represent reasonable conclusions that a review team is able to come to, based on evidence and time available.

The criteria which review teams will use to determine their judgements are set out in Annex 3 (see page 30).

For one-day on-site visits the QAA quality specialist will be present for the entirety of the visit.

The on-site visit will include a final meeting between the review team and senior staff of the provider, the facilitator and the lead student representative to give some immediate feedback.

<sup>9</sup> From 2017-18, the review team will also reach judgements about the provider's approach to its own internal review processes to ensure that these meet the funding bodies' expectations.

## Chapter 5: After the on-site visit

This part of the handbook describes what happens after the on-site visit has ended.

### Post on-site visit activity timeline

This part of the handbook describes what happens after the on-site review visit has ended and the outcome is satisfactory; that is the judgment is one of 'confidence' for both academic standards and the student experience.

Please note that deadlines may be amended to accommodate the Christmas or Easter periods. The QAA quality specialist will confirm precise dates in writing.

Table 4: Post on-site visit activity timeline

Working weeks	Activity
Week 0	Draft report completed
Week +1	Moderation of rounded judgements and draft report
	Report is sent to provider and lead student representative for comments on factual accuracy. Provider should share the draft report with any partner degree awarding bodies or awarding organisations
	Provisional rounded judgements are sent to the relevant funding body
Week +3	Provider and lead student representative provide comments on factual accuracy (incorporating any comments from awarding bodies or organisations) to QAA
Week +4	Quality specialist considers corrections and produces final report
Week +5	Confirmed rounded judgements and final report sent to relevant funding body
In alignment with the wider quality assessment process	Quality Review Visit report published on QAA's website
In alignment with the wider quality assessment process	Action plan published on provider's website

### Quality Review Visit report

The Quality Review Visit findings (judgements and identified developmental actions) will be decided by the review team as peer reviewers. The QAA quality specialist will ensure that the findings are backed by adequate and identifiable evidence, and that the Quality Review Visit report provides information in a succinct and readily accessible form. Quality Review Visit reports will normally be no longer than 10 pages comprising findings, rounded judgements and developmental needs.

QAA will retain editorial responsibility for the final report and will moderate all reports to promote consistency. The moderation process will be undertaken by the Quality Assurance Manager and quality specialists to ensure that the judgements, across a range of providers, are consistent and that developmental needs are proportionate.

One week after the end of the on-site visit, the provider will receive the moderated draft report, which will be copied to the relevant degree-awarding bodies or other awarding organisations. At this time, the funding body will be notified of the provisional outcomes.

The provider should respond within two weeks, telling QAA of any errors in fact or interpretation in the report. These errors must relate to the period before or at the on-site visit; the review team will not amend the report to reflect changes or developments made by the provider after the on-site visit ended.

QAA will also share the draft report with the lead student representative and invite his or her comments on it by the same deadline.

The QAA quality specialist will finalise the report. This report will be provided to the relevant funding body and form part of the evidence the funding body uses to inform its broader regulatory view about a provider's status.

Publication on QAA's website of the Quality Review Visit outcomes will be coordinated with the relevant funding body's publication of its overall regulatory judgement about a provider.

## **Action plan and follow-up activity**

As part of the Quality Review Visit, all providers, regardless of outcome, will be expected to develop an action plan that addresses the developmental needs identified. This should be signed off by the head of the provider. This should be produced jointly with student representatives. The action plan should be published on the provider's website.

New entrants enter a 'developmental period', which will last four years. During this period providers should undertake the developmental activities identified as necessary when they first entered the sector and update their action plan until all actions have been completed.

At the end of a four year period of enhanced scrutiny and monitoring, providers will receive a further Quality Review Visit. This will re-test the standards and quality aspects of the baseline regulatory requirements, allowing them to demonstrate that academic standards are secure, that they are able to deliver a consistently high-quality student academic experience, and that their students will have good outcomes.

The relevant funding body will use the outcomes of this Quality Review Visit to reach a judgement about the provider's readiness to move into a category of less intensive scrutiny and become an 'established' provider.

Providers who transition to the 'established' category are expected to complete their Quality Review Visit action plan within one year of moving to the 'established' category. QAA will support providers who have a limited confidence or confidence judgement to complete an action plan, monitoring their progress within agreed timescales and confirming that the actions taken have had a positive impact. QAA will sign off the action plan when it is completed.

If, without good reason, a provider does not produce an action plan within the required timescale, fails to engage seriously with Quality Review Visit findings or lacks meaningful progress, the relevant funding body will take action under its existing accountability framework. Future regulatory decisions taken by the relevant funding body will take into account the progress or lack of progress made on the actions from a previous Quality Review Visit.

Further guidance on how to complete an action plan can be found in Annex 8 (see page 41).

## **Process for unsatisfactory judgements**

The judgements 'Limited confidence, requiring specified improvements' and 'Insufficient confidence at this time' are considered unsatisfactory. Where the unpublished final report (that is, the version produced in light of the provider's comments on the moderated draft report) contains at least one unsatisfactory judgement, QAA will not send that report to the relevant funding body. Instead QAA will send it back to the provider so they can consider whether or not to appeal against the judgements.

QAA has formal processes for receiving complaints and appeals. Details of these processes can be found in Annex 9 (see page 42).

## Annex 1: Definition of key terms

**Academic quality** Academic quality is concerned with how well the learning opportunities made available to students enable them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning resources are provided for them. In order to achieve a higher education award, students participate in the learning opportunities made available to them by their provider. A provider should be capable of guaranteeing the quality of the opportunities it provides, but it cannot guarantee how any particular student will experience those opportunities. By ensuring that its policies, structures and processes for the management of learning opportunities are implemented effectively, a provider also ensures the effectiveness of its outcomes.

**Threshold academic standards** are the minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic award. For equivalent awards, the threshold level of achievement is agreed across the UK and is described by the qualification descriptors set out in *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ). Threshold academic standards define the minimum standards which degree-awarding bodies must use to make the award of qualifications at a particular level of the relevant framework for higher education qualifications (for example, a foundation degree or a doctoral degree).

**Academic standards** are the standards that individual degree-awarding bodies set and maintain for the award of their academic credit or qualifications. These may exceed the threshold academic standards. Individual degree-awarding bodies are responsible for defining their own academic standards by setting the pass marks and determining the grading/marking schemes and any criteria for classification of qualifications that differentiate between levels of student achievement above and below the threshold academic standards.

Part A of the Quality Code for UK Higher Education explains how academic standards are set and maintained for higher education qualifications in the UK. The frameworks, statements and guidance concerned with academic standards constitute formal components of Part A which explains how these components relate to each other and how collectively they provide an integrated context for setting and maintaining academic standards in higher education.

Part A also sets out what is expected of degree-awarding bodies in setting, delivering and maintaining the academic standards of the awards that they make. Delivery organisations working with degree-awarding bodies do not carry the same responsibilities for academic standards but need to understand how academic standards are set and maintained in UK higher education. The specific role as a delivery organisation in relation to academic standards is set out in the formal agreement with its degree-awarding body.

**Professional, statutory and regulatory bodies** (PSRBs) are organisations that set the standards for, and regulate the standards of entry into, particular professions. Professional qualifications (as distinct from academic qualifications) are determined by PSRBs and they may stipulate academic requirements which must be met in order for an academic programme to be recognised as leading to, or providing exemption from part of, a professional qualification.

Where degree-awarding bodies choose to offer programmes which lead to, or provide exemption from, specific professional qualifications, the requirements of the relevant PSRB will influence the design of academic programmes, but the responsibility for the academic standards remains with the degree-awarding body which is awarding the academic qualification.

Where providers have PSRB accreditation for their programmes, review teams will explore how accreditation requirements are taken into account in the setting and maintaining of standards and the quality assurance of programmes. Review teams will also explore how accurately information about accredited status is conveyed to students.



**Student academic experience** refers to the learning experience that students receive from a provider and how they are supported to progress and succeed. It includes the reliability of information published about the academic experience.

**Transnational education** refers to ‘all types of higher education study programmes, or sets of courses of study, or educational services (including those of distance education) in which the learners are located in a country different from the one where the awarding institution is based. Such programmes may belong to the education system of a State different from the State in which it operates, or may operate independently of any national education system.’<sup>10</sup>

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<sup>10</sup> UNESCO/Council of Europe definition in *Code of Good Practice in the Provision of Transnational Education* (2001): [www.coe.int/t/dg4/highereducation/recognition/Code%20of%20good%20practice\\_EN.asp](http://www.coe.int/t/dg4/highereducation/recognition/Code%20of%20good%20practice_EN.asp)

## **Annex 2: The provider submission and framework for self-evaluation against the baseline regulatory requirements**

This annex provides further information on the provider submission and outlines how a provider may refer to the baseline regulatory requirements.

### **How the provider submission is used**

The provider submission is used throughout the Quality Review Visit process, both as an information source and a way of navigating the supporting evidence. Reviewers will be looking for indications that the provider:

- has arrangements to ensure that it can meet baseline regulatory requirements
- systematically monitors and reflects on the effectiveness of its engagement with the baseline regulatory requirements
- uses monitoring and self-reflection of management information and comparisons against previous performance and national and international benchmarks, where available and applicable.

The provider should demonstrate that its own monitoring and self-reflection:

- is inclusive of students (and other stakeholders where relevant)
- maintains institutional oversight
- leads to the identification of strengths and areas for improvement, and subsequently to changes in a provider's procedures or practices.

The provider submission should also consider the effectiveness of the provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

### **Provider submission supporting evidence**

It is vital that the provider submission identifies the evidence that illustrates that it meets the baseline regulatory requirements. It is not the review team's responsibility to seek out this evidence. While the selection of evidence is at the provider's discretion, it is important that the provider is discerning in that selection, limiting evidence to that which is clearly relevant to the provider's self-evaluation against the baseline regulatory requirements.

It is quite acceptable - indeed expected - that a provider will reference the same key pieces of evidence in several different parts of the submission. By carefully selecting limited evidence, the provider demonstrates its quality assurance maturity. Excessive evidence may indicate that the provider has not properly understood its obligations.

The review team will, however, find it difficult to complete the Quality Review Visit without access to the following sets of information:

- agreements with degree-awarding bodies and/or awarding organisations, where applicable
- policy, procedures and guidance on quality assurance and improvement (this may be in the form of a manual or code of practice)
- a diagram of the structure of the main bodies (deliberative and management) that are responsible for the assurance of quality and standards. This should indicate both central and local (that is, school/faculty or similar) bodies.
- a representative sample of minutes of central quality assurance bodies for the two academic years prior to the Quality Review Visit

- a sample of annual overview reports (for example, on external examining or annual monitoring) where these have a bearing on the assurance of quality and standards for the two years prior to the Quality Review Visit
- for providers who do not have sufficient APR data, the last three years of student performance data (enrolment, retention, completion and achievement data). (An Excel template is available on request.)

## Baseline regulatory requirements framework for Quality Review Visits

Providers may wish to consider the following baseline regulatory requirements framework when producing their provider submission. QAA expects each provider to tailor the questions and indicative evidence to their own specific context. **Providers are not expected to create any new evidence for the Quality Review Visit** and should only provide evidence already in existence.

Please note that the indicative evidence may not be relevant to every provider. Therefore, a much smaller set of evidence than is listed in Table 5 below should be provided with the submission. Again, the selection of appropriate evidence demonstrates a provider's understanding of its quality assurance obligations and its maturity as a provider. The review team would expect to see evidence from a maximum of three programmes or 10 per cent of the provision, whichever is smaller. One piece of evidence may be referenced for multiple purposes.

### CONSULTATION QUESTION

Should a minimum standard set of evidence for submission be specified? Why or why not?

### CONSULTATION QUESTION

Should the amount of evidence a provider submits be limited? Why or why not?

- If yes, in what ways should this review visit method limit the evidence a provider submits?
- How should this limit be enforced?

Table 5: Baseline regulatory requirements framework for Quality Review Visits indicative questions and evidence

Requirement	Indicative questions	Indicative evidence
<p><b>Framework for Higher Education Qualifications in England, Wales and Northern Ireland</b></p>	<ul style="list-style-type: none"> <li>• What is your understanding of the responsibilities you have been allocated by each degree-awarding body and/or other awarding organisation for helping to set and/or maintain the academic standards of their awards?</li> <li>• How do you ensure that the academic standards of your programmes are at a level which meets or exceeds the UK threshold standard for the qualification as set out in the FHEQ?</li> <li>• Are there any other reference points you use for academic standards?</li> <li>• How do you test that students have achieved the academic standards set?</li> <li>• How is student achievement above the threshold differentiated in a consistent way?</li> <li>• How do you ensure that the academic standards of your programmes are comparable with those of other UK higher education providers?</li> <li>• How do you use data to monitor your academic standards?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme specifications</li> <li>• Programme approval documentation</li> <li>• Assessment frameworks/regulations</li> <li>• Minutes of Board of Examiners</li> <li>• External examiner reports and provider responses</li> <li>• Analysis of retention and progression data</li> </ul> <p>Note: providers will be required to submit a sample of assessed student work with the assignment brief and marking criteria, in order that reviewers can evaluate the outcome standards</p>
<p><b>Other elements of the current UK Quality Code for Higher Education</b></p>	<ul style="list-style-type: none"> <li>• What is your understanding of the responsibilities you have been allocated by each degree-awarding body and/or other awarding organisation for ensuring the quality of the student academic experience?</li> <li>• What structures do you have for managing the quality of the student experience? How do you know those structures are effective?</li> <li>• How do you identify areas for improvement of the student academic experience?</li> <li>• How do you use data to inform your approach to the continuous improvement of the quality of the student academic experience?</li> <li>• How do you involve students in the learning and assessment process?</li> </ul>	<ul style="list-style-type: none"> <li>• Statements of quality assurance policies</li> <li>• A small representative sample of terms of reference and minutes of bodies within deliberative structures</li> <li>• Strategies for learning, teaching and assessment</li> <li>• Strategies for staff development</li> <li>• Strategies for provision of learning resources and student support</li> <li>• Admissions policy/progress</li> <li>• Examples of student feedback and provider response</li> </ul>

	<ul style="list-style-type: none"> <li>• How do you ensure staff are competent in research, scholarship and/or pedagogy?</li> <li>• How do you use external stakeholders and external input to improve the quality of the student academic experience?</li> <li>• How do you ensure your approach to admissions is consistent and transparent?</li> <li>• How do you ensure adequate and readily accessible learning resources and support are available for students?</li> <li>• How do you collect and respond to student feedback?</li> <li>• How do you involve students in the management of the quality of the student academic experience?</li> </ul>	
<p><b>The section of the HE Code of Governance, or other equivalent designated governance code, relating to academic governance</b></p>	<ul style="list-style-type: none"> <li>• How does your governing body maintain oversight of academic governance arrangements?</li> <li>• How does your governing body respect the principles of academic freedom and collegiality?</li> <li>• How does your governing body maintain oversight of academic risk?</li> <li>• How does your governing body encourage student involvement in academic governance?</li> <li>• How does your governing body assure itself that student complaints are effectively addressed and the welfare of students is secured?</li> </ul>	<ul style="list-style-type: none"> <li>• Purposeful representative sample of minutes of governing body</li> <li>• Demonstration of the interaction between the governing body and senate/academic board</li> </ul>

<p><b>Expectations of consumer law compliance, as expressed through the Competition and Markets Authority (CMA) guidance</b></p>	<ul style="list-style-type: none"> <li>• How do you ensure that prospective students are given the information they need in order to make informed decisions?</li> <li>• How do you ensure that the terms and conditions between you and your students are fair?</li> <li>• How do you ensure your terms are easily located and accessible and that important terms are drawn to prospective students' attention before they accept an offer?</li> <li>• How do you ensure that your terms are clear and unambiguous?</li> <li>• How do you ensure that your terms are fair and balanced?</li> <li>• How do you ensure that your complaint handling processes and practices are accessible, clear and fair?</li> </ul>	<ul style="list-style-type: none"> <li>• Samples of information provided for prospective students (web links)</li> <li>• Academic and student regulations and/or any student contract</li> <li>• Complaints process</li> </ul>
<p><b>Student protection measures</b></p>	<ul style="list-style-type: none"> <li>• How do you know that your policies and practices for course closures and changes are transparent, fair and accessible?</li> <li>• How do you communicate with students when changes occur?</li> <li>• How do you inform and consult with students about material changes to continuing courses?</li> <li>• What arrangements do you have for ensuring continuity of provision for students when a course is closed?</li> <li>• How would you support the wider higher education sector in the event of a programme or provider closure elsewhere?</li> <li>• How do you know that your complaints and appeals processes are accessible and clear?</li> <li>• How do you know that the outcomes of your complaints and appeals processes are proportional, fair and timely?</li> <li>• How do you know that your complaints and appeals processes are appropriately independent and confidential?</li> <li>• How do you use the outcomes of your complaints and appeals processes to improve the student experience?</li> </ul>	<ul style="list-style-type: none"> <li>• Policy for course changes and closures</li> <li>• Examples of consultation with students on course change and closure</li> <li>• Complaints and appeals process and examples of cases</li> <li>• (Annual) evaluation of the effectiveness of the policy/process</li> <li>• Analysis of high frequency complaints and interventions to improve in these areas</li> </ul>

## Points to consider when compiling the provider submission and supporting evidence

Table 6: Technical requirements for the provider submission and supporting evidence

Technical requirements for the provider submission and supporting evidence	
Overall presentation	<p>The provider submission and supporting evidence should be supplied in a coherent structure:</p> <ul style="list-style-type: none"> <li>all files together, with no subfolders or zipped files documents clearly labelled numerically, beginning 001, 002, and so on.</li> </ul>
File naming convention	<p>Only use alphanumeric characters (a-z and 0-9) and the hyphen (-). Do <b>not</b> use:</p> <ul style="list-style-type: none"> <li>the underscore (_), full stops, spaces and any other punctuation marks or symbols as these will not upload successfully.</li> </ul>
File types to avoid	<p>Do <b>not</b> upload:</p> <ul style="list-style-type: none"> <li>shortcut files (also known as .lnk and .url files)</li> <li>temporary files beginning with a tilde (~)</li> <li>administrative files such as thumbs.db and .DS_Store.</li> </ul>
<p>For technical assistance with uploading files, please contact the QAA service desk on 0044 (0) 1452 557123, or email <a href="mailto:helpdesk@qaa.ac.uk">helpdesk@qaa.ac.uk</a>. The service desk operates from Monday to Friday between 9.00 and 17.00 UK time.</p>	

## Annex 3: Skeleton assessment framework for reaching Quality Review Visit judgements

Each review visit will consider a provider's arrangements against each relevant aspect of the baseline regulatory requirements, and in particular:

- a) Consider the reliability of degree standards and their reasonable comparability with standards set and achieved in other providers.
- b) Consider the quality of the student academic experience, including student outcomes where the provider has a track record of delivery of higher education.

The review team will also consider the developmental needs of the provider and identify actions and/or support that would assist the provider to meet the requirements for becoming an 'established' provider.

For each of (a) and (b) above, the outcomes of the Quality Review Visit will be rounded judgements expressed as:

1. **Confidence** that
  - a. academic standards are reliable, meet UK requirements, and are reasonably comparable
  - b. the quality of the student academic experience meets baseline regulatory requirements
2. **Limited confidence** requiring specified improvements before there can be confidence that
  - a. academic standards are reliable, meet UK requirements, and are reasonably comparable
  - b. the quality of the student academic experience meets baseline regulatory requirements
3. **Insufficient confidence** at this time that
  - a. academic standards are reliable, meet UK requirements, and are reasonably comparable
  - b. the quality of the student academic experience meets baseline regulatory requirements

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



Table 7: Framework for reaching judgements

Confidence	Limited confidence	Insufficient confidence
<p>There are no serious risks to the management of this aspect of the baseline regulatory requirement.</p> <p>Any moderate risks would not lead to serious problems over time.</p> <p>Any areas for development relate, for example, to:</p> <ul style="list-style-type: none"> <li>• minor omissions or oversights</li> <li>• a need to amend or update approaches that will not require or result in major structural, operational or procedural change</li> <li>• completion of improvement activity addressing any areas for development is already underway.</li> </ul>	<p>There are no serious risks to the management of this aspect of the baseline regulatory requirement.</p> <p>Any moderate risks that exist, without action, could lead to serious problems over time.</p> <p>Any areas for development relate, for example, to:</p> <ul style="list-style-type: none"> <li>• weaknesses in the provider's approach to this aspect of the baseline regulatory requirement</li> <li>• insufficient emphasis or priority given to assuring standards or quality</li> <li>• problems which are confined to a small part of the provision.</li> </ul>	<p>Serious risks to the management of this aspect of the baseline regulatory requirements are present.</p> <p>Any areas for development relate, for example, to:</p> <ul style="list-style-type: none"> <li>• ineffective approach to this aspect of the baseline regulatory requirement</li> <li>• significant gaps in policy or approaches relating to the provider's quality assurance</li> <li>• breaches by the provider of its own quality assurance policy.</li> </ul>
<p>The need for action has been acknowledged by the provider and it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p> <p>There is evidence that the provider is fully aware of its responsibilities for assuring quality.</p>	<p>Plans that the provider presents for addressing identified problems are under-developed or not fully embedded in the provider's operational planning.</p> <p>The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues. However, evidence suggests that the provider will take the required action and provide evidence of action as requested.</p>	<p>Plans for addressing identified problems that the provider may present before or at the Quality Review Visit are not adequate to rectify the problems, or there is very little or no evidence of progress.</p> <p>The provider has not recognised that it has major problems, or has not planned significant action to address problems it has identified.</p>
		<p>The provider has limited understanding of the responsibilities associated with one or more key areas of this aspect of the baseline regulatory requirements, or the provider may not be fully in control of all parts of the organisation.</p>

## Annex 4: The role of the facilitator

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

The role of the facilitator is to:

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

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

The facilitator is permitted to observe any of the other meetings that the team has apart from those with students. Where the facilitator is observing, they should not participate in discussion unless invited to do so by the review team.

The facilitator should develop a working relationship with the lead student representative that is appropriate to the provider and to the organisation of the student body. It is anticipated that the lead student representative will be involved in the oversight and possibly the preparation of the student submission, and with selecting students to meet the review team during the on-site visit. In some providers, it may be appropriate for the facilitator to support the lead student representative in ensuring that the student representative body is fully aware of the Quality Review Visit, its purpose and the students' role within it. Where appropriate, and in agreement with the lead student representative, the facilitator might also provide guidance and support to student representatives when preparing the student submission and for meetings with the review team.

## Appointment and briefing

The person appointed as facilitator must possess:

- a good working knowledge of the provider's quality assurance arrangements against a set of baseline regulatory requirements, its approach to monitoring and review, and an appreciation of quality and standards matters
- knowledge and understanding of the Quality Review Visit
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review team.

## Protocols

Throughout the Quality Review Visit, the role of the facilitator is to help the review team come to a clear and accurate understanding of the provider's quality assessment arrangements to ensure that the provider is able to deliver a consistently high-quality student academic experience and that academic standards are secure.

The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with the QAA quality specialist and the lead student representative. The facilitator should not act as an advocate for the provider. However, the facilitator may legitimately:

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

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

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

The facilitator will not have access to QAA's electronic communication system for review teams. The review team also has the right to ask the facilitator to disengage from the Quality Review Visit at any time, if they consider that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.

## Annex 5: Student engagement in Quality Review Visit (including student submission)

Students are one of the main beneficiaries of the Quality Review Visit and are, therefore, central to the process. In every Quality Review Visit there are many opportunities for students to inform and contribute as follows.

### The lead student representative

The role of the lead student representative (LSR) is designed to allow student representatives to play a central part in the organisation of the Quality Review Visit. The LSR will oversee the production of the student submission.

If possible, QAA would like to work with the LSR to select the students that the review team will meet. It is up to the student representative body to decide who should take on the role of the LSR. QAA recognises that this might be a challenge in itself, but suggest that the LSR might be an officer from the students' union, an appropriate member of a similar student representative body, a student drawn from the provider's established procedures for course representation, the Education Officer, or equivalent. Where there is no student representative body in existence, QAA would suggest that providers seek volunteers from within the student body to fulfil this role. The LSR cannot hold a senior staff position.

Not all providers are resourced to be able to provide the level of engagement required of the LSR, so QAA will be flexible about the amount of time that the LSR should provide. It would be acceptable if the LSR represented a job-share or team effort, as long as it was clear with whom QAA should communicate. In all cases, QAA would expect the provider to provide as much operational and logistical support to the LSR as is feasible in undertaking their role and, in particular, to ensure that any relevant information or data held by the provider is shared with the LSR to ensure that the student submission is well informed and evidence-based.

The LSR should normally be responsible for:

- receiving copies of key correspondence from QAA
- organising or overseeing the writing of the student submission
- helping the review team to select students to meet
- advising the review team during the on-site visit, on request
- attending the final on-site visit meeting
- liaising internally with the facilitator to ensure smooth communication between the student body and the provider
- disseminating information about the Quality Review Visit to the student body
- giving the students' comments on the draft report
- coordinating the students' input into the provider's action plan.

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

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

## Student submission

The function of the student submission is to help the review team understand what it is like to be a student at that provider, and how students' views are considered in the provider's decision-making and quality assurance processes. Where the student submission indicates significant problems in the provider's assurance of standards and quality, this may lead the review team to spend longer at the provider than they would do if the submission suggests the provider is managing its responsibilities effectively. The student submission is, therefore, an extremely important piece of evidence.

### Format, length and content

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

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

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

Students are also encouraged to investigate and make use of national datasets that provide robust and comparable information about the provider when putting together the student submission. One good source of relevant data for subscribing providers in England and Northern Ireland and providers with access to funding from HEFCE who are not subscribers to QAA is the Unistats website.<sup>11</sup> This website contains a wealth of data, such as the outcomes of the National Student Survey and information on completion rates and graduate outcomes and destinations that the LSR may wish to comment on in the student submission, or that might make a good source of evidence for a point students wish to make. In Northern Ireland, students at further education colleges may want to refer to statistics published by the Department for the Economy.<sup>12</sup>

When gathering evidence for and structuring the student submission, it will be helpful if the LSR takes account of the advice given to providers for constructing the provider submission (see Annex 2).

In particular, the LSR may wish to include in the submission students' views on how good their university or college is:

- in making its courses sufficiently challenging and comparable to similar courses at other universities, including in the content they include
- in giving you information about what you need to learn and achieve
- at checking courses are relevant and up to date, when they first introduce them and at regular intervals. This might be through asking you to evaluate modules or courses or through you being involved in formal processes
- at involving people from outside to check courses are sufficiently challenging and contain appropriate content. This might include external examiners, who write reports which should be available for you to read
- in assessing you fairly, consistently and in ways that test what you've learnt, and in giving you the right opportunities to show what you've learnt
- at being fair, explicit and consistent in how it admits students
- at enabling you to be independent learners, and analytical, critical and creative thinkers

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<sup>11</sup> [www.unistats.com](http://www.unistats.com)

<sup>12</sup> [www.economy-ni.gov.uk/topics/statistics-and-economic-research/further-education-statistics](http://www.economy-ni.gov.uk/topics/statistics-and-economic-research/further-education-statistics)

- at helping you to develop and improve, academically, personally and professionally
- at involving you checking and helping to improve the quality of education
- in dealing with complaints about your student experience and appeals about decisions in a fair and timely way
- at managing courses which are taught by another organisation on their behalf. This might be if a college teaches a course but the qualification comes from the university
- at creating an environment for research students where they can learn how to do research and achieve academic, personal and professional outcomes
- at providing information about themselves
- at providing opportunities for students to contribute to the continuous improvement in their quality of education.

The student submission should not name, or discuss the competence of, individual members of staff. It should not discuss personal grievances. It should also avoid comments from individual students who may not be well placed to speak as representatives of a wider group.

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

### **Submission delivery date**

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

### **Sharing the student submission with the provider**

Given the importance of the student submission in the Quality Review Visit, in the interests of transparency and fairness it must be shared with the provider - at the latest when it is uploaded to the secure electronic site.

## **Continuity**

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

Once the on-site visit is over, QAA will invite the LSR to provide comments on the draft report's factual accuracy. The provider is required to produce an action plan to respond to the Quality Review Visit's findings. It is expected that the student representative body will have input in the drawing up of that action plan, and in its annual update. There will also be an opportunity for students to contribute to any follow-up of the action plan that QAA may carry out.

## Annex 6: Appointment, training and management of reviewers

The Quality Review Visit is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the management and/or delivery of higher education provision, or students with experience in representing students' interests. They are appointed by QAA according to the selection criteria below. There are no other restrictions on what types of staff or students may become reviewers.

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

Student reviewers may continue as reviewers for up to two academic years after they finish their studies or term as a sabbatical officer. Student reviewers cannot hold senior staff positions.

### Selection criteria

The essential criteria for staff reviewers are:

- experience in managing and assuring academic standards and the quality of higher education provision in a senior academic or professional support capacity at organisational and/or faculty or school level
- thorough understanding of the content, role and practical application of the baseline regulatory requirements
- working knowledge of the diversity of the higher education sector
- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for staff reviewers are:

- experience of participating as a chair, panel member, assessor or equivalent in the monitoring and periodic review process of their own and/or other providers
- experience of assessing the achievements of students on higher education programmes at their own provider and/or other providers (for example as an external examiner)
- experience of working at, or with, a provider that is a recent entrant to the higher education sector
- experience of working at a senior level within a further education college with higher education provision
- experience of investigating complaints and appeals
- experience in the quality assurance of transnational education
- knowledge or experience of overseas' operating environments
- experience of working at, or with, a provider in the devolved nations.

The essential selection criteria for student reviewers are:

- experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality OR demonstrable interest in ensuring that the student interest is protected
- general awareness of the diversity of the higher education sector and of the arrangements for quality assurance and enhancement
- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for staff reviewers are:

- experience of higher education in a further education college or alternative provider setting
- experience of transnational education
- experience of participating in higher education outside the UK OR knowledge of international higher education systems
- experience of studying at a provider in the developed nations.

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

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

#### **CONSULTATION QUESTION**

**Do you agree with the criteria that are to be used when recruiting peer reviewers?  
Why or why not?**

#### **CONSULTATION QUESTION**

**Do you agree with the criteria that are to be used when recruiting student reviewers?  
Why or why not?**

### **Reviewer management**

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

At the end of each Quality Review Visit, QAA asks reviewers to complete a standard evaluation form. The form invites feedback on the respondent's own performance and that of the other reviewers. The QAA quality specialist coordinating the Quality Review Visit also provides feedback on each reviewer. QAA shares the feedback generated with reviewers at regular intervals, to allow them to understand, and reflect on, the views of their peers. The feedback is anonymous; those receiving the feedback cannot see who has provided it.

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



# Annex 7: Quality Review Visit report template

## Quality Review Visit of [provider name]

[Month Year]

[graphical representation of the rounded judgements]

[bullet list of identified developmental actions]

[page break]

### About this review

[Paragraph stating dates and members of review team.]

The overall aim of Quality Review Visit is to:

- provide the relevant funding body with an expert judgement about the readiness of a provider to enter, or continue to operate within, the higher education sector.

Quality Review Visit is designed to:

- ensure that the student interest is protected
- provide expert advice to ensure that the reputation of the UK higher education system is protected, including the protection of degree standards
- identify development areas that will help a provider to progress through a developmental period and be considered 'established'.

Each review visit considers a provider's arrangements against each relevant aspect of the baseline regulatory requirements, and in particular:

- Consider the reliability of degree standards and their reasonable comparability with standards set and achieved in other providers
- Consider the quality of the student academic experience, including student outcomes where the provider has a track record of delivery of higher education.

### About [provider's name]

[A short summary setting the context of the provider]

[A paragraph outlining the provision under scope for the Quality Review Visit]

[page break]

### Rounded judgements

The review team considers there can be **confidence** that academic standards are reliable, meet UK requirements, and are reasonably comparable

OR

The review team considers there is **limited confidence requiring specified improvements before there can be confidence** that academic standards are reliable, meet UK requirements, and are reasonably comparable

OR

The review team considers there is **insufficient confidence at this time** that academic standards are reliable, meet UK requirements, and are reasonably comparable

[Summary paragraph demonstrating why each rounded judgement was reached.]

The review team considers there can be **confidence** that the quality of the student academic experience meets baseline regulatory requirements.

OR

The review team considers there is **limited confidence requiring specified improvements before there can be confidence** that the quality of the student academic experience meets baseline regulatory requirements.

OR

The review team considers there is **insufficient confidence at this time** that the quality of the student academic experience meets baseline regulatory requirements.

[Summary paragraph demonstrating why each rounded judgement was reached.]

[page break]

## Identified developmental actions

[For each developmental action the review team will provide a section explaining why the development area has been identified.]

[page break]

## Elements of baseline regulatory requirements

[The review team will provide a brief summary for each of the following baseline regulatory requirements demonstrating how the findings align to the rounded judgements.]

The framework for higher education qualifications

The Expectations of the UK Quality Code for Higher Education

The relevant code of governance (such as the HE Code of Governance published by the Committee of University Chairs or the Association of Colleges' Code of Good Governance)

Expectations of consumer law as expressed through the Competition and Markets Authority (CMA) guidance

Student protection measures as expressed through the Office of the Independent Adjudicator's (OIA) good practice framework, the Public and Health Service Ombudsman's (PHSO) Principles of Good Administration and HEFCE's Statement of Good Practice on higher education course changes and closures

### CONSULTATION QUESTION

Would this report structure be sufficiently helpful? Why or why not?

## Annex 8: Guidance on producing an action plan

### Background

Following the Quality Review Visit, each provider must produce an action plan in response to the report's conclusions. The action plan is intended to support the provider in the continuing development of its higher education provision by describing how it intends to take the findings of the Quality Review Visit forward. Once published, the action plan constitutes a public record of the provider's commitment to take forward the findings of Quality Review Visit, and so will promote greater confidence among students and other external stakeholders about the quality assurance of higher education at the provider.

This action plan should be produced jointly with student representatives, or representatives should be able to post their own commentary on the action plan. It should be signed off by the head of the provider and be published on the provider's website. A link to the report page on QAA's website should also be provided.

Each provider will be expected to update the action plan at least annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to the provider's website.

QAA does not specify a template for the action plan because each provider will have its own way of planning after the Quality Review Visit. However, suggested headings are explained in the table below.

Table 8: Action plan suggested headings

Developmental need	Action to be taken	Date for completion	Action by	Success indicators
As identified by the Quality Review Visit team and contained in the Quality Review Visit report.	<p>The provider should state how it proposes to address each of the developmental needs identified from the Quality Review Visit.</p> <p>Actions should be specific, proportionate, measurable and targeted at the issue or developmental need identified by the review team.</p> <p>Multiple actions may be required for each developmental need.</p>	<p>The provider should specify dates for when the actions proposed in the previous column will be completed within the timescale specified by the review team.</p> <p>The more specific the action, the easier it will be to set a realistic target date.</p> <p>Multiple dates may be required for each part of the action.</p>	<p>The provider should identify the person or committee with responsibility for ensuring that the action has been taken.</p> <p>If a person is responsible, the action plan should state their role rather than their name.</p>	<p>The provider should identify how it will know – and how it will demonstrate – that a developmental action has been successfully addressed.</p> <p>Again, if there is a specific action and a clear date for completion, it will be easier to identify suitable success indicators.</p>

## Annex 9: Quality Review Visit appeals process

### What is an appeal?

An appeal is a challenge by a provider against the findings of a Quality Review Visit.

Appeals are submitted under QAA's Consolidated Appeals Procedure. This is an internal process, and is not intended to require legal representation. Submissions are drafted by the appealing provider ('the provider') and submitted to QAA's Head of Governance.

Providers have one week from the despatch of the unpublished final report to indicate their intent to appeal.

An appeal can be lodged only during the two-week submission window which begins on despatch of the unpublished final report.

All providers are eligible to appeal against an unsatisfactory outcome. Providers may choose not to appeal, in which case their outcome is confirmed to the funding body.

Appeals can be submitted on the basis of procedural irregularity, or new material. That is material which was in existence at the time the team made its decision and which, had it been made available before completion of the Quality Review Visit, would have influenced the judgements of the team and there is a good reason for it not having been provided at the time.

It is not possible to appeal on grounds of academic judgement.

Appeals are distinct from complaints. Complaints are an expression of dissatisfaction with services that QAA provides, or actions that QAA has taken. The procedure is not designed to accommodate or consider complaints. Where a complaint is submitted with an appeal, it is stayed until the completion of the appeal procedure, in order that the investigation of the complaint does not prejudice, and is not seen to prejudice, the handling of the appeal.

### Communication

When a provider submits an appeal, contact with any Quality Review Visit reviewers, officers, quality specialists or managers ceases immediately, and the provider's main contacts become the QAA Governance Team. Other QAA staff and reviewers should not enter into any direct communication with the provider after the receipt of an appeal, and should forward any communication that they do receive to the Governance Team.

## Timeline of activity

The standard timeline for this part of the process is given below. Please note that the deadlines in this timeline may be amended to accommodate the Christmas or Easter periods. The precise dates will be confirmed in writing by QAA.

Table 9: Timeline of follow up activity and appeals

Working weeks from on-site visit <sup>13</sup>	Negative outcome No appeal	Negative outcome Appeal
week 0	Provider is given provisional rounded judgements at the end of the on-site visit	
+1 week	Draft report and provisional rounded judgements are moderated Governance Team and relevant funding body advised of any negative outcomes	
+ 2 week	Draft 1 sent to provider and lead student representative (copied to awarding bodies or organisations as relevant)	
+ 4 weeks	Provider and lead student representative comment on factual accuracy, procedural irregularity and new material (incorporating any comments from awarding bodies or organisations)	
+ 5 weeks	Review team consider corrections, procedural irregularity and new material and produces unpublished final report	
+ 6 weeks	Unpublished final report forwarded to provider along with correspondence detailing reason(s) behind accepting/rejecting provider comments	
+ 7 weeks 0 weeks	Provider indicates its intention not to appeal.  No appeal	Provider indicates its intention to appeal. Anything not raised in draft 1 will be inadmissible in an appeal against the unpublished final report  QAA notifies relevant funding body of appeal. <b>Appeal process begins</b>
+ 8 weeks + 1 week	QAA sends final report to relevant funding body	Provider submits appeal documentation and supporting evidence  Appeal reviewer confirmed
+ 9 weeks + 2 weeks		Appeal reviewer decides whether the case should be rejected or referred for consideration to appeal panel
+ 10 weeks + 3 weeks		Provider informed of outcome of preliminary screening  Review team submits their comments on the appeal
+ 11 weeks + 4 weeks		Appeal panel considers all evidence including the review team submission and reaches a collective decision
+ 12 weeks + 5 weeks		QAA notifies relevant funding body of appeal outcome  Appeal outcome and subsequent action reported to the provider by QAA  HEFCE will then make broader regulatory decision and deal with any consequences of this

13 Figures in black are for Quality Review Visit weeks. Figures in blue are for appeal weeks.

# The appeals process in detail

## Appeal intent indicated submitted – week 0

The provider indicates whether it intends to appeal an outcome.

## Appeal submitted – week 1

The provider submits an appeal along with supporting documentation within two weeks of the receipt of the unpublished final report. The appeal submission should be short in length, focused only on the specific reason for appeal and only include directly relevant supporting documentation.

The QAA Governance Team will identify a suitable Quality Review Visit appeal reviewer. This is a trained and experienced Quality Review Visit reviewer who has not had any involvement to date in the particular provider's Quality Review Visit. The provider has the opportunity to notify the Governance Team of any conflicts of interest they feel the assigned independent Quality Review Visit appeal reviewer may have. The appeal reviewer is then confirmed.

## Preliminary screening – week 2

The appeal reviewer will undertake a preliminary consideration of the case. They will decide whether the case should be rejected or referred for consideration by an appeals panel. The appeal reviewer will only reject an appeal where there is no realistic prospect of this being upheld. The purpose of this stage is to ensure that spurious and unsubstantiated appeals are rejected without the need for them to be extensively considered. The threshold for referral is set low because as the procedure is not a legal process there is no need for the provider to evidence their case beyond all reasonable doubt. This promotes accessibility, and ensures that providers can appeal without the need to engage legal advice.

Only eligible matters will be referred to the appeals panel. There is no appeal from, or review of the appeal reviewer's decision. Where the appeal reviewer rejects an appeal, the Governance Team will inform the provider in writing. The Consolidated Appeals Procedure will then end at this point.

Where the appeal reviewer refers the appeal to a panel, the Governance Team will inform the provider in writing.

## Review team response to the appeal – week 3

The Governance Team will notify the provider of the proposed appeal panel. The provider has the opportunity to comment on any conflicts of interest. The Governance Team then confirms the appeal panel.

The appeal submission is forwarded to the review team for their comment. The review team, led by the quality specialist, will compile a collective response.

## The Panel hearing – week 4

The panel will consist of three experienced reviewers, one of whom will act as chair. The hearing is normally conducted as a formal meeting, in person, attended by the panel members and a member of the Governance Team and a clerk. The location and date of the hearing is never disclosed to the provider.

The panel will consider all of the evidence given and will seek to reach a decision on the case in one sitting. The panel will make a collective decision. The Governance Team will record the decision-making process.

## **Appeal outcomes – week 5**

The Governance Team will compile the outcomes of the appeal panels and will present them to the funding body.

The Governance Team will notify the provider of the outcome. Should the provider wish to request further information, the Governance Team will draft a letter to the provider on the panel's behalf, explaining the outcomes and the reasons for the decision. The letter will be no longer than four pages. The letter will be sent to the provider and copied to the funding body within one month of the end of the appeals submission window.

# Consultation questions summary

## Contextual information

The consultation survey can be found at: [www.eventsforce.net/qaa/148/home](http://www.eventsforce.net/qaa/148/home)

- 1.1 Are you responding to this consultation:
  - as an individual?
  - on behalf of a provider/organisation?
- 1.2 Provider/organisation name
- 1.3 Which of the following best describes you?
  - Student representative at your university/college
  - Staff in higher education in a quality-related role
  - Staff in higher education (non-academic)
  - Staff in higher education (academic)
  - Student/prospective student
  - Staff from an awarding body
  - Professional, statutory and regulatory body (PSRB)
  - From a higher education sector body (civil servant)
  - From a higher education sector body (not a civil servant)
  - Other
- 1.4 Other (please specify)

## Initial provider assessment

The draft handbook states (page 14):

The first stage of the Quality Review Visit is an initial desk-based assessment of providers undertaken by QAA to identify the most appropriate approach for each provider's Quality Review Visit. The analysis will draw on a range of sources to:

- determine whether a one-to-one provider briefing is needed
- consider the size of review team and length of visit.

This information will vary from provider to provider and may include:

- the most recent QAA review reports about the provider and the organisations with which it delivers learning opportunities
- the most recent published professional, statutory and regulatory body (PSRB) reports about the provider and the organisations with whom it delivers learning opportunities
- the most recent reports of other quality assessment bodies, including international organisations, about the provider and/or organisations with whom it delivers learning opportunities
- the most recent Ofsted/Education Training Inspectorate inspection reports, or any equivalent reports about the provider and organisations with whom it delivers learning opportunities
- a metrics profile from HEFCE.

For providers with transnational provision, the initial appraisal may include cooperation with the agency in the sending country, including when appropriate, referring to that agency's reviews.



- 2.1 Reflecting on the list above, is there anything else that should be taken into consideration at the initial provider assessment stage?

## **QAA briefings for providers**

The majority of provider briefings will be held via webinar with recordings available to be viewed online at any time following the briefing.

- 3.1 Please highlight the areas that would be most beneficial to cover in these briefings.

## **Provider submission and supporting evidence**

In order to ensure that a provider is able to provide focused and relevant information, there will be a page count and possible section word count applied to the provider submission narrative.

- 4.1.1 What page count do you think sufficiently enables the provider to demonstrate its approach to meeting the baseline regulatory requirements and how it secures standards and quality?
- 4.1.2 Should a provider be required to follow a submission narrative template with word limits?
- Yes
  - No
- 4.1.3 Why or why not?

Providers will need to demonstrate that they have thought carefully about how they plan to secure standards and quality. The additional evidence supplied by the provider should be appropriate to the context of the individual provider and focused tightly on the areas of assessment.

- 4.2.1 Should a minimum standard set of evidence for submission be specified?
- Yes
  - No
- 4.2.2 Why or why not?
- 4.2.3 Should the amount of evidence a provider submits be limited?
- Yes
  - No
- 4.2.4 Why or why not?
- 4.2.5 If yes, in what ways should this review visit method limit the evidence a provider submits?
- 4.2.6 How should this limit be enforced?

## **Use of data in the Quality Review Visit**

- 5.1 Should there be an opportunity for the provider to present additional data?
- Yes
  - No
- 5.2 Why or why not?
- 5.3 What other data should be considered?

## **Judgements**

6.1 Do you agree with the way in which the judgements are worded?

- Yes
- No

6.2 If no, what other wording should be considered?

## **Reporting outcomes**

7.1 Would the proposed report structure be sufficiently helpful?

7.2 Why or why not?

## **Student involvement in Quality Review Visits**

8.1 Should the lead student representative be able to attend provider staff meetings at the on-site visit?

- Yes
- No

8.2 Why or why not?

8.3 Are there any other ways students could be involved in the Quality Review Visit?

## **Reviewer selection**

9.1 Do you agree with the criteria that are to be used when recruiting peer reviewers?

- Yes
- No

9.2 Why or why not?

9.3 Do you agree with the criteria that are to be used when recruiting student reviewers?

- Yes
- No

9.4 Why or why not?