Quality Enhancement Review Handbook

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Introduction 1
Section 1: Delivering both assurance and enhancement 5
Section 2: External reference points and scope of Quality Enhancement Review 8
Section 3: Setting the context in Quality Enhancement Review and agreeing areas of focus and tailored approaches 10
Section 4: Quality Enhancement Review method 17
Section 5: Quality Enhancement Review: judgements and findings 26
Section 6: Reporting 28
Section 7: Review team 31
Section 8: Monitoring and evaluation 34
Annex 1: Definition of key terms 35
Annex 2: Judgement criteria 37
Annex 3: Welsh language 46
Annex 4: The role of the facilitator 47
Annex 5: Student engagement 49
Annex 6: Content of the Self-Evaluative Analysis 52
Annex 7: Content of the Technical Report 55
Annex 8: Appointment, training and management of reviewers 57
Annex 9: Taking account of provider's track record 60
Annex 10: Partial review process 63
Annex 11: Summary of actions following review 65
Annex 12: Review judgement follow up 68

This Handbook is published in both Welsh and English

Introduction

1 This is the first edition of the Quality Enhancement Review Handbook. It sets out the review method that will be applied to regulated Welsh higher education providers from 2017 and succeeds Higher Education Review: Wales.

2 Quality Enhancement Review provides a distinctive approach to institutional review, developed to address the particular context of the Welsh higher education sector. It draws upon the experience of external review in Wales and on QAA's experience of methods used in other parts of the UK and beyond. It supports QAA in its work on behalf of UK higher education to protect the global reputation of UK higher education.

3 Quality Enhancement Review was developed by QAA in consultation with providers in Wales, Universities Wales and ColegauCymru. Early proposals were the subject of face-to-face discussion with representatives of providers; QAA then finalised the Handbook following formal consultation. QAA is grateful to all of these individuals and groups for their time and constructive engagement.

Quality Enhancement Review and the Quality Assessment Framework for Wales

4 Quality Enhancement Review (QER) enables providers' governing bodies to assure themselves, and to provide assurances about quality and standards, as part of the Quality Assessment Framework for Wales (QAF) developed by the Higher Education Funding Council for Wales (HEFCW). Importantly, QER aims both to provide quality assurance and support quality enhancement.

5 QER aligns with the principles of the QAF[1] by:

- recognising the autonomy of higher education providers and the diversity of their missions through a responsive method
- using risk and evidence-based peer review as the foundation of external quality assurance
- recognising the role of students as partners in the implementation of the method and the use of student reviewers
- providing a method that is transparent, flexible, proportionate and delivers value for money
- ensuring the providers are supported to experiment and innovate
- acknowledging the devolved context of higher education providers while applying recognised UK standards.

6 In order to have their Fee and Access Plans approved by HEFCW, providers are required to secure a review at intervals from a body registered on the European Quality Assurance Register (EQAR). In line with a risk-based approach, HEFCW will determine whether any significant changes to a provider should require an earlier full or partial review. Further information is available on HEFCW's website.[2] For further information on the intervals between reviews see Section 6.

[1] Key Features and Principles of the Quality Assessment Framework for Wales, available at: www.hefcw.ac.uk/documents/policy_areas/learning_and_teaching/Key%20features%20and%20principles%20of%20the%20Quality%20Assessment%20Framework%20for%20Wales.pdf (PDF, 101KB).
[2] External Quality Assurance Review (HEFCW), available at: www.hefcw.ac.uk/documents/policy_areas/learning_and_teaching/External%20quality%20assurance%20review.pdf (PDF, 300KB).

7 QER provides an assessment of higher education providers against the European Standards and Guidelines (2015) (ESG)[3] and agreed baseline requirements. It enables providers to have a review from QAA, an organisation on the EQAR that understands the context of higher education in Wales and maintains appropriate Welsh language capacity and commitment.[4]

8 HEFCW will implement the QAF with a developmental year in 2017-18. Details of the review method may change in light of experience during this developmental year.[5] Any revisions to the method take effect from year three, unless providers involved in year two consent to the change taking effect.

Aims and objectives of Quality Enhancement Review

9 The overall aim of QER is to inform a provider's governing body, students and the wider public whether it meets the requirements specified in the QAF, and to encourage improvement; QER has both an assurance and an enhancement function.

10 QER has a range of objectives. In terms of assurance it:

- delivers a clear statement on whether the provider meets the ESG Part 1 for internal quality assurance and baseline regulatory requirements
- provides a suite of assurances, differentiated commendations and recommendations for governing bodies
- ensures the process forms a basis for ensuring action is taken if the management of academic standards or the quality of provision is found to have significant weaknesses.

As a tailored method it:

- provides a review structured around the strategic priorities of the provider and the nature of its student body - and how the two interrelate to define the provider's priorities for enhancing the student learning experience
- provides a clear statement on the provider's strategic approach to the enhancement of the student learning experience
- is efficient, cost-effective and flexible, maximising the benefits of constructive engagement in review and minimising the burden on higher education providers.

In support of quality enhancement and student engagement it:

- promotes holistic, evidence-based self-evaluation by providers and the opportunity to engage in discussion on the outcomes of that self-evaluation with a team of peers
- places a stronger focus on the student-provider partnership
- enables whole-sector enhancement and developmental activity to be conducted, drawing on information about strengths and challenges arising from review.

[3] European Standards and Guidelines, available at: www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf (PDF, 622KB).
[4] QAA has been listed on the EQAR register since 2013.
[5] QAA will consult on any substantive changes.

Judgements and reference points

11 In QER, the review team will make two separate judgements, on whether:

- the requirements of the ESG Part 1 for internal quality assurance are met
- the baseline regulatory requirements of the QAF are met.

The ESG and the agreed baseline regulatory requirements form the key reference points for review, reflecting expectations of the European Higher Education Area and the UK respectively, and thus help ensure review outcomes are recognised beyond the UK. Further information on the baseline regulatory requirements is available in Section 2. Further information on the judgements is available in Section 5.

12 Judgements will be expressed as one of the following:

- meets requirements
- meets requirements with conditions
- does not meet requirements.

Key developments for Quality Enhancement Review

13 The new method marks a significant shift and culture change in a number of respects. In summary, the four main areas of change are that: the method is grounded in the needs of higher education in Wales; it seeks to confirm rather than re-test baseline requirements; it places greater emphasis on enhancement and the impact of initiatives in practice for students; and it has better negotiated elements to meet the particular needs of individual providers.

14 The starting point has been the policy context of Wales and the needs of the higher education sector and students in Wales. Where a provider has a demonstrable track record[6] in meeting the requirements of the UK Quality Code for Higher Education (the Quality Code) the primary focus is on enhancement, with the approach designed to confirm rather than re-test baseline requirements and expectations. Providers will summarise what has changed since its previous review and provide evidence of the effectiveness of changes (through a 'Change Report'). This should be accompanied by evidence for the rationale behind changes and how the provider has evaluated, or plans to evaluate, the effectiveness of recent changes.

15 QER focuses in the nature of each provider: its size and scale, the nature and range of its provision, the nature of its student population, its strategic direction, and its own critical assessment of its strengths and areas for development. The approach aims to take full advantage of peer review by enabling constructive dialogue between the review team and the provider during the review. This approach enables QER to be used to test and explore how a provider is responding to the drivers from the Welsh Government. These changes enable providers to maximise the value of the exercise to the institution and to the sector, building on and acknowledging the importance placed on evidence-based self-evaluation.

16 In line with the QAF, the method is designed to be flexible so that governing bodies are able to place additional requirements on the process in light of the provider's mission and strategy if they so wish.[7] It is designed to provide for both the review needs of

[6] This is defined as two successful QAA reviews, such as reviews against UK higher education expectations. For providers that have merged, this track record can include the reports of the predecessor institution.
[7] Negotiated and additional elements of review may incur additional costs.

established providers with a track record and those developing their record; it is designed to be adaptable to suit both large universities and further education providers that deliver higher education as only a small element of their portfolio.

17 QER introduces a number of changes in the external review process in Wales, many of which relate to enabling providers to tailor and contextualise the review to their needs. Throughout its development, providers expressed support for the method placing a greater focus on enhancement. The design of this method strengthens the focus on enhancement by encouraging critical self-evaluation and discussion of, and how, providers use information and feedback to shape their strategic plans to enhance the student learning experience. It places a far greater emphasis on constructive dialogue with peer reviewers around areas of strength and challenges. The approach will continue championing student engagement at all stages. Review teams will explore the role of students and students' views in creating the priorities and plans for enhancement within the provider, in addition to their involvement in preparing of the Self-Evaluative Analysis for the review.

18 The changes include:

- a Self-Evaluative Analysis (SA) and Change Report as the only specific documentation prepared by established providers
- a review against a wider range of requirements as set out by HEFCW (see Section 2)
- discussions about the scope and focus of the review at an early stage with the QAA Officer responsible for the review
- a greater focus on the future and on enhancement (see Section 1)
- a one-day First Team Visit (instead of 1.5 days)
- a move to a separate Outcome Report for a general audience, together with a more detailed Technical Report aimed at the provider.

19 There will be greater flexibility in reviews in a number of respects:

- the size and composition of the QER team can be varied to fit the institutional context, with 3-5 reviewers
- the duration and scope of the Review Visit can be adjusted
- in addition to the SA, providers with an appropriate track record will prepare and submit a Change Report (see Section 3), while those without an appropriate track record will need to produce a full mapping of the provider's policies and practices against the ESG Part 1 and other baseline requirements in Wales
- a Prior Information Pack provides reviewers with access to key evidence
- the opportunity to agree the way in which the review team will engage students in the review process (see Section 3)
- case studies are not required, although providers may submit them if they wish.

Section 1: Delivering both assurance and enhancement

Defining enhancement

20 QAA defines enhancement as using evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience. Enhancement will take place at multiple levels within the provider and in a range of ways. Enhancement may involve continuous improvement and/or more significant step-changes in policy and practice to improve the student learning experience. It may involve whole-provider change or innovation at programme or departmental level.

21 QER has a focus on how higher education providers use the information and evidence available to shape their strategic approach to enhancement, and is particularly interested in the provider's strategic intentions and its plans in light of its current and planned future student profile (taking account of the full diversity of the student population, location, modes and levels of study). QER explores the impact of the provider's strategic approach to quality enhancement, including how any changes in the student population may affect it. For example, if the provider intends to expand its postgraduate research student population, QER will explore the steps taken by the provider to apply its enhancement strategies to this expanded area of provision, and how its postgraduate research population enhances the learning environment.

22 This focus on enhancement should be reflected in the self-evaluation, especially the principal sections on enhancing the student learning experience and supporting the enhancement of learning and teaching (see Annexes 6 and 7).

A self-evaluative approach

23 Enhancement involves evaluation and strategic intention and it is expected that the provider will have a clear strategic vision and leadership for enhancement and the changes it seeks to bring about. It is expected that this will be informed by a culture that promotes evaluative practice in quality assurance processes, and the provider's evaluation of the effectiveness of its implementation of earlier plans, its current strengths and areas for development. In doing so, the provider may make use of a framework of questions.

- Where are we now?
- Where do we want to be in the future?
- How are we going to get there?
- How will we know when we get there?

24 The provider's approach to critical self-evaluation will form a significant focus in QER, since this is how a provider can demonstrate that it has a reflective quality culture that evaluates strengths, and identifies and addresses potential risks to quality or academic standards. In focusing on enhancement, providers identify ways in which the student learning experience could be improved, whether or not quality or standards are at risk, purposefully striving to deliver and maintain excellence, enable innovation and respond effectively to develop an enhancement culture.

25 An enhancement-orientated approach recognises the need to adapt and change as the wider social, economic, technological and policy context changes, and as the nature and diversity of the student population changes. The need to change may be prompted by identifying areas of weakness or opportunities for development, but it is vital to stress that 'improvement' in the context of enhancement is predicated upon the assumption that excellence in the dynamic context of higher education is continually evolving and enhancement is part of a culture of reflection, innovation and change.

26 In QER, the provider prepares a specific SA that summarises for the review team its approach to enhancement and its plans. It is expected that the SA will be concise and evidenced (this is covered in more detail in Section 3). QAA expects that providers undertake evaluative activity on an ongoing and routine basis so that submitting evidence alongside the SA will not involve the development of new supporting documents. QER will explore the range and overall effectiveness of those ongoing and routine evaluative activities.

Enhancement, evidence, innovation and risk

27 Fundamental to enhancement is the management of change. Enhancement involves using evidence to make decisions about planned changes and evidence to evaluate the effectiveness of initiatives. It means doing new things or doing established things in different ways. A key element for providers will be the ability to identify and manage the risks associated with change. QER supports providers in adopting an ambitious approach to their enhancement activity. It encourages innovation and promotes managed risk taking. Reviewers will be interested in how students have been engaged in enhancement decisions, and in introducing and evaluating change.

Student engagement in enhancement

28 Student partnership is one of the principles of the QAF, and the effectiveness of working in partnership with students in quality assurance and quality enhancement is a significant focus of QER. Partnership implies an equal relationship, based on mutual respect, between the student and the provider, working towards a common experience and respecting the different skills, knowledge, expertise and capability that both students and the provider bring to the table. In quality enhancement, it has become established practice that students should be partners in the formulation, implementation, operation and evaluation of a provider's approach. This approach to partnership is reflected in the statement by Wise Wales on Partnership for Higher Education in Wales, which was developed in collaboration with the Welsh higher education sector and endorsed by Universities Wales and Colleges Wales on behalf of higher education providers.[8]

29 QAA expects that students have opportunities to work in partnership with their higher education provider to actively shape and co-produce their education and learning provision, rather than merely receiving it passively. This partnership takes the form of the effort that students put into their learning as well as their work as members of decision-making bodies and deliberative structures at course, departmental and institutional levels.

30 QER will explore the extent and effectiveness of how the provider works in partnership with it students. Review teams will also be interested in the approach providers take to engaging students in their own learning.

National priorities

31 Welsh higher education providers continue to have a strong focus on national priorities. The extent to which a review team explores a provider's approach to national priorities in QER will be agreed early in the process. This could involve exploring responses to national economic needs, regional and community needs, or to the HEFCW Higher Education Strategy for Wales, to the implementation of policies such as the creation of a

[8] Partnership for Higher Education in Wales (Wise Wales), available at: www.hefcw.ac.uk/documents/policy_areas/learning_and_teaching/Wise_eng2.pdf (PDF, 124KB).

tertiary education system or sustainability and well-being. In addition, review teams will include a reviewer working in, or with recent experience of, the Welsh higher education sector.

Comparability of Quality Enhancement Review in the UK and internationally

32 Although the QER method is particular to the Welsh sector, it provides opportunities for comparability between methods and providers. Comparability with the rest of the UK is provided through a range of mechanisms, including:

- the use of agreed UK-wide reference points
- reviewers being drawn from across the UK
- broad comparability of outcomes with those in QAA's review methods in other parts of the UK.

33 International comparability is provided through:

- QAA's place on the EQAR and as a full member of the European Association for Quality Assurance in Higher Education (ENQA)[9]
- providers' use of international reference points in formulating and evaluating strategy and practice, including the ESG
- engagement of QAA Officers with networks and agencies working in other countries.

[9] This confirms that QAA meets Part 3 of the ESG, and that its methods align with Part 2 and test providers' alignment with Part 1.

Section 2: External reference points and scope of Quality Enhancement Review

External reference points

34 As part of identifying its strategic approach to enhancement and evaluating its current policy and practice, the provider is expected to make use of a variety of external reference points. Some of these reference points will be common to all Welsh providers, such as the Credit and Qualifications Framework for Wales and Welsh language requirements. Some reference points will be UK-wide[10], such as the Quality Code, and others will be international, such as the ESG.

35 While providers have flexibility to identify the full suite of reference points that are relevant to their strategic vision, context and student population, there are a number of specific key references that Welsh higher education providers are expected to address. These are the baseline regulatory requirements of the QAF.

36 Currently, the baseline regulatory requirements of the QAF include:

- the Quality Code, including The Framework for Higher Education Qualifications in England, Wales and Northern Ireland (FHEQ)
- the Higher Education Code of Governance, the Code of Good Governance for Colleges in Wales or other equivalent designated governance code
- the expectations of consumer law as expressed through the Competition and Markets Authority guidance
- Office of the Independent Adjudicator good practice framework for handling complaints and appeals
- the provider's strategy for its higher education provision
- the Credit and Qualifications Framework for Wales
- Welsh language requirements.

37 QAA recognises that higher education providers operate in a dynamic environment in which the possible suite of key reference points is evolving. Review teams will consider the extent to which the provider has systematic arrangements for:

- identifying the reference points that are most relevant to the provider's strategic direction and student population
- identifying changes in the key reference points, and updating institutional policy and practice accordingly
- using these reference points in setting, managing and evaluating institutional strategy, policy and practice.

[10] Established in 2016, the UK-wide Standing Committee for Quality Assessment provides UK-wide oversight of the baseline regulatory requirements. Further information is available at: www.hefcw.ac.uk/documents/policy_areas/learning_and_teaching/BRR%20publication%20for%20web%20final.pdf (PDF, 332KB).

Scope of Quality Enhancement Review

38 The scope of QER includes all of the provider's higher education provision, that is, programmes of study leading ultimately to awards or credit at levels 4-8 of the FHEQ. This includes integrated foundation year programmes designed to enable entry to specified degree programme(s)[11] and higher-level apprenticeships that lead to awards on the FHEQ.

39 QER is concerned with the learning experience of all higher education students irrespective of their level, mode or location of study. This will include undergraduate and postgraduate students; taught and research students; full-time and part-time students, including those involved in credit-bearing continuing professional development; and campus-based, work-based and distance-learning students. It will include students entering the provider through the full variety of routes and pathways. It will include home, European and international students, irrespective of funding.

40 The scope of QER includes collaborative provision wherever and however it is delivered, such as through a further education college, a branch campus, or employer organisation. Responsibility for the academic standards of awards offered through such arrangements remains unambiguously with the awarding body or awarding organisation. Where provision is made in conjunction with an overseas partner, QER will relate to the arrangements in place in the Welsh provider for managing the quality of the student learning experience and the academic standards of the awards. Welsh providers will continue to participate in review of their transnational education (TNE) and related activity organised by QAA from time to time if it applies to their provision. The outcomes from that work will inform QER reviews.

41 QER has a focus on the student learning experience. This comprises two main aspects:

- the learning opportunities the provider makes available for its students together with the support provided to enable them to take fullest advantage of those learning opportunities
- the extent to which the provider engages students in the management and enhancement of quality, and so enables them to participate in the effective management of the student learning experience.

42 QER considers how effectively a provider responds to the nature of its student population. This will include the arrangements for identifying and responding to the diversity of students and their needs, and how this relates to their mission or strategic objectives.

[11] It may be necessary to use other external reference points in addition to the Quality Code to set academic standards for the foundation year element. If the foundation year element is free-standing and does not have a direct relationship with a specified higher education programme it is not covered by the Quality Code but may be subject to other regulatory requirements.

Section 3: Setting the context in Quality Enhancement Review and agreeing areas of focus and tailored approaches

43 QER provides the opportunity for the review to place most focus on the areas of most benefit and strategic importance. The provider should begin its preparation with a holistic evaluation of its strategy, policy and practice in relation to quality assurance and enhancement and move on to identify the areas of focus for the review. It should reflect on its response to the last QAA review. The identification of the areas of focus will be evidenced and strategic.

44 The provider will discuss the areas it wishes to focus on in its review with the QAA Officer managing the review. These discussions will begin at an early stage in the provider's preparations so that the areas of focus can inform the composition of the review team and enable QAA to tailor the review to the particular needs and priorities of the provider.

45 The provider will set out and evaluate the areas of focus in the SA it submits to the review team. The First Team Visit provides the first opportunity for the provider and the review team to discuss those decisions.

46 Where there is good reason, review teams may request further information on additional areas (for example further evidence to support the review judgements).

47 The intention is that the tailored focus ensures the provider gains optimal value from its QER both in the preparatory evaluation and through the Review Visits, as it allows the review to be responsive to the nature of the provider, including the composition of its student population and its strategic priorities.

48 The table below sets out how the main stages in preparing for review and how tailoring operates in QER.

Stage in process	**Information**	**How we use this information**
Early liaison with QAA/Preparatory Meeting	Size and scale of the provider: • how many study/delivery locations • scale of collaborative activity (if applicable) • range and complexity of provision (for example, work-based learning). Provider's views on composition and characteristics of the review team Providers'/students' views on the approach to student engagement Nature of previous review outcomes and evidence of the effectiveness of the response	Informs composition of the review team (size and any characteristics/expertise that the provider wishes to see reflected in team) Informs early identification of areas of focus Helps ensure that necessary information is provided to enable the review team to form robust judgements

	Any significant changes in strategy, student population or other key context since the previous review, or planned	
Review preparation: drafting the SA and Change Report; collating supporting documents	Outcomes of previous review: evidence of the effectiveness of the response Reflection and evaluation on reports to HEFCW on quality Evaluation of student feedback: National Student Survey (NSS) outcomes, internal surveys, student participation in decision-making and institutional processes Evaluation of the outcomes from programme monitoring and review as well as accreditation activity from professional, statutory and regulatory bodies (PSRBs) Evaluation of the outcomes of external examiners reports ESG-mapping highlighting good practice and challenge points Evaluation of information including NSS, Higher Education Statistics Agency data sets and other statistical information, including those used in the Teaching Excellence Framework (TEF)	Informs provider's self-evaluation leading to its view of its quality and enhancement priorities, and therefore the key focal points of the review Institutions will find it important to engage with students on the focal points for review Reviewers will be interested in what the provider learns from its analysis of the range of available information. How has this affected (or how will it affect) the provider's strategy, policy and/or practice?
Final SA and Change Report	**Both established and non-established providers:** • set out the areas for focus and rationale for the review team in the SA • identify areas of strength in the SA • identify in the SA challenges/development areas and describe what is planned and what is underway, with an indication of their level of priority/timescale for action • provide all supporting documents in the Prior	The review team uses this to: • engage with the nature of the provider and its choice of the main focal points of the review • discuss these as part of the First Team Visit

	Information Pack **Established providers:** • submit a Change Report **Non-established providers:** • analyse and describe their engagement with baseline regulatory requirements and the ESG	
First Team Visit	For the review team to deepen their understanding of the provider.	Enables the review team to identify: • the focal points for the review • any further specific information or evidence it requires to ensure it can form robust judgements

The Self-Evaluative Analysis, Change Report and Prior Information Pack

Self-Evaluative Analysis

49 The Self-Evaluative Analysis should mirror the headings of the technical report, with greatest stress on the particular areas of focus the provider has chosen to emphasise. The SA should act as a demonstration of the provider's capacity for self-reflection and critical evaluation, including reflection on its response to its last QAA review. The SA should be evidence-based, and include the evidence, or make reference to the evidence, on which the provider bases its analysis. QAA expects providers to involve students in preparing the SA, and to identify the nature and impact of that involvement within the text of the SA.

50 QAA asks providers to summarise the areas of focus in the SA. These topics are likely to include current strategic initiatives, areas of challenge and areas of good practice. In all cases, the provider should make the supporting evidence explicit. The emphasis on areas of focus means that the team should be able to adopt the provider's selection of topics, provided there is adequate information to support the judgement areas and the decisions behind the areas of focus are adequately evidenced.

51 Case studies are not a compulsory part of the review method but providers may submit information in case study format if they wish.

52 More information on the content of the SA is set out in Annex 6.

Student engagement

53 The views of students are of vital importance to reviews, as they inform teams of the effectiveness of providers' management of higher education. Student participation is not mandatory but is highly significant. If a provider is unable to engage students in the review process, it must be able to demonstrate its considerable attempts to engage them. Providers should, in any case, provide information on how they collate and use students'

views, for example through the NSS or internal processes, and how they work in partnership with students to respond to those.

54 Under QER, the participation of students in the process can be adapted to suit the nature of the provider and its students. QAA recognises that not all providers have a formal students' union and expects providers to engage with their student body regardless of how it is constituted.

55 QAA expects providers and their students to work in partnership in their joint preparation for review. Students will therefore normally be fully involved in the preparation of the SA and Change Report, and engage staff in the preparation of any student contribution(s). Only students can choose how they contribute to the review. There are four methods through which they might do this in the preparatory stages of QER:

- develop and submit a separate student submission based on the same broad areas and headings as the SA and to the same timescale
- provide a series of commentaries or vignettes as part of the SA
- develop a fully integrated approach to the SA - a joint SA will need to be clearly signed off by a representative of the student body as representing their intended contribution
- agree one or more student-led case studies that are submitted alongside the SA.

56 Students can use a combination of these methods to contribute. Submissions from students do not have to be in written format - they can be in audio or video formats too.[12] However students contribute to these preparatory stages, QER assumes that providers engage students as partners in the process. QAA makes no interpretation or judgement of the quality of a provider's partnership with students based on how students choose to engage with the review process. QAA expects to meet students and student representatives as part of the Preparatory Meeting to understand how the provider and students intend to work together in their preparation for the review, and to agree the nature of the student contribution to the written evidence base for the review. The provider should also agree the areas of focus for the review in partnership with students.

Change Report

57 Providers with a track record of two or more successful QAA reviews will be asked to produce a Change Report. This will enable providers to outline changes in how they meet or respond to baseline regulatory requirements and other external reference points (most significantly the ESG), especially those that have changed since their last review. They should:

- provide an account of how baseline requirements and other external reference points that have not been covered in previous QAA reviews are met
- describe their response to changes in pre-existing baseline requirements and other external reference points
- describe any changes in how they meet pre-existing baseline requirements and other external reference points since the last review (typically including their response to the last QAA review)
- describe the impact of these changes in practice.

[12] QAA's secure electronic systems that host review documents limit the size of some audio and video files. This might mean an audio/video submission needs to be separated into smaller files before it is submitted. QAA will share guidance on audio/video files sizes and formats at the Preparatory Meeting.

58 The Change Report uses the previous review as a starting point to summarise a provider's changes in its approach to meeting baseline requirements and other external reference points, especially with regard to the ESG. It should be accompanied by evidence of how changes are working in practice. For instance, if a provider has changed how it conducts periodic programme reviews, it would outline the change, its rationale, and reflect on the effectiveness of the change. Where an Expectation of the Quality Code has been revised, it would indicate how it is responding to the revised Expectation. The assurance statements from governing bodies would likely form part of the evidence base that support the Change Report, along with existing documentation on decision-making and reporting related to the change.

59 Change Reports should be self-evaluative and evidence-based. The Change Reports should provide an evidenced mapping of the provider's policies and practices against new or revised baseline requirements. Review teams may seek additional information from the provider if necessary in order to inform judgements.

60 The Review team use the Change Report throughout the review process as a starting point for understanding how the provider engages with the ESG and the baseline regulatory requirements. The review team will scrutinise the Change Report to confirm the continuing soundness of a provider's practice and would raise any points for clarification on the changes at the First Team Visit.

61 New or less established providers would be required to provide a more detailed self-assessment against the ESG and baseline requirements in Wales. We define new or less established providers as those with less than two successful previous QAA reviews or equivalent reviews against the Quality Code. Further information on these requirements is available in Annex 9.

62 This will only be where there is no evidence to suggest academic standards are at risk or academic quality is inadequate or likely to become so. Sources of evidence that suggest quality or standards may be at risk could be provided by HEFCW or could arise from other review processes. Risk in this context includes the risks resultant on significant change (such as merger, significant expansion or other major strategic changes) and does not necessarily indicate or imply that there is a problem.

Prior Information Pack

63 The provider submits a Prior Information Pack (PIP) that provides the supporting evidence for the SA and Change Report 12 weeks before the Review Visit. This gives the review team direct access to information about the provider's key processes for securing academic standards and assuring quality at an early stage in the review. It enables the review team to see how the provider's key processes function in practice and supports the team's ability to reach the threshold judgements. Having this information at an early stage allows more time during the Review Visits for discussions relating to quality enhancement.

64 The SA and Change Report must identify evidence to illustrate or substantiate the narrative - it is not the responsibility of the review team to seek out this evidence. Exercise discernment and include only evidence that is clearly germane.

65 The precise suite of information to be included in the Prior Information Pack will reflect the content of the SA and Change Report. Aligned appropriately to commentaries within the SA and/or the Change Report, the Prior Information Pack provides the review team with existing documentation that covers:

- a mapping of the provider's policies and practices to the ESG
- the provider's mission and strategic plan
- HEFCW annual assurance statements for the period since the previous review[13]
- illustrative examples of quality procedures in practice, including programme approval reports, annual monitoring reports and periodic programme review reports from the preceding 12 months
- the consideration at institution level of reports from external examiners
- the consideration at institution level of student feedback and views
- other key strategies relating to the student learning experience and updates on the progress of the strategies
- information on the provider's relationship with its student body, such as student charters, relationship/partnership agreements, and annual student statements (if available)
- documents illustrating how the provider engages with hard-to-reach students
- agreements with degree-awarding bodies and/or awarding organisations, where applicable
- policy, procedures and guidance on quality assurance and enhancement (this may be in the form of an academic manual or regulations, or code of practice)
- an organisational diagram of the deliberative and management structure to illustrate how responsibilities for the assurance of quality and standards are organised - this should indicate both central and local (that is, school/faculty or similar) bodies
- update of the collaborative provision, including a current register of collaborative provision
- a list of programmes that are accredited by a PSRB, the PSRB in question, date of last visit, and accreditation status
- a list of the Welsh language standards that apply to the provider.

66 The table below provides a summary of the items required 12 weeks before the Review Visit.

For providers with track records	Change Report as described in paragraphs 57-62
For providers without track records	Full mapping of the provider's policies and practices against the ESG Part 1 and the baseline requirements for Wales as described in paragraphs 58 and 61 (see also Annex 9)
For both	Self-Evaluative Analysis: • providing an evaluative commentary on the areas of focus for the review agreed between QAA and the provider • outlining provider's enhancement approach and its plans Prior information pack - evidence for the Change Report and SA The students' contribution

[13] QAA will explore with the HEFCW which documents it may be able to obtain through an information sharing agreement after the developmental year.

Additional document requests

67 The review team may need additional documentation at the First Team Visit or the Review Visit. The nature of this will depend to some extent on the provider's contextualisation and the team's explorations, but should be specific and reasonable.

Section 4: Quality Enhancement Review method

Section 4a: Key participants

The role of students

68 Students are among the main beneficiaries of QER and are at the heart of the review process. Student reviewers are full and equal members of review teams. The student representative body will have a key role by supporting students' engagement in the review and are invited to nominate a Lead Student Representative.

69 Students may also have input to the process by:

- meeting with QAA Officers at the Preparatory Meeting
- nominating a Lead Student Representative, who is involved throughout
- preparing the student contribution to the review
- contributing their views directly
- participating in meetings during the Review Visit
- helping to develop and implement the action plan after the review.

Lead Student Representatives

70 Higher Education Review (Wales) showed that the role of Lead Student Representative (LSR) made a valuable addition to the external review process. Where possible, QER encourages students to nominate a LSR; the student representative body should nominate the LSR. It is possible for two student representatives to share the LSR role and for providers to keep the QAA Officer informed if that is the case. The role of the LSR is voluntary.

71 We recognise that it may not be possible to keep the same LSR for the duration of the whole review process. We ask that the student representative body and the provider work together to ensure that any handover happens between student representatives as early on in the process as possible and that the QAA Officer is kept informed of any changes to the LSR. When students' unions involve their staff in the review process to support the LSR, they can provide continuity between, and handover to, new LSRs.

72 LSRs will normally:

- liaise with the facilitator to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body
- organise or oversee the writing of any student submission or contribution
- assist in the selection of students to meet the review team
- meet with the review team during the visits
- ensure continuity of activity throughout the review process
- coordinate comments from the student body on the draft review report
- work with the provider in developing an action plan as a result of the review and its findings.

73 If it is not possible for students to identify an LSR, and in their absence, QAA expects to meet students and student representatives at each key stage of the review process.

74 QAA provides advice and guidance for LSRs at the Provider Briefing and Preparatory Meeting ahead of the review, which will include advice on the review process

and the national context in which it takes place. It also expects higher education providers to support the LSR by helping them to understand the significance of their role and how the student contribution adds value to the review process. We expect higher education providers to give administrative and logistical support to the work of LSRs as appropriate. More information about the role of students is available in Annex 5.

Facilitators

75 Providers are invited to nominate a single member of staff to facilitate the review by liaising closely with the QAA Officer to ensure the organisation and smooth running of the review process, and to work closely and supportively with the LSR. During Review Visits, the facilitator is expected to:

- provide the review team with advice and guidance on the provider's structures, policies, priorities and procedures
- meet the QAA Officer and the LSR, and possibly also members of the review team, outside the formal meetings to provide or seek further clarification about particular questions or issues
- help to direct reviewers to information or locate the information they are seeking to help make the process as time efficient as possible.

76 The facilitator helps to provide a constructive interaction between all participants in the review process. This promotes effective working relationships, and helps to avoid any misunderstandings on either side, and lost time and effort, by directing reviewers to information or sourcing it as speedily as possible. QAA provides advice and guidance for facilitators at the Provider Briefing and Preparatory Meeting ahead of the review. More detailed information about the role of the facilitator is available in Annex 4.

Reviews of those without degree awarding powers

77 Providers without degree awarding powers that are being reviewed in their own right may wish to involve their awarding bodies or other awarding organisations in the review process. They might, for example, assist in the preparation of mapping documents or the SA, or supporting the facilitator or LSR, or attend Review Visits. The extent of the involvement of awarding partners should be decided in discussion with the review team. Where providers do not have degree awarding powers, the QER will focus on the responsibilities delegated to the provider under review under its arrangements with awarding partners, and its management of its relationships with awarding bodies.

78 Review teams are pleased to meet the representatives of awarding partners during Review Visits. Occasionally, review teams may encourage them to attend particular meetings, where they believe it is likely to aid their understanding of the provider's responsibilities. Such attendance is optional, since the review process focuses on the responsibilities of the provider under review.

79 It is the responsibility of providers under review to keep their awarding partners informed of progress and to make any requests for support. The only correspondence QAA will copy to awarding partners is that associated with the draft and final reports.

80 QAA review draws on information from any of its review processes and on other information available from conducting its reviews. The outcome of a review of one party in a partnership may form part of the information base for the review of the other party. For example, if good practice is identified in the QER of a college that delivers higher education in further education, working in partnership with a university, a review team may look to see how the higher education institution has sought to learn from the good practice.

Managing higher education provision with others

81 The Higher Education (Wales) Act 2015 places a duty on all regulated providers to assure the quality of provision delivered in its name. The Quality Code, *Chapter B10: Managing Higher Education Provision with Others* applies to any form of collaboration between providers of higher education.[14]

82 QER considers all provision in a single process. This may involve review teams meeting staff and students from partners, delivery organisations or support providers in person, or by video or teleconference to explore if and how all provision meets the ESG and the baseline regulatory requirements. This may involve partners that have been engaged in other QAA activities, as the baseline requirements for Wales and this review method differ from those used in other QAA processes.

83 Where a partner is also reviewed by QAA in its own right, QER will focus on the responsibilities of the provider being reviewed.

Administration of the process

84 QAA appoints an Officer to coordinate and manage each review. The Officer is responsible for establishing close and constructive working relationship with providers.

85 The QAA Officer will be present throughout the QER visits, but will not direct the team's deliberations or influence its conclusions and findings. The QAA Officer's overarching role is to ensure that the review process is conducted according to this method handbook. Their other roles are to:

- facilitate communication between facilitator, LSR and the review team
- manage logistics
- chair review team meetings
- edit the review report and coordinate its production
- liaise with the provider in relation to any follow-up activities (see Annex 12).

Welsh language provision

86 In planning, conducting and reporting on reviews in Wales, QAA is committed to treating the Welsh and English languages as equal, and taking into account the requirements and expectations of Welsh language standards. For further information, see Annex 3.

Section 4b: The method process

87 The first contact that the provider will have with QAA about its review occurs normally 18 months before the start of the Review Visit. QAA will ask the provider for information to help schedule the review, including dates of the academic year and major exam periods, and its register of collaborative arrangements (if any). This will enable QAA to write back with the dates and schedule for the review activities.

88 QER has a number of interrelated elements:

- Provider Briefing
- Preparatory Meeting and identification of early themes for review

[14] The Quality Code, *Chapter B10: Managing Higher Education Provision with Others*, available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-b.

- preparation of the Self-Evaluative Analysis and Change Report
- production of the Prior Information Pack
- First Team Visit
- Review Visit
- published reports.

89 Between the meetings and Visits, the QAA Officer is available to offer advice and guidance on request.

The Provider Briefing

90 The Provider Briefing takes place a year before the Review Visit and enables QAA to provide a high-level overview of the method. The Briefing will take place by webinar hosted from a QAA office. Delegates may travel to a QAA office to participate if they prefer.

91 Principally, it enables the provider to explore with QAA how it would like to contextualise and tailor the review. Institutions will need to have discussed the tailoring requirements with their governing body prior to this meeting. See Section 3 on review contextualisation.

92 The Provider Briefing is also the first opportunity for the QAA Officer to meet the Facilitator and LSR. QAA will invite the provider to indicate at this stage if they wish any elements of the review conducted through the medium of Welsh.

The Preparatory Meeting

93 The Preparatory Meeting typically takes place six months before the Review Visit and enables QAA to provide a detailed discussion on the method and associated logistical requirements with the Facilitator and LSR, and administrators supporting both of them in their roles. The QAA Officer will attend the meeting, which will take place at the provider's premises to clarify its scope, answer questions about methodology, and confirm what information needs to be made available.

94 The meeting will cover how to prepare the SA, which should be supported by documentary evidence already in existence for internal quality management purposes, rather than on material prepared specially for the review. This approach will make it easier for the review team to understand the provider's systems and gather information quickly and effectively. Further detail on the SA is provided below and in Annex 6.

95 The meeting will include a discussion with student representatives about their intended contribution to the review. The student submission, if they wish to provide one, should describe what it is like to be a student at the provider under review, and how students are engaged in decision-making and quality assurance processes at the provider. We encourage students that contribute to the review to make use of relevant national datasets, such as those publicly available on Unistats, and other data available from the provider.[15]

96 After the Preparatory Meeting, the provider will have a maximum of 14 weeks to upload its SA, Change Report, Prior Information Pack and the student contribution to the QAA secure electronic folder. QAA will provide details of how to do this at the Preparatory Meeting.

[15] Unistats website: www.unistats.com.

Documents shared with QAA

97 The provider first begins sharing its document and evidence base for the review 12 weeks before the Review Visit. It uploads the SA, Change Report and Prior Information Pack to QAA's secure electronic site alongside the students' contribution to the review. This enables reviewers to begin their analyses and preparations for the First Team Visit.

First Team Visit

98 The First Team Visit involves the whole review team and the QAA Officer attending the provider for a single day of meetings with agreed groups of staff and student representatives. The review team will normally arrive at its accommodation on the day before the review is due to start. Their First Team Visit will therefore begin early on in the day.

99 The main focus of the First Team Visit is to explore the scope of the review, specifically to determine whether the reviewers think it necessary to consider any matters that the provider had not included in its contextualised SA or in the Prior Information Pack. It will also enable the team to identify any extra documentation needed, and draw up a programme for the Review Visit.

100 The First Team Visit will take place four weeks before the Review Visit and is likely to involve three meetings with colleagues from the provider. There will be a working meeting with the main contact from the provider, who is likely to be the provider facilitator. The review team will meet with a group of student representatives, likely to include the LSR, a key aim of which will be to establish the students' views of the focal points for the main Review Visit. There will be a further meeting with a group of staff involved at the discipline level.

101 In general, we do not expect the facilitator and LSR to be present at the team's private meetings, but we do expect the team to have regular contact with them during the Review Visit. The facilitator and LSR can also suggest informal meetings to alert the team to information it might have missed. QAA expects to see a productive relationship, helping the review team to speedily access information that enables it to come to robust and clear findings.

Review Visit

Confirmation of the Review Visit schedule

102 Within no more than two working days after the First Team Visit the QAA Officer will provide the Review Visit schedule to the provider, alongside a note of the themes to be explored during the main Review Visit, and a list of any further documentation the team would like to access. We will ask the facilitator to arrange meetings with those whom the review team wishes to meet. The QAA Officer will liaise with the LSR to ensure that the student groups the team wishes to meet will be available.

The Review Visit

103 The review team will normally arrive at its accommodation on the evening before the review is due to start. Their work will therefore begin first thing on day one of the review.

104 The main Review Visit will last between three and five days, depending on the themes emerging from the SA and First Team Visit. During the Review Visit, the review team will consider a range of the provider's documentation and hold meetings with staff and students and/or representatives of the diverse student body, including taking into consideration the views of students with protected characteristics. The Review Visit will address the matters raised by the contextualisation evidence and the range of meetings will

depend on the provider's strategic priorities and the review's areas of focus; the Review Visit will therefore not be the same for every review.

105 As with previous review methods, the review team will have regular contact with the facilitator and LSR during each day of the visit to enable them to clarify evidence, themes or provide information. The facilitator and LSR can also suggest informal meetings if they want to alert the team to information that might be useful.

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

107 The schedule will include a final meeting between the team and senior staff of the provider, the facilitator and the LSR. This will be an opportunity for the team to summarise the major themes and issues that it has pursued (and may still be pursuing). The intention will be to give the provider a final opportunity to offer clarification and/or present evidence that will help the team come to its judgements and findings.

108 QAA expects reviewers to draft structured notes using a template for the Technical Report as the main Review Visit progresses. Reviewers share these notes with the QAA Officer at the end of the visit to underpin discussions on the final day.

109 On the final day of the visit, the review team meets with the QAA Officer in order to agree:

- the judgements
- an outline of the commentary on each section of the report
- the commended activity
- recommendations for action by the provider
- affirmations of courses of action that the provider has identified.

More detail about the criteria that teams use to make judgements is provided in Annex 2.

110 At the end of the final day, the QAA Officer provides the facilitator and LSR with non-binding oral feedback.

111 One week after the visit, the QAA Officer provides an early draft of the Outcome Report.

112 This table summarises the review process and timings for QER, including reporting.

Timing	Activity	Comments
Normally 18 months before start of review	QAA asks provider for preferred dates for First Team Visit and Review Visit • Provider completes pro forma on collaborative arrangements • QAA confirms dates of Preparatory Meeting, uploading, First Team Visit and Review Visit • QAA identifies QAA Officer	

12 months + before visit: Provider Briefing	• Initial briefing of provider and reviewers • Provider nominates their facilitator and LSR	Provider Briefings may combine a number of providers into a single meeting or webinar
Approximately 36 weeks before start of review	• QAA confirms members of the review team • QAA confirms date of Preparatory Meeting for the facilitator and LSR	QAA will invite providers to identify conflicts of interest with proposed team members before confirming a team
Approximately 26 weeks before start of review: Preparatory Meeting	Meeting for the QAA Officer, facilitator and LSR QAA Officer discusses broad themes with the provider including student engagement and its views on the review team's composition and size The provider reports any major changes to collaborative arrangements	To provide a detailed briefing on the method and visit Early themes for the review come from: • previous review outcomes • the institution's strategy (for example, key changes in student population, mode of delivery) • the institution's analysis of its data (including what it's learning from NSS, TEF) • students' views/voice, for example topics in the partnership agreement or equivalent
12 weeks prior to the Review Visit	The provider submits a contextualised SA (based on the early themes identified for the review), Change Report and Prior Information Pack, which addresses the broader scope of review method Students provide their contribution to the review	The Prior Information Pack includes mapping against the ESG The SA includes a rationale for the areas of focus
9 weeks prior to the Review Visit and 5 weeks prior to the First Team Visit	The QAA Officer provides a draft schedule for the First Team Visit to be agreed with the provider The QAA Officer provides a list of further documents request by the review team	

6 weeks before Review Visit and 2 weeks prior to the First Team Visit: document upload	The provider uploads the documents requested by the review team to QAA's secure electronic review site	
4 weeks before Review Visit: First Team Visit	First Team Visit - a single day at the provider involving meetings with a predetermined set of colleagues and student representatives	The purpose of this visit is to: • consider the scope of the review, specifically to determine whether the reviewers think it necessary to explore any matters that the provider has not included in its areas of focus as identified in the SA or in the Prior Information Pack The gap between the First Team Visit and the Review Visit enables the provider to supply additional information on the small number of topics the team might identify The outcome of the visit is to: • agree the duration of the Review Visit • draft the programme for that visit • note any additional information the team would like to receive in advance of the Review Visit QAA provides these outcomes to the provider within 1-2 working days after the First Team Visit rather than at the end of the Visit itself
2-3 weeks before main Review Visit	The provider submits any additional material requested at the First Team Visit	
Review Visit	Up to five days at the provider	Will involve meetings with staff, students, and potentially with awarding partners, employers, external examiners, or other key institutional stakeholders

		There will be a feedback meeting to share with the provider the team's provisional judgements before they depart
1 week after Review Visit	QAA informs provider and LSR of the provisional judgements and findings in the draft outcome report	
4 weeks after Review Visit	QAA sends the Outcome and Technical Report to provider and LSR for comment	
7 weeks after Review Visit	Provider and LSR identify factual errors in the report QAA finalises report	
10 weeks after Review Visit	QAA translates and publishes report QAA sends information on use of its Quality Mark to applicable providers	
18 weeks after Review Visit	Provider publishes action plan Providers can publish their action plan before 18 weeks if they wish	• Action plan developed in consultation with its student body • Action plans relating to unsatisfactory judgements should be agreed with QAA in advance of publication

Section 5: Quality Enhancement Review: judgements and findings

113 QER provides a portfolio of outcomes for individual providers and the Welsh higher education sector as a whole, as follows.

- A clear judgement on whether the provider meets the requirements of the ESG, and baseline regulatory requirements.
- A clear statement on the provider's strategic approach to the enhancement of the student learning experience.
- The opportunity for each provider to carry out a holistic evaluation of its policy and practice along with the opportunity to have that self-evaluation peer-reviewed and to receive evidence-based feedback on the provider's approach to securing academic standards and enhancing the student learning experience.
- An intelligence base on which to build a programme of development and enhancement activity across the higher education sector.

114 Review judgements are formed on the basis of the review team:

- reading and considering the provider's SA, the Prior Information Pack, student contribution, and any related material
- discussing topics with staff and students during the Review Visits
- analysing and reflecting on those documents and discussions.

115 The judgements are based on the balance of probability, supported by the sample of information available to the review team at the time of the review. Review teams make decisions according to the framework provided in Annex 2.

116 Colleges with higher education that deliver programmes in collaboration with awarding bodies and awarding organisations typically only have responsibility for the maintenance of academic standards, instead of the setting and maintenance of academic standard. QAA will take this into account when making judgements, assessing the provider against only the applicable requirements. The QAA Officer can clarify what these are at the Preparatory Meeting.

Quality Enhancement Review judgements

117 In QER the review team will make two separate judgements, on whether:

- the requirements of the ESG Part 1 for internal quality assurance are met
- the baseline regulatory requirements of the QAF are met.

118 HEFCW will consider, after the QAF developmental year in 2017-18, whether to introduce a judgment on enhancement.

119 Judgement will be expressed as one of the following:

- meets requirements
- meets requirements with conditions
- does not meet requirements.

120 Where a provider receives a judgement of 'meets requirements with conditions', the conditions attached to the judgement will clarify the issues involved.

121 The judgements 'meets requirements with conditions', and 'does not meet requirements' require follow-up action to complete the review.

Differentiated outcomes

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

Findings

123 The review team will identify features of good practice as **commendations**. Commendations will automatically be passed to QAA's good practice case study programme (or equivalent future scheme) for showcasing.

124 The review team will **affirm** developments already in progress.

125 Review teams will make **recommendations** for action. Recommendations indicate the urgency with which the team thinks the provider should address the matter. The nature of a recommendation may have an impact on the judgement, as outlined in Annex 2. For instance, the team may indicate that a provider address a recommendation within three months, or before the start of the next academic year, or before any further students are recruited to a programme, and so on. QAA expects providers to take note of these deadlines when they construct their action plan after the review (see paragraph 135).

126 Definitions of these findings are available in Annex 1.

Section 6: Reporting

127 In light of feedback from providers, QAA will write reports for both lay audiences and quality assurance professionals. Each QER will result in two types of report: Outcome Reports and Technical Reports. QAA will publish all reports on its website.

128 The QAA Officer ensures that the review team supports its judgements and findings with adequate and identifiable evidence, and that the review report provides information in a succinct and accessible form. QAA retains editorial responsibility for the final text of the report. QAA will continue to moderate reports to ensure review teams consistently apply the guidance on developing judgements.

129 Four weeks after the Review Visit, QAA will share both draft reports with the provider and the LSR. It invites both parties to identify any errors, or errors of interpretation within three weeks; parties are not invited to respond to the content of the report or the evidence base.

Outcome Reports

130 Outcome Reports are the main reports in the QER method. They are concise and aimed at an informed lay audience such as students and members of the public. They provide an executive summary of the Technical Report. Outcome Reports:

- set out the review judgements and findings
- include a statement on the provider's approach to the enhancement of the student learning experience
- provide outline information about the nature of the provider.

Technical Reports

131 A Technical Report will set out the evidence underpinning the Outcome Report. The QAA Officer will ensure that adequate evidence supports all findings. They are written primarily for the provider that was reviewed, and they may also be of interest to quality assurance contacts at other providers and key agencies within the sector.

132 Technical Reports:

- are structured around the main areas of enquiry within QER
- include a statement of the review team's view in relation to each area, accompanied by an indication of the main supporting evidence for that view
- highlight good practice and areas in which the provider is being asked to take action
- set out the basis for the review judgements.

133 The headings to be covered by Technical Reports are set out in Annex 7. The report will be finalised after receipt of the corrections and published on the QAA website after a further three weeks.

Wider reporting

134 QAA will seek to publish commendations as good practice case studies but this is not a formal part of reporting on the review. QAA will undertake thematic analyses to draw out lessons from a suite of reviews. This will inform enhancement events and activities for the sector in Wales as a whole.

Action planning, sign-off and follow-up

135 Approximately eight weeks after the report has been published the provider publishes an action plan, signed off by the head of the provider, addressing QAA's recommendations and affirmations, and explaining how it will capitalise on the commendations. QAA expects providers to develop the action plan jointly with student representatives. The action plan is posted to the provider's public website, with links to its report page on the QAA website. Action plans developed in response to judgements of 'meets requirements with conditions' or 'does not meet requirements' must be agreed with QAA in advance.

136 In line with the risk-based approach of the QAF, the nature of action planning, sign off and follow-up depends on outcomes as defined in the table below.

		Judgements requiring follow-up	
Judgements	Judgements of 'meets requirements' in both judgement areas	Any judgements of 'meets requirements with conditions'	Any judgements of 'does not meet requirements'
Follow-up activity	Provider publishes an action plan and the review is signed off as complete Provider addresses review findings in collaboration with students and reports to its governing body, updating the action plan annually until all actions have been completed, and posting the updated plan to its website	Provider is subject to HEFCW's 'Inadequate Quality Processes Prior to Intervention'[16] Provider agrees an action plan with QAA and its students before publishing it - QAA will evaluate through follow-up activity whether the action plan has been implemented within 12 months of the publication of the review outcome If the action plan has been successfully implemented, QAA will upgrade the judgement(s) to 'meets requirements' and publish an amendment to the original report detailing the follow-up activity If the action plan has not been successfully implemented, QAA will maintain the original judgement(s) and publish an amendment to the original report detailing the follow-up activity - the provider will then be subject to HEFCW's 'Statement of Intervention'[17] The review is signed off as complete when the provider has completed the follow-up activity regardless of the outcome	

[16] Inadequate Quality Processes Prior to Intervention (HEFCW Circular W16/05HE Annex C), available at: www.hefcw.ac.uk/documents/publications/circulars/circulars_2016/W16%2005HE%20Annex%20C%20Inadequate%20Quality%20Processes%20Prior%20to%20Intervention.pdf (PDF, 96KB).
[17] Statement of Intervention (HEFCW), available at: www.hefcw.ac.uk/working_with_he_providers/he_wales_act_2015/statement_of_intervention.aspx.

Interval before next review required[18]	Further external quality assurance review required at least every six years	Further external quality assurance review required within four years, even if the judgement has been upgraded through follow-up activity	Further external quality assurance review required within two years, even if the judgement has been upgraded through follow-up activity

Background information on this table is available on the HEFCW website.[19]

137 Only providers with a judgement of 'meets requirements' in both judgement areas qualify for use of the QAA Quality Mark; this includes providers that have had their judgement(s) upgraded. The provider may place the Quality Mark on the homepage of their website, and on other documents, as a public statement of the outcome of their review. QAA will send through an approved copy of the Quality Mark, together with terms and conditions.

Full follow-up

138 Where a review team makes any judgement(s) of 'meets requirements with conditions' or 'does not meet requirements' there is a programme of follow-up activity, following the publication of the report and the action plan. The purpose of this is to address the areas that have received either of these judgements. Flowcharts summarising actions following review are available in Annex 11 and a description of the process is available in Annex 12.

Complaints and appeals

139 QAA has a process for considering complaints about its own operation and services. It also has a process for considering appeals against judgements. Details can be found on the QAA website.[20]

[18] Governing bodies may commission reviews more frequently if they choose.
[19] External Quality Assurance Review (HEFCW), available at: www.hefcw.ac.uk/documents/policy_areas/learning_and_teaching/External%20quality%20assurance%20review.pdf (PDF, 300KB).
[20] Information on how to make a complaint or appeal to QAA is available at: www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions.

Section 7: Review team

Allocating reviewers to teams

140 In QER the precise composition of the review team is flexible and should address the nature of the provider and the scope of the review, in line with contextualisation (see Section 3).

141 QAA reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision, which may include the management and/or administration of quality assurance. Student reviewers are recruited from among students or sabbatical officers who have experience of contributing, as a representative of students' interests, to the management of academic standards and quality. Annex 8 provides more information about reviewers and the membership of review teams.

142 Normally, there are four reviewers in QER or three reviewers where the provision is small. Where the provider has a significant number of collaborative arrangements for its education provision the size of the team may be increased to five members. At least one reviewer is, or has been, a member of academic staff at another provider in the UK, one will have knowledge and experience of the Welsh higher education sector, and at least one is a current or recent student. At least one will have worked as an academic and there may be a reviewer with a background in higher education professional support services. Where requested, at least one reviewer will be able to conduct business through the medium of Welsh. In reviews of higher education in further education colleges, at least one reviewer will have experience of working in the higher education in further education sector.

143 An international reviewer can bring an added external perspective to the review team's consideration of the provider's approach to quality assurance and the enhancement of the student learning experience. International reviewers are expected to have a range of knowledge and experience that will benefit the provider, the process, and the higher education sector, including comparative international knowledge and experience. International reviewers are senior peers, selected from appropriate higher education providers or related agencies. Their selection to a review team is informed by their expertise and experience, with the aim of achieving a suitable match to the strategic approach and enhancement priorities of the provider.

144 The maximum team size is six. Following discussion with QAA, providers can opt to request any of the following additional members of their review team:

- an international reviewer or an international student reviewer (an additional fee applies)[21]
- an additional UK student reviewer
- additional UK-based academic reviewers or professional support staff reviewers.

145 A QAA Officer will coordinate the review, support the review team and act as the primary point of contact with the provider.

[21] Adding an international review will incur a cost to the provider; this is not a fixed cost but the combination of attendance at training, reviewer fees (where there is an additional member of the team) and travel costs.

Reviewer role

146 Reviewers are responsible for gathering and analysing information during the Review Visits but the conclusions are evidence-based and represent the collective view of the whole review team.

147 All reviewers have responsibility for:

- reading and analysing the SA, the Change Report and the Prior Information Pack
- participating in the Review Visits
- reaching conclusions on the basis of the information gathered during the review
- contributing to and commenting on the review reports.

148 Student reviewers bring a learner's perspective to reviews. Their responsibilities during reviews are likely to focus on lines of enquiry relating to the provider's management of the student learning experience, including the learner journey, and student engagement.

149 The QAA Officer has responsibility for maintaining an overview of the review progress and its outcomes. They have particular responsibility for proactively managing the review and the review team. This will involve:

- liaising with QAA throughout the review and with the provider during the Review Visits
- facilitating the review team's identification and evaluation of the key themes to be explored during the review
- ensuring alignment between the key themes and the Technical Report headings (these are set out in Annex 7)
- ensuring the review team has access to appropriate documents during the visits
- maintaining a record of the review team's decisions, and its discussions with staff and students
- supporting the review team in identifying the evidence on which its views and conclusions are based.

150 Reviewers are responsible for preparing draft text to cover particular sections of the Technical Report. All reviewers have responsibility for supporting the QAA Officer in editing the review reports, providing additional information and evidence as necessary.

Selection criteria for reviewers

151 All members of review teams are selected by QAA according to the criteria identified in Annex 8.

152 QAA seeks student reviewer nominations from students' unions and higher education providers. Student reviewers are eligible to undertake reviews for as long as they continue to meet the selection criteria, in particular provided it is not more than three years since they undertook study in a higher education provider.

153 International reviewers are drawn from outside the UK. Welsh higher education providers are invited to nominate one or more international reviewers to the reviewer pool. In addition, QAA seeks nominations through its contact with providers and relevant organisations in other countries.

154 QAA considers nominations from all UK higher education providers for reviewers and student reviewers. Every Welsh higher education provider is encouraged to nominate at least one candidate for each role.

Quality Enhancement Review reviewer training

155 All QER reviewers, including those trained in other review methods, are required to undertake QER training. QAA expects reviewers to participate in continuing development and reviewer events as appropriate. QAA may target training and continuing development to specific groups of reviewers, such as students or international reviewers.

156 Prior to participating in a QER, reviewers are required to attend the Provider Briefing, a one-day event.

Section 8: Monitoring and evaluation

Purpose and principles of monitoring and evaluation

157 QAA monitors the operation of QER on an ongoing basis, and undertakes regular evaluation of the effectiveness of the method. This is intended to:

- support QAA in delivering the method effectively
- inform the ongoing development of the method in the wider context of the QAF.

158 Monitoring and evaluation activity should:

- be regular and timely
- ensure higher education providers and reviewers can provide structured feedback
- support the training and continuing development of reviewers
- encourage active reflection and dialogue on the design and development of the method to ensure it continues to be fit for purpose.

Monitoring and evaluation

159 Monitoring and evaluation activities encompass all stages of the review process:

- the Provider Briefing
- preparation for review
- the First Team Visit
- Review Visits
- judgement and reporting arrangements
- follow-up reports and related activities (if applicable).

160 QAA invites all those engaging in QER to be involved in the monitoring process: the provider, LSR, reviewers, and the QAA Officer responsible for managing the review. QAA seeks feedback through monitoring questionnaires, which it asks all participants in QER to complete. The questionnaires seek comment on operational aspects of the review as well as broader questions relating to the effectiveness of the method. Information gathered through the monitoring questionnaires is accumulated to inform the wider process of evaluation.

161 Building on this monitoring activity, QAA evaluates the effectiveness of QER in achieving its objectives as an enhancement-led review method within the wider perspective of the QAF.

162 The findings from monitoring and evaluation activity help to inform the training and development provided for reviewers to ensure that they are effectively prepared and supported in undertaking their roles. It may also inform the future development of the QAF.

Annex 1: Definition of key terms

What do we mean by academic standards?

The Quality Code, *Part A: Setting and Maintaining Academic Standards* sets out QAA's definitions and Expectations about setting and maintaining threshold academic standards that all higher education providers are required to meet.

Academic standards are the standards set by degree-awarding bodies for their courses (programmes and modules) and expected for their awards.

Threshold academic standards are the minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic award. Threshold academic standards are set out in the national qualifications frameworks, qualification characteristic statements and Subject Benchmark Statements.

Threshold academic standards are distinct from the standards of performance that a student would need to achieve to gain any particular class of award. Threshold academic standards do not relate to any individual award classification in any particular subject. They dictate the standard required to be able to label an award, for instance, foundation degree, bachelor's degree or master's degree. The primary focus of the Quality Code, Part A is on how threshold academic standards are set and maintained.

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

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

In determining how well providers manage the threshold academic standards of awards, review teams will expect to see awards aligned to the qualification descriptors set out in the qualifications frameworks, and account to be taken of any relevant qualification or Subject Benchmark Statement(s).

What do we mean by academic quality?

The Quality Code, Part B: Assuring and Enhancing Academic Quality sets out the Expectations about assuring and enhancing academic quality that all higher education providers are required to meet.

Academic quality is defined as a comprehensive term referring to how, and how well, higher education providers manage teaching and learning opportunities to help students progress and succeed.

What is a commendation?

Review teams may commend practice that they identify as a process or way of working that makes a particularly positive contribution to the student learning experience within the context of the provider.

What is an affirmation?

An affirmation is recognition of an action arising from the effective use of a provider's own quality procedures that is already taking place in a provider to improve a recognised weakness or inadequacy related to the judgement areas.

What is a recommendation?

Review teams make recommendations where they agree that a provider should consider changing a practice, policy or a process in order to: safeguard academic standards; assure the quality of, or take deliberate steps to enhance the learning opportunities it provides for students; or to ensure that the information it produces for its intended audiences is fit for purpose, accessible and trustworthy.

Annex 2: Judgement criteria

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

…meets requirements	**…meets requirements with conditions**	**…does not meet requirements**
All, or nearly all, applicable requirements and/or standards have been met.	Most applicable requirements and/or standards have been met.	Several applicable requirements and/or standards have not been met or there are major gaps in one or more of the applicable expectations.
Requirements and/or standards not met do not, individually or collectively, present any serious risks to the management of this area. Recommendations may relate, for example, to: • minor omissions or oversights • a need to amend or update approaches that will not result in major structural, operational or procedural change • completion of activity that is already underway in a small number of areas that will allow the provider to meet the expectations more fully • the provider's approach to enhancement.	Requirements and/or standards not met do not present any serious risks. Some moderate risks may exist that, without action, could lead to serious problems over time with the management of this area. Recommendations may relate to: • weakness in the provider's approach to requirements and/or standards • weakness in the provider's approach to enhancement • insufficient emphasis or priority given to assuring standards or quality • quality assurance procedures that, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied • problems that are confined to a small part of the provision.	Requirements and/or standards not met present serious risk(s), individually or collectively, to the management of this area, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe. Recommendations may relate to: • ineffective approach to requirements and/or standards • ineffective approach to enhancement • significant gaps in policy, structures or procedures relating to the provider's assurance of quality or standards • breaches by the provider of its own quality assurance procedures.

…meets requirements	…meets requirements with conditions	…does not meet requirements
There are examples of good practice. Student engagement in the management of this area is widespread and supported. Managing the needs of students is a clear focus of the provider's strategies and policies in this area. The provider has acknowledged the need for action in its review documentation or during the review **and** has provided clear evidence of appropriate action being taken within a reasonable timescale. There is evidence that the provider is fully aware of its responsibilities for assuring quality and standards and no serious problems are envisaged to develop. Previous responses to external review activities provide confidence that areas of weakness will be addressed promptly and professionally.	Plans that the provider presents for addressing identified problems before or at the review are underdeveloped or not fully embedded in the provider's operational planning, and could lead to a serious problem over time without action. The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues. However, previous responses to external review activities suggest that it will take the required actions and provide evidence of having done so, as requested.	Plans for addressing identified problems that the provider may present before or at the review are not adequate to rectify the problems, or there is very little or no evidence of progress. The provider has not recognised that it has major problems, or has not planned significant action to address problems it has identified. The provider has limited understanding of the responsibilities associated with one or more key areas of the requirements and/or standards or may not be fully in control of all parts of the organisation. The provider has repeatedly or persistently failed to take appropriate action in response to external review activities.

Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)

The Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) were adopted by the Ministers responsible for higher education in 2005 following a proposal prepared by the European Association for Quality Assurance in Higher Education (ENQA) in cooperation with the European Students' Union (ESU), the European Association of Institutions in Higher Education (EURASHE) and the European University Association (EUA).

Since 2005, considerable progress has been made in quality assurance as well as in other Bologna action lines such as qualification frameworks, recognition and the promotion of the use of learning outcomes, all these contributing to a paradigm shift towards student-centred learning and teaching.

Given this changing context, in 2012 a process to update the guidelines began with the intention of improving their 'clarity, applicability and usefulness, including their scope'. This resulted in a revised set of guidelines in 2015. This new version reflects a consensus among all the organisations involved on how to take forward quality assurance in the European Higher Education Area (EHEA).

The full guidelines and related information are available on the ENQA website.[22]

The standards and guidelines for quality assurance in the EHEA comprise three parts, of which Part 1 is relevant to providers:

- Part 1: Standards and guidelines for Internal Quality Assurance.

The following text is an extract from the 2015 edition of the ESG, and the numbering of the headings is as contained in the original document.

[22] Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), available at: www.enqa.eu/index.php/home/esg.

1 Standards and guidelines for internal quality assurance

1.1 Policy for quality assurance

Standard:
Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

Guidelines:
Policies and processes are the main pillars of a coherent institutional quality assurance system that forms a cycle for continuous improvement and contributes to the accountability of the institution. It supports the development of quality culture in which all internal stakeholders assume responsibility for quality and engage in quality assurance at all levels of the institution. In order to facilitate this, the policy has a formal status and is publicly available.

Quality assurance policies are most effective when they reflect the relationship between research and learning and teaching and take account of both the national context in which the institution operates, the institutional context and its strategic approach. Such a policy supports:

- the organisation of the quality assurance system
- departments, schools, faculties and other organisational units as well as those of institutional leadership, individual staff members and students to take on their responsibilities in quality assurance
- academic integrity and freedom and is vigilant against academic fraud
- guarding against intolerance of any kind or discrimination against the students or staff
- the involvement of external stakeholders in quality assurance.

The policy translates into practice through a variety of internal quality assurance processes that allow participation across the institution. How the policy is implemented, monitored and revised is the institution's decision.

The quality assurance policy also covers any elements of an institution's activities that are subcontracted to or carried out by other parties.

1.2 Design and approval of programmes

Standard:
Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

Guidelines:
Study programmes are at the core of the higher education institutions' teaching mission. They provide students with both academic knowledge and skills including those that are transferable, which may influence their personal development and may be applied in their future careers.

Programmes:

- are designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes
- are designed by involving students and other stakeholders in the work
- benefit from external expertise and reference points
- reflect the four purposes of higher education of the Council of Europe (cf. Scope and Concepts)
- are designed so that they enable smooth student progression
- define the expected student workload, e.g. in ECTS
- include well-structured placement opportunities where appropriate[23]
- are subject to a formal institutional approval process.

1.3 Student-centred learning, teaching and assessment

Standard:
Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

Guidelines:
Student-centred learning and teaching plays an important role in stimulating students' motivation, self-reflection and engagement in the learning process. This means careful consideration of the design and delivery of study programmes and the assessment of outcomes.

- The implementation of student-centred learning and teaching
- respects and attends to the diversity of students and their needs, enabling flexible learning paths
- considers and uses different modes of delivery, where appropriate
- flexibly uses a variety of pedagogical methods
- regularly evaluates and adjusts the modes of delivery and pedagogical methods
- encourages a sense of autonomy in the learner, while ensuring adequate guidance and support from the teacher
- promotes mutual respect within the learner-teacher relationship
- has appropriate procedures for dealing with students' complaints.

Considering the importance of assessment for the students' progression and their future careers, quality assurance processes for assessment take into account the following:

- Assessors are familiar with existing testing and examination methods and receive support in developing their own skills in this field
- The criteria for and method of assessment as well as criteria for marking are published in advance
- The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved. Students are given feedback, which, if necessary, is linked to advice on the learning process
- Where possible, assessment is carried out by more than one examiner
- The regulations for assessment take into account mitigating circumstances
- Assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures
- A formal procedure for student appeals is in place.

[23] Placements include traineeships, internships and other periods of the programme that are not spent in the institution but that allow the student to gain experience in an area related to their studies.

1.4 Student admission, progression, recognition and certification

Standard:
Institutions should consistently apply pre-defined and published regulations covering all phases of the student 'life cycle', e.g. student admission, progression, recognition and certification.

Guidelines:
Providing conditions and support that are necessary for students to make progress in their academic career is in the best interest of the individual students, programmes, institutions and systems. It is vital to have fit-for-purpose admission, recognition and completion procedures, particularly when students are mobile within and across higher education systems.

It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner. Induction to the institution and the programme is provided.

Institutions need to put in place both processes and tools to collect, monitor and act on information on student progression.

Fair recognition of higher education qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning, are essential components for ensuring the students' progress in their studies, while promoting mobility. Appropriate recognition procedures rely on:

- institutional practice for recognition being in line with the principles of the Lisbon Recognition Convention
- cooperation with other institutions, quality assurance agencies and the national ENIC/NARIC centre with a view to ensuring coherent recognition across the country.

Graduation represents the culmination of the students' period of study. Students need to receive documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

1.5 Teaching staff

Standard:
Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

Guidelines:
The teacher's role is essential in creating a high-quality student experience and enabling the acquisition of knowledge, competences and skills. The diversifying student population and stronger focus on learning outcomes require student-centred learning and teaching and the role of the teacher is, therefore, also changing (cf. Standard 1.3).

Higher education institutions have primary responsibility for the quality of their staff and for providing them with a supportive environment that allows them to carry out their work effectively. Such an environment

- sets up and follows clear, transparent and fair processes for staff recruitment and conditions of employment that recognise the importance of teaching
- offers opportunities for and promotes the professional development of teaching staff

- encourages scholarly activity to strengthen the link between education and research
- encourages innovation in teaching methods and the use of new technologies.

1.6 Learning resources and student support

Standard:
Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

Guidelines:
For a good higher education experience, institutions provide a range of resources to assist student learning. These vary from physical resources such as libraries, study facilities and IT infrastructure to human support in the form of tutors, counsellors and other advisers. The role of support services is of particular importance in facilitating the mobility of students within and across higher education systems.

The needs of a diverse student population (such as mature, part-time, employed and international students as well as students with disabilities), and the shift towards student-centred learning and flexible modes of learning and teaching, are taken into account when allocating, planning and providing the learning resources and student support.

Support activities and facilities may be organised in a variety of ways depending on the institutional context. However, the internal quality assurance ensures that all resources are fit for purpose, accessible, and that students are informed about the services available to them.

In delivering support services the role of support and administrative staff is crucial and therefore they need to be qualified and have opportunities to develop their competences.

1.7 Information management

Standard:
Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

Guidelines:
Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system.

The information gathered depends, to some extent, on the type and mission of the institution. The following are of interest:

- Key performance indicators;
- Profile of the student population;
- Student progression, success and drop-out rates;
- Students' satisfaction with their programmes;
- Learning resources and student support available;
- Career paths of graduates.

Various methods of collecting information may be used. It is important that students and staff are involved in providing and analysing information and planning follow-up activities.

1.8 Public information

Standard:
Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to-date and readily accessible.

Guidelines:
Information on institutions' activities is useful for prospective and current students as well as for graduates, other stakeholders and the public. Therefore, institutions provide information about their activities, including the programmes they offer and the selection criteria for them, the intended learning outcomes of these programmes, the qualifications they award, the teaching, learning and assessment procedures used, the pass rates and the learning opportunities available to their students as well as graduate employment information.

1.9 On-going monitoring and periodic review of programmes

Standard:
Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

Guidelines:
Regular monitoring, review and revision of study programmes aim to ensure that the provision remains appropriate and to create a supportive and effective learning environment for students.

They include the evaluation of:

- The content of the programme in the light of the latest research in the given discipline thus ensuring that the programme is up to date
- The changing needs of society
- The students' workload, progression and completion
- The effectiveness of procedures for assessment of students
- The student expectations, needs and satisfaction in relation to the programme
- The learning environment and support services and their fitness for purpose for the programme.

Programmes are reviewed and revised regularly involving students and other stakeholders. The information collected is analysed and the programme is adapted to ensure that it is up to date. Revised programme specifications are published.

1.10 Cyclical external quality assurance

Standard:
Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

Guidelines:
External quality assurance in its various forms can verify the effectiveness of institutions' internal quality assurance, act as a catalyst for improvement and offer the institution new perspectives. It will also provide information to assure the institution and the public of the quality of the institution's activities.

Institutions participate in cyclical external quality assurance that takes account, where relevant, of the requirements of the legislative framework in which they operate.

Therefore, depending on the framework, this external quality assurance may take different forms and focus at different organisational levels (such as programme, faculty or institution).

Quality assurance is a continuous process that does not end with the external feedback or report or its follow-up process within the institution. Therefore, institutions ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

Annex 3: Welsh language

QAA is committed to treating the Welsh and English languages equally in our work in Wales. All documentation relating to the QER is produced in both languages, as are all review reports.

For reviews of providers in Wales, we seek to recruit bilingual reviewers and review managers. Our advertising and recruitment process actively supports this objective.

In any review of higher education providers in Wales, we acknowledge the right of any person to use the medium of Welsh and the right of any bilingual reviewer to speak in Welsh. We will normally seek to agree the use of the translation facilities existing within a provider and will provide our own interpretation or translation facilities where that is not possible.

We ensure that in the initial review planning meetings, the QAA Officer identifies the language preferences expressed by the provider and individual participants for the conduct of the review, determining what elements of the review process are to be conducted in Welsh, and making arrangements for translation where all participants are not bilingual.

Providers may submit their self-evaluation document and any other documentation in both languages at their discretion.

Following agreement about which elements of the review will be conducted bilingually we will make arrangements for, and meet the costs of, providing simultaneous translation of those review proceedings that we have agreed to conduct bilingually.

We acknowledge that the extent to which Welsh and English are routinely used varies between providers. We respect these differences and seek to appoint bilingual review managers to facilitate the smooth operation of the review process in providers where Welsh is extensively used.

Annex 4: The role of the facilitator

The provider is invited to appoint a facilitator to support the review. The role of the facilitator is intended to improve the flow of information between the team and the provider. The facilitator should be a member of the provider's staff that can best fill the role described below; it is not necessary for the facilitator to be a senior member of staff.

The role of the facilitator is to:

- act as the single and primary contact for the QAA Officer during the preparations for the review
- work with the LSR to facilitate the sharing of data between the provider and the student body in order that the student submission may be well informed and evidenced
- act as the primary contact for the review team during the Review Visit
- provide advice and guidance to the team on the SA and any supporting documentation
- provide advice and guidance to the team on the provider's structures, policies, priorities and procedures
- provide advice and guidance to the team on if and how the provider wishes to engage in the review in the medium of Welsh or English
- be able to promptly access and supply information requested by the review team during the review visit
- keep an updated list of evidence presented to the review team throughout the review, to be confirmed by the QAA Officer
- ensure that the provider has a good understanding of the matters raised by the review team
- meet the review team at the team's request during the review, to provide further guidance on sources of information and to clarify matters relating to the provider's structures, policies, priorities and procedures
- develop an effective working relationship with the LSR to ensure that the student representative body is informed of, and understands, the progress of the review.

The facilitator is not present at the review team's private meetings but will meet the team regularly on an informal basis. This working relationship is intended to improve communications between the provider and the team and enable providers to gain a better understanding of the team's lines of enquiry.

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

The facilitator works with the LSR to ensure that the student representative body is fully aware of the review process, its purpose and students' role within it. Facilitators should be available and accessible to the LSR to provide them with support when needed. Where appropriate, and in agreement with the LSR, the facilitator might also provide guidance and support to student representatives when preparing the student submission and for meetings with the review team.

Appointment and briefing

The person appointed as facilitator must possess:

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

Protocols

The role requires the facilitator to observe objectively, to communicate clearly with the team, and to establish effective relationships with the QAA Officer and the LSR. The facilitator should not act as an advocate for the provider. However, the facilitator may legitimately:

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

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

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

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

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

Annex 5: Student engagement

Students are among the main beneficiaries of QER and are, therefore, central to the review process. In every review there are many opportunities for students to inform and contribute to the review team's activities, as follows.

The Lead Student Representative

The role of the LSR is to allow student representatives to play a central part in the review. The LSR will normally oversee the production of a student submission if they wish to submit one or students' contribution to the review. If possible, QAA would like to work with the LSR to select the students that the review team will meet. We know that it might not be possible to designate the LSR very early in the process.

It is up to the student representative body to decide who should take on the role of LSR. The person selected might be an officer from a students' union, a member of a similar student representative body, one of the course representatives, the education officer, or equivalent. Where no student representative body exists, the provider should seek a volunteer from the broader student body.

To allow for differing circumstances (for example if the LSR studies part time) we are flexible about the time commitment required of the LSR. The role could be a job-share or team effort, as long as it is clear who the point of contact is.

QAA expects the provider to provide appropriate operational and logistical support to the LSR and, in particular, to share relevant information or data to ensure that the student submission is well informed and evidence based.

We recognise that it may not be possible to keep the same LSR for the 18-month duration of the whole review process. We ask that the student representative body and the provider work together to ensure that any handover happens between student representatives as early on in the process as possible and that QAA is kept informed of any changes to the LSR.

The LSR is normally expected to:

- receive copies of key correspondence from QAA
- organise or oversee the writing of the student submission
- help the review team to select students to meet
- advise the review team during the Review Visit, on request
- attend the final review meeting
- liaise internally with the facilitator to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body
- comment on the draft review report on behalf of the students
- coordinate the students' input into the action plan.

The LSR is permitted to observe any of the team's meetings with students but this is not a requirement. For the first time in QAA's reviews, LSRs are also permitted, with agreement, to attend the team's meetings with staff, and the final meeting on the last or penultimate day of the Review Visit.

The student contribution to QER

There are four ways students might contribute to the preparatory stages of QER:

- develop and submit a separate student submission based on the same broad areas and headings as the SA and to the same timescale
- provide a series of commentaries or vignettes as part of the SA
- develop a fully integrated approach to the SA
- agree one or more student-led case studies that are submitted alongside the SA.

The function of the student contribution 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 contribution should aim to represent the views of the breadth and diversity of students. It should draw on existing information, such as results from student surveys and recorded outcomes of meetings with staff and students. It should not be necessary to conduct surveys especially for the student contribution.

We encourage students to use national datasets, including Unistats, to ensure the contribution is supported by robust and comparable information. The Unistats 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; students may wish to comment on these, or they might find the information useful to support a point they wish to make.

The student contribution should not name or discuss the competence of individual members of staff. It should not discuss personal grievances. It should also seek to avoid including comments from individual students who may not be representative of a wider group.

Students' submissions

QAA encourages students to work in partnership with their institution and to agree the ways the student voice is captured for the review team. Evidence from students informs the review team's investigations during the Review Visit.

Any student submission is usually a written document but can take alternative forms, such as video, presentations or podcasts. The submission can take the form of case studies or be a full separate submission. For full guidance on alternative student submissions, please refer to QAA's *Guidance on Alternative Student Submissions.*[24] The submission should be concise and should provide an explanation of the sources of evidence that informed its comments and conclusions.

The separate student submission must include a statement of how it has been compiled and by whom, and the extent to which its contents have been shared with and endorsed by other students. It may be based on our optional template,[25] which provides prompts and poses questions to guide the development of content. How case studies are chosen and shared with the wider student body should be clear. Case studies can be about particular local approaches that are valued by students or about wider initiatives that have had a beneficial impact on learning or support. For instance, students may present case studies on particular

[24] Guidance on Alternative Student Submissions in QAA Review, available at: www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=220.
[25] Optional Template for Student Submission in QAA Reviews, available at: www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=222.

initiatives in Chemistry, Sociology and Computer Science that develop their employability skills. Alternatively, students may want to highlight how changes introduced across the whole institution are helping to develop employability.

Any separate student contribution such as case studies or the student submission should be posted to the QAA secure electronic site 12 weeks before the Review Visit. The QAA Officer will confirm the precise date.

Sharing the student contribution with the provider

Given that the student contribution is such an important piece of evidence in the review process, in the interests of transparency and fairness there is an expectation that it will be shared with the provider - at the latest when it is uploaded to the secure electronic site. Ideally, both the provider's self-assessment and any student submission should reflect how providers and students routinely work together.

Continuity

Each QER occurs over a period of several months. Both the provider and its students will have been prepared well before the start of the review, and will continue to be involved in action planning afterwards. Providers are expected to ensure that students are fully informed and involved in the process throughout. The student representative body and the provider should develop a means for regularly exchanging information, not only so that students are kept informed, but also to encourage them to get involved.

The student representative body is expected to have an input into the provider's action plan following the review, and into its annual update.

Annex 6: Content of the Self-Evaluative Analysis

The SA should be structured around the headings of the Technical Report (see Annex 7). Its preparation should involve staff and students. The SA should provide information about the contextualisation of the review, to include: areas where the provider considers it demonstrates good practice, areas prioritised for development and/or enhancement, and areas that continue to present a challenge.

This information should be summarised in the opening section of the SA, cross-referenced to later sections to provide greater detail as appropriate. The provider should refer to the data it uses in identifying its strengths and challenges, including highlighting any instances where the provider considers its view differs from that suggested by externally reported data.

Because reviews are contextualised, it is understood that the themes explored in each review will reflect the strategy, priorities, strengths and challenges of the provider concerned. QAA expects providers to address each of the five sections and subheadings of the Technical Report, and recognises that the volume and focus of the content provided by each provider will vary. In the context of each of the Technical Report headings, the SA should indicate:

- what is distinctive and what is typical about the provider
- what are the key areas of strength and challenge
- implications of changes, challenges and strategic aims for safeguarding academic standards and the quality of students' learning opportunities
- how the provider has evaluated its policy and practice, including the ways in which it uses data to inform its decision-making and identification of priorities
- current and future plans for development
- how the provider intends to build on good practice and address areas for development
- and give details of any relationships with degree-awarding bodies or awarding organisations and of the external reference points (other than the baseline regulatory requirements - see Section 2) that you are required to consider.

Institutions are strongly encouraged to be open and honest in the SA. It should be primarily evaluative, with supporting evidence, and only limited description of processes.

Data

QAA is interested in how providers use and respond to data in the management of academic standards and quality, and informing their enhancement activities. This includes data that provides information about the quality of programmes, such as student satisfaction data, and progression statistics, achievement and employment information, as well as how a provider monitors and responds to the data relating to those with protected characteristics. The self-assessment should illustrate how the provider makes use of information and data within its quality processes and reflects upon them, explaining and contextualising the results.

Typically, QAA would expect to see data from sources such as the NSS and HESA routinely used within quality processes, and for consideration being given to how to make best use of newer data sets such as those on Longitudinal Educational Outcomes. Where applicable, the SA should provide a commentary on, and response to, the provider's postgraduate taught and postgraduate research students' data, with supporting references.

Review teams will take account of the TEF Statements of Findings for those providers that have opted to enter the Framework. The Statements may help reviewers to identify areas of strength or weakness and enable them to explore the provider's response to the TEF.

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

In all cases, the review team will explore the provider's approach to using qualitative and quantitative information to inform its evaluation of its policy and practice, and in formulating future plans for enhancement.

Supporting evidence

The evidence base for QER combines information collected by QAA, and that given by the provider, including the SA, Prior Information Pack (see Section 3), and information provided by students.

Information collected by QAA

We will compile evidence on quality and standards for review teams from available public sources. This information will vary from provider to provider and may include:

- the most recent QAA review reports about the provider and the organisations with whom it delivers learning opportunities
- the most recent reports of other quality assurance bodies, including international organisations, about the provider and/or organisations with which it delivers learning opportunities
- the most recent Estyn inspection reports about the provider and organisations with which it delivers learning opportunities.

We will compile a list of this information by the time of the Preparatory Meeting (26 weeks before the Review Visit) and share the list at that meeting for reasons of transparency and to allow you to raise any concerns. You will have an opportunity in your self-evaluation document to explain or contextualise any of the information we have listed.

How the review team uses the Self-Evaluative Analysis and Change Report

The review team uses the SA throughout the review process as a starting point for understanding how the provider systematically monitors and reflects on how effectively it enhances the quality of learning opportunities. The team will look for indications that monitoring and self-reflection:

- draws on management information
- makes comparisons against previous performance
- makes comparisons against national and international benchmarks, where available and applicable
- draws on the views of students (and other stakeholders where relevant)
- leads to the identification of strengths and areas for improvement, and subsequently to changes in your procedures or practices and plans to enhance the student experience.

Review teams will always use the SA during the Review Visit, both as an information source and a way of navigating the supporting evidence.

Where there are areas for development, the review team will explore:

- the extent to which quality or academic standards are potentially at risk
- the extent to which the provider has identified the issue(s)
- the plans for addressing the issue(s), including any wider development work planned and the anticipated timeframe for completing it
- the likelihood of the issue(s) recurring in future.

Where there are areas of strength, the review team will explore:

- the extent to which all of the provider's students do or can benefit, and the range of students that benefit
- the arrangements for disseminating the good practice
- the plans for evaluating and promoting the good practice.

Sharing the Self-Evaluative Analysis with the Lead Student Representative

Given that the SA is such an important input into the review process, in the interests of transparency and fairness it is expected that it will be shared with the LSR - at the latest when it is uploaded to the secure electronic site. Ideally, both the provider's self-assessment and any student submission should reflect how providers and students routinely work together.

Annex 7: Content of the Technical Report

Technical Reports will be structured around the following headings:

Contextual information about the provider, student population and the review

- Summary information about the provider, including strategic framework, organisational structure
- Composition, key trends and anticipated changes in the student population, including information on retention, progression and outcomes
- Commentary on how the provider supports national priorities
- Commentary on the preparation for the review, including how provider and students worked in partnership in review preparation
- Brief summary of the nature and rationale for the particular areas of focus of the review and in the self-evaluation
- Summary of the provider's follow-up to the previous review
- Where relevant, details of the provider's responsibilities for the higher education it provides on behalf of the degree-awarding body/ies it works with

Enhancing the student learning experience

- Strategic approach to enhancing the student experience
- Approach to working in partnership with students
- Recognising and responding to the diversity of the student population, including approaches to widening access, the needs of specific groups of students, and by mode, level and location of study
- Postgraduate taught and research student experience
- Supporting students in their development as learners
- Learning environment provided, including the use of technology
- Supporting the Welsh medium student learning experience
- Effectiveness of the approach to enhancing the student learning experience

Supporting the enhancement of learning and teaching

- Strategic approach to forward planning, including the use of information to identify priorities designed to enhance learning and teaching, and approaches to implementation and evaluation
- Approach to managing change in approaches to learning and teaching
- Approaches to supporting innovation, identifying and sharing good practice
- Engaging, developing and supporting staff
- Effectiveness of the approach to implementing institutional strategies and enhancing learning and teaching

Academic standards and quality processes

- Key features of the provider's approach to managing quality and how students are involved in contributing to the management of the quality of learning
- Key features of the approach to setting, maintaining, reviewing and assessing academic standards
- Use of external reference points in quality processes
- Commentary on action taken since the previous review and identification of matters arising from the Prior Information Pack not otherwise explored

- Approach to using data to inform decision-making and evaluation
- Effectiveness of how approaches to quality are used to enhance learning and teaching
- Effectiveness of the arrangements for securing academic standards
- Effectiveness of the approach to self-evaluation, including the effective use of data to inform decision-making

Collaborative provision (if applicable)

- Key features of the provider's strategic approach (to include collaborative activity, online and distance learning where delivered with others, and work-based learning)
- Information on the extent and nature of collaborative provision and plans for change
- Effectiveness of the approach to managing collaborative provision including arrangements for securing academic standards and enhancing the student learning experience

Annex 8: Appointment, training and management of reviewers

QER is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the provision, management and delivery of higher education, or students with experience in representing students' interests. QAA appoints reviewers according to the selection criteria below. QAA welcomes nominations from providers across the UK, with every Welsh provider encouraged to make at least one nomination to each reviewer role. Welsh student representative bodies or Welsh higher education providers may nominate student reviewers. International reviewers are selected on the basis of nominations from Welsh higher education providers and from QAA's contacts with relevant providers and agencies in other countries. QAA makes every attempt to ensure that the total pool of QER reviewers reflects the characteristics of the Welsh higher education sector, including taking account of Welsh medium skills, and equality and diversity strands.

The credibility of review depends largely upon review teams having up-to-date knowledge and experience and thus we appoint reviewers who are currently employed as staff by providers or (in the case of student reviewers) enrolled on a programme of study, respectively. However, recognising that knowledge and experience have a life span beyond a period of employment or study, we are happy to consider self-nominations from former staff who can demonstrate a continuing engagement with academic standards and quality, and we permit students to continue as reviewers for a limited time after they have left higher education (more details below).

QAA trains all QER reviewers to ensure that they are familiar with the method and the Welsh higher education context.

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

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

Qualities required in all reviewers

QAA expects all reviewers to demonstrate the ability to:

- understand a range of perspectives
- relate to a range of individuals, including students and senior managers
- lead discussions about strategic and operational approaches to the management of quality and academic standards in general, and the enhancement of the student learning experience in particular

- assimilate a large amount of disparate information and analyse it to form reliable, evidence-based conclusions
- maintain the confidentiality of sensitive matters
- 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.

Selection criteria

The essential criteria for staff reviewers are as follows.

- Either:
  - current or recent (within three years) wide experience of academic management at the institutional level in the UK, preferably relating to quality assurance and enhancement of the student learning experience, or
  - substantial experience of working in a senior capacity in a professional support service within a higher education provider with at least five years' experience of working in a role that gives them a provider-wide perspective.
- Knowledge and understanding of the Quality Code, the ESG, and other baseline regulatory requirements.
- Awareness of the distinctive features of the Welsh higher education system in general (training will seek to emphasise this but some initial awareness is highly desirable).

The desirable criteria for staff reviewers are:

- ability to read, and speak in, Welsh
- experience and knowledge of higher education in further education
- experience of participating as a chair, panel member, assessor or equivalent in the periodic review process of their own provider 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).

In addition to the qualities required in all reviewers, international reviewers are expected to demonstrate a number of the following attributes:

- current or recent (within three years) wide experience of academic management at the institutional level outside the UK, preferably relating to quality assurance and enhancement of the student learning experience
- current or recent (within three years) experience of external review of higher education institutions outside the UK, either as a panel member or through senior involvement with a quality assurance or enhancement organisation
- peer-acknowledged expertise in the development of good practice in learning and teaching, and the wider student experience (it will be highly desirable to have such recognition at an international level)
- knowledge and experience of practice in a minimum of one country in addition to the UK (it will be highly desirable to have wide-ranging international comparative knowledge and experience)
- an understanding of the distinctive features of the Welsh higher education system in general, and the enhancement-led approach in particular (training will emphasise this but some initial awareness is highly desirable).

The essential selection criteria for student reviewers (or international student reviewers) are as follows:

- current or recent (within three years) experience of study at a UK (non-UK) higher education provider, equivalent to a minimum of one year's full-time education
- experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality
- general awareness of the diversity of the higher education sector and of the arrangements for quality assurance and enhancement.

The desirable selection criteria for student reviewers are as follows:

- ability to read, and speak in, Welsh
- general awareness of the diversity of the Welsh higher education sector beyond their 'home' provider, and awareness of the arrangements for quality assurance in Wales (training will provide further information on this and QAA is looking for applicants who have the ability to build on their existing experience).

In recruiting to our pool of reviewers, we try to ensure that it represents a wide range of providers and is broadly balanced in terms of discipline, geographical area, gender and ethnic background.

Contract management

QAA appoints reviewers on the basis that they agree to undertake, if requested, two reviews per academic year. It reviews appointments after two years, but it may extend them by mutual agreement and subject to satisfactory performance.

At the end of each review, we ask reviewers to complete an evaluation form inviting feedback on their own performance and that of the other reviewers. The QAA Officer coordinating the review also provides feedback on each reviewer. We regularly share feedback (which is kept anonymous) with the reviewers concerned, to support continuing professional development.

QAA invites reviewers with particularly positive feedback to contribute to the reviewer training programme, to share their practice and support others. QAA offers reviewers with weaker feedback additional support, or it may release them from the reviewer pool, depending on the nature of the feedback and its prevalence.

Annex 9: Taking account of provider's track record

QER is designed to meet the needs of established providers with a long QAA track record and those providers developing their review record with QAA; it is designed to be adaptable to suit both large universities and further education providers that deliver higher education as only a small element of their portfolio. QAA considers established providers to be those that have had two successful QAA reviews (reviews against UK higher education expectations). This annex provides guidance for those that are not yet established providers.

New providers or those with less than two successful previous QAA reviews are required to provide a more detailed self-assessment against the ESG and baseline requirements as listed in Section 2. This should accompany the enhancement-orientated SA (as described in Section 3 and Annex 6). This should include a full mapping of institutional practice against the ESG, supported by links to specific key supporting documents (for example specific academic regulations and sections of a quality handbook) as well as indicative examples of the outcomes of quality processes to illustrate their effectiveness in practice. This will enable the provider to demonstrate how they meet, or have continued to meet, the baseline regulatory requirements and the ESG.

New providers and those in Wales with fewer than two previous QAA reviews are in all instances providers without degree awarding powers that deliver degrees in collaboration with awarding partners. These providers will find it useful to complete a 'Responsibilities Checklist' that outlines the division of responsibilities for quality assurance between the provider and their awarding partners. A copy of the Responsibilities Checklist template is available in Annex 9a.

Providers should contact QAA for information on relevant current advice and guidance for providers without degree awarding powers.

Annex 9a: Responsibilities checklist for providers without degree awarding powers

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

Provider	
Awarding body/organisation	

Please identify management responsibilities (or responsibilities for implementation within partnership agreements) using the checklist below. Where the provider is fully responsible (implementation is fully devolved) please mark the **provider** column; where the awarding body/organisation has full responsibility, mark the **awarding body/organisation** column; where responsibility is shared or the provider implements under awarding body/organisation direction, mark the **shared** column.

Where responsibility is devolved to the provider or shared please give **documentary reference(s)** that show how this is managed or implemented.

Area	**Provider**	**Awarding body/ organisation**	**Shared**	**Documentary reference(s)**
Programme development and approval				
Modifications to programmes				
Setting assessments				
First marking of student work				
Moderation or second marking of student work				
Giving feedback to students on their work				
Student recruitment				
Student admissions				
Selection or approval of teaching staff				

Learning resources (including library resources)				
Student engagement				
Responding to external examiner reports				
Annual monitoring				
Periodic review				
Student complaints				
Student appeals				
Managing relationships with other partner organisations (such as placement providers)				
Production of definitive higher education information (such as programme specifications and generic higher education information)				
Enhancement				

Annex 10: Partial review process

Introduction

Regulated higher education providers in Wales might be required to undergo a partial or earlier QER in order to meet the requirements of HEFCW Fee and Access Plans. In line with a risk-based approach, HEFCW will assess plans and annual returns from providers to determine whether any other significant changes to a provider's provision should require an earlier full or partial review. Changes that may trigger a partial review include significant changes to student numbers, types of provision, collaborative provision, and complaints about standards and quality. Further information is available from HEFCW.

In addition, providers may voluntarily commission partial reviews. The engagement with external peers that review offers may help providers evaluate progress against their enhancement objectives for a specific area of their activity.

A partial review process needs to be responsive and flexible to the circumstances of any given review (for example the reasons for requiring a partial review). This document aims to provide a framework within which the partial review should take place, which enables all parties to plan and contribute effectively.

The partial review process follows the standard QER Handbook with the following exceptions:

- the timeline for the review process will be shortened
- a new report will be published, focused on the provision identified for review and the provider's management of this provision
- there are no Provider Briefings
- the Preparatory Meeting might be held by video or teleconference
- there is no First Team Visit although the team will meet privately by videoconference
- the length of the Review Visit is determined in advance by QAA.

Providers will be required to produce a new Change Report and students may also voluntarily offer a student submission. This need not be as comprehensive as the SA for a full review. The Change Report will include a brief introduction to the provider, providing context, and a report on the areas under review and how they are managed to meet the baseline regulatory requirements and the ESG. Please see Section 3 for more information about producing a Change Report, and Annex 5 for information on developing the students' contribution to (partial) reviews.

QAA will determine the scheduling of partial reviews in discussion with the provider, having regard to the appropriate timeframe for review according to HEFCW requirements. In some cases, by mutual agreement, it may be possible to conduct the partial review according to shorter timescales than those set out here.

The fee for the partial review will vary to reflect the duration of the partial review and how many reviewers are involved. The following table provides an indication of the likely fee. Providers must pay fees for partial reviews in full 12 weeks prior to the visit, in order for the partial review to take place.

	One-day visit	Two-day visit	Three-day visit
Two reviewers			
Three reviewers			
Four reviewers			

The outcomes of the partial review will result in judgements specific to the provision under review and a published partial review report. This report will be a much shorter version of the Technical Report, following the same headings as they apply to the particular provision under the review. The Report will only cover the applicable headings. For example, if the partial review is not tasked with looking at postgraduate provision, there will be no commentary under that heading. Partial review reports will not cover strategy and practice for enhancing the student learning experience.

Judgements that require follow-up will be subject to the same process described in Section 5 and summarised in Annex 12. QAA will advise HEFCW accordingly of the review outcomes and advise the provider of the next steps.

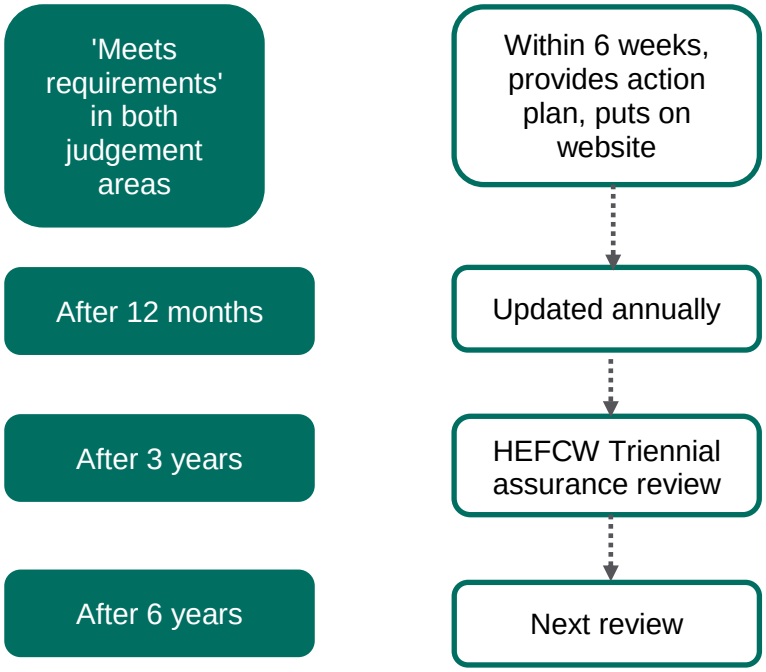
A partial review will not re-set the interval before the provider's next full review.

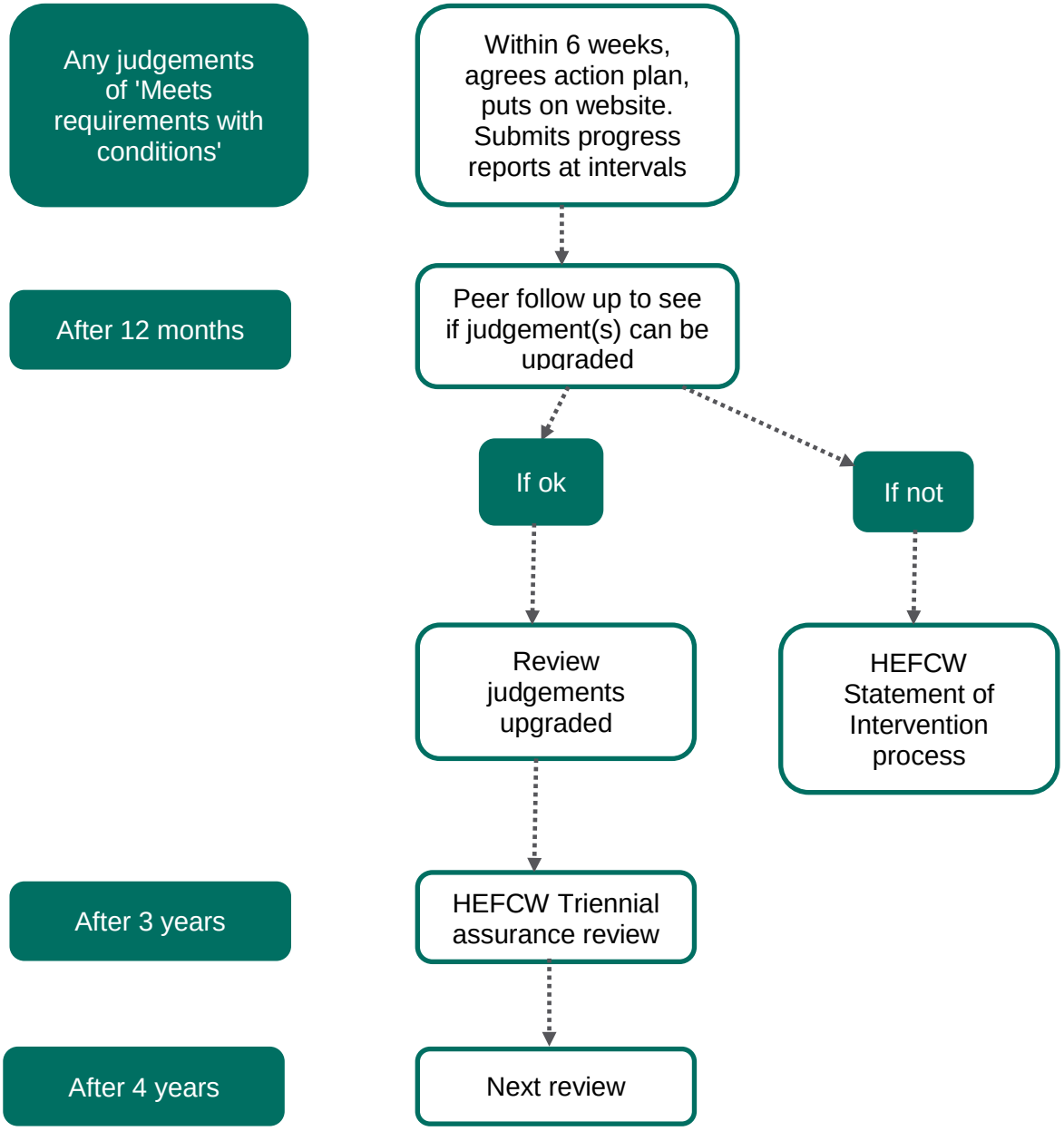
Indicative timeline for a Quality Enhancement Review partial review

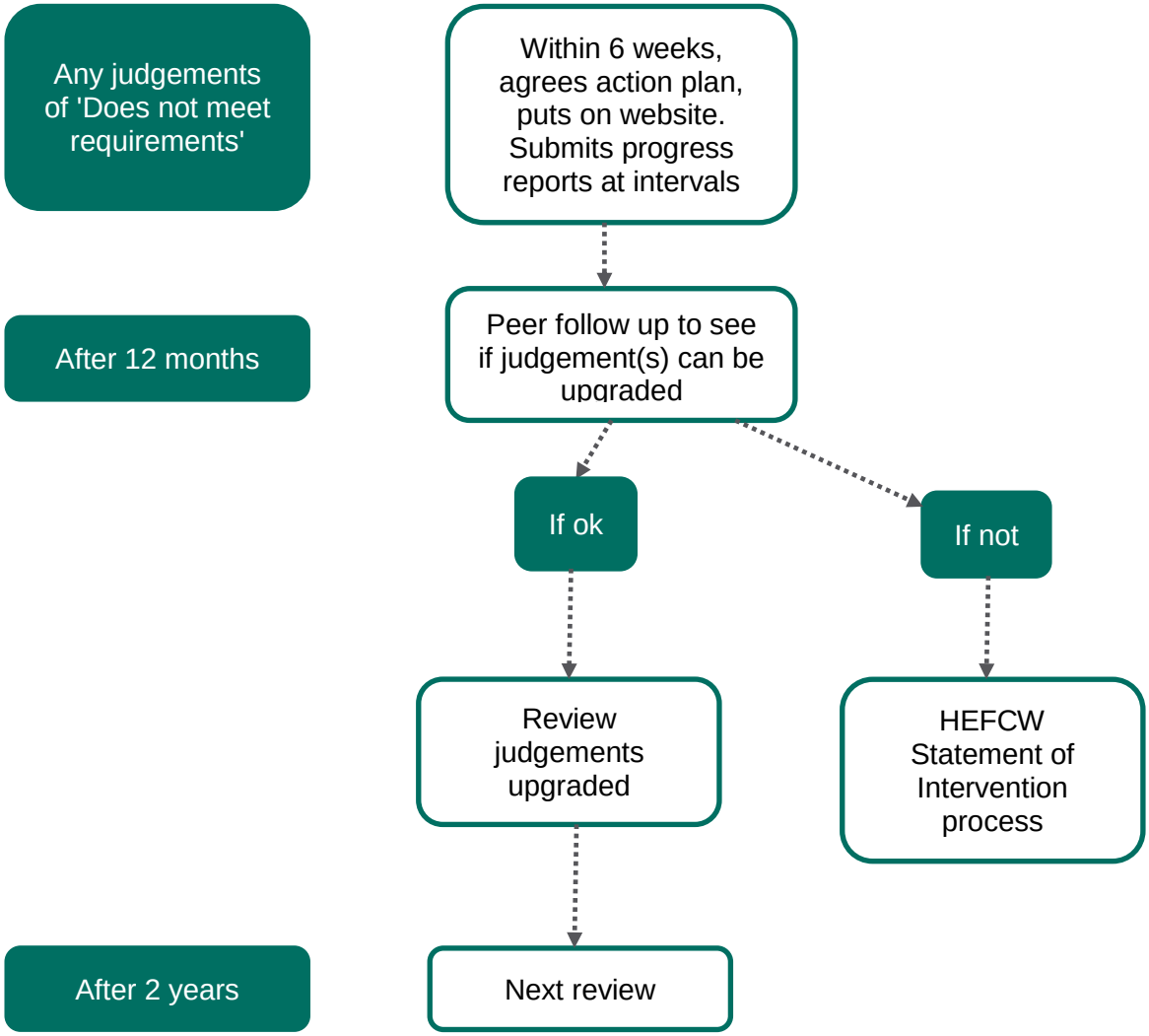
The partial Review Visit will be up to three days, with a maximum of four reviewers. QAA will determine the length of the visit and team size in advance of scheduling the visit.

Following notification from the provider that they require a partial review	• QAA confirms areas to be reviewed and agrees dates for the visit • QAA notifies provider of QAA Officer and team • Provider reads QER Handbook and starts to prepare its Change Report and supporting documents - the QAA Officer may offer guidance on the structure of the Change Report by telephone, videoconference, or email
-8 weeks	• Provider uploads Change Report and supporting evidence, and team begins documentary analysis where possible, providers are asked to facilitate the production of a student submission, which may be submitted at -2 weeks
-5 weeks	• Team requests additional evidence (if required), and proposes a schedule for the visit, including who to meet
-2 weeks	• Provider submits additional evidence (and student submission if available)
Afternoon/evening before partial Review Visit	• Team hold pre-visit meeting
0 weeks	• Partial Review Visit to the provider
+2 weeks	• QAA informs provider and LSR of judgements and findings in the provisional outcome report
+4 weeks	• QAA sends the Outcome and Technical Report to provider and LSR for comment
+7 weeks	• Provider and LSR identifies factual errors • QAA finalises report
+10 weeks	• QAA translates and publishes report
+16 weeks	• Report published on the web, or if a negative judgement, provider may appeal

Annex 11: Summary of actions following review




Any judgements of 'Meets requirements with conditions'
Within 6 weeks, agrees action plan, puts on website. Submits progress reports at intervals
After 12 months
Peer follow up to see if judgement(s) can be upgraded
If ok
If not
Review judgements upgraded
HEFCW Statement of Intervention process
After 3 years
HEFCW Triennial assurance review
After 4 years
Next review


Any judgements of 'Does not meet requirements'
Within 6 weeks, agrees action plan, puts on website. Submits progress reports at intervals
After 12 months
Peer follow up to see if judgement(s) can be upgraded
If ok
If not
Review judgements upgraded
HEFCW Statement of Intervention process
After 2 years
Next review

Annex 12: Review judgement follow up

HEFCW's guidance on External Quality Assurance Review, April 2017[26] specifies that:

> 'should [a provider receive] any judgements of '**meets requirements with conditions**' or '**does not meet requirements**', providers will need to implement an action plan to enable the judgement to be revised within 12 months of the publication of the review outcomes. They will need to liaise with their appointed review agency to obtain verification that actions taken in response to the review outcomes have rectified any deficiencies within that timescale and therefore enable the judgment outcome to be upgraded.
>
> 'Upgrading the review judgement is essential, as the external review judgement will inform HEFCW's assessment regarding whether providers meet the quality requirements of the Fee and Access Plan.'
>
> Paragraphs 25 and 26

In line with paragraph 135 of this document, action plans developed in response to judgements of 'meets requirements with conditions' or 'does not meet requirements' must be agreed with QAA in advance. The QAA Officer will want to ensure that the action plan provides an adequate basis for monitoring the provider's response to the judgements and recommendations. A template for action plans is available on request, although its use is not mandatory since the provider may wish to use a plan of its own design. The provider should draw up the action plan jointly with student representatives.

The QAA Officer should encourage the provider to take sufficient time to address the issues fully rather than expedite a reversal of the judgement(s). Normally, it will be necessary for the review team to have evidence that the provider has implemented an action and that it has taken effect before it can consider a change to the judgement.

Once QAA has agreed to an action plan, the QAA Officer will plan with you a series of quarterly progress reports to be provided over the following year. This frequency can be reviewed and adjusted based on progress made. Factors such as the degree of seriousness of the judgement(s) and the perceived needs of the provider will determine whether progress meetings take place face to face or by telephone. The initial meeting should involve the facilitator and, if possible, the LSR too.

The provider should draw up progress reports jointly with student representatives.
QAA advises providers to start collecting relevant evidence as they implement action plans.

The QAA Officer may at any time discuss progress with the review team.

The table below provides indicative timescales for the follow-up process, which may be shortened in consultation with, and with the consent of, the QAA Officer. A shorter schedule may involve fewer progress reports.

[26] External Quality Assurance Review (HEFCW), available at: www.hefcw.ac.uk/documents/policy_areas/learning_and_teaching/External%20quality%20assurance%20review.pdf (PDF, 300KB).

Working weeks	Activity
0	QAA publishes review report
+8 weeks	Provider publishes action plan
+18 weeks	First progress meeting between QAA Officer, facilitator and LSR
+24 weeks	Second progress meeting
+25 weeks	QAA plans follow-up visit in terms of the number of reviewers and duration of visit, and invoices the provider
+32 weeks	Third progress meeting
+36 weeks	Provider submits updated action plan and evidence of progress to review team
+40 weeks	Review team conducts visit to provider to triangulate action plan and evidence by meeting students and staff. The team holds a private meeting at the end of its visit to reconsider the judgement(s).
+42 weeks	QAA Officer forwards draft report to provider for comments
+44 weeks	Provider submits comments on draft report
By +48 weeks	QAA responds to any matters of factual inaccuracy and publishes the follow-up report

If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for the review team to consider whether the judgement(s) should be upgraded to 'meets requirements'. This may involve a further visit to the provider by some or all of the review team. All follow-up engagement fees will need to be paid before visits can take place.

The QAA Officer determines whether there is prima facie a case for a reconsideration of the judgement(s) by the review team. It is not the QAA Officer's responsibility to make that reconsideration; judgements remain the responsibility of the reviewers.

Whether the review team conducts a further visit to the provider, and how many reviewers are involved in the follow-up activity, will depend on the outcome of the original review.

QAA's decision on the need for, and duration of, another visit will be final. The table below is indicative.

Judgements	Full engagement and good progress	Lack of engagement/ indifferent progress
'meets requirements with conditions'	• Desk-based • Two reviewers • Cost £4,920	• One-day visit • Two reviewers • Cost £6,780
'meets requirements with conditions' or 'does not meet requirements'	• One-day visit • Two reviewers • Cost £6,780	• 1-2 day visit • Three reviewers • Cost £9,620
'does not meet requirements'	• One-two day visit • Three reviewers • Cost £9,620	• Two-day visit • Four reviewers • Cost £14,170

If the team agrees that the judgement(s) can be changed to 'meets requirements', the change in judgement will be recorded in the published report on the QAA website and the review regarded as complete.

If the review team finds that insufficient progress has been made in dealing with the review findings, the provider will be subject to HEFCW's 'Statement of Intervention'.[27]

QAA1963 - Oct 17

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[27] Statement of Intervention (HEFCW), available at: www.hefcw.ac.uk/working_with_he_providers/he_wales_act_2015/statement_of_intervention.aspx.