



Quality and Standards Review: Guidance for Providers

October 2018

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Chapter 1: Introduction and method overview

Introduction

Quality and Standards Review (QSR) is the process QAA will use to provide evidence to the Office for Students (OfS) about whether new providers applying to be on the OfS's Register meet the core practices of the UK Quality Code for Higher Education (the Quality Code).

The purpose of this guidance is to:

- state the aims of QSR
- describe the approach to be used
- provide information to providers preparing for, and participating in, QSR.

The guidance is intended primarily for providers going through the review process. It is also intended for teams conducting QSRs.

This document describes QSR as it will apply to providers undergoing a review visit in the academic year 2018-19 (that is, before 31 July 2019). The review process may be updated for future years based on evaluations of the method.

Background

The Higher Education and Research Act 2017 (HERA) created the OfS as the independent regulator of higher education in England.

Information about how new providers can apply to be registered with the OfS can be found in *Regulatory Advice 3: Registration of new providers for 2019-20* published by the OfS.¹ QSR is designed to deliver in practice, the OfS's approach to regulation, as set out in the OfS regulatory framework. Therefore, QSR is:

- focused on the interests of students and the outcomes which matter to students, rather than the underlying policies or procedures put in place by a provider
- flexible, in that it can accommodate a broad range of different kinds of providers and provision and consider each provider on the merits of its own provision
- risk-based and targeted, in that it will tailor its approach and focus attention according to the risks of non-compliance in different providers.

The regulatory framework requires providers applying to register with the OfS to demonstrate that they satisfy a set of initial conditions of registration to ensure they are able to offer high-quality higher education to students. Some of these initial conditions of registration relate to quality and standards and the OfS will use these to ensure that only high-quality new providers can be registered. For new providers (that is, providers that were not previously funded by the Higher Education Funding Council for England (HEFCE) or that were not designated for student support by the Secretary of State), the assessment of whether the provider satisfies some of the initial conditions of registration for quality and standards will be made by the OfS using evidence provided by the designated body. QAA is the designated body and it will provide evidence to the OfS using Quality and Standards Review (QSR). The OfS will use the outcomes of QSR as it determines whether a new provider satisfies conditions B1, B2, B4 and B5 as set out in the OfS's regulatory framework.²

¹ www.officeforstudents.org.uk/publications/regulatory-advice-3-registration-of-new-providers-in-2018-19

² www.officeforstudents.org.uk/publications/securing-student-success-regulatory-framework-for-higher-education-in-england

Purpose and key features of QSR

The purpose of QSR is to provide evidence to the OfS about whether a new provider applying for registration with the OfS meets the core practices of the Quality Code. Its key features are designed to ensure that it delivers in practice, the OfS's overall approach to regulation. This means that QSR will:

- focus on outcomes, rather than the processes that a provider might choose to use to deliver such outcomes
- allow the OfS to make judgements against the baseline requirements expressed in the initial conditions of registration, and not performance above that baseline
- prioritise the things that matter to students, including teaching, learning resources and other facilities
- enable students to take part in the review process
- be a clear and transparent process for providers
- reduce the regulatory burden on providers by limiting requests for evidence to that which is necessary to allow robust judgements to be made
- be applied consistently and rigorously, but also flexibly and proportionately - allowing providers to engage in a way which suits their own circumstances
- remove unnecessary barriers to entry by enabling all kinds of providers to achieve successful outcomes.

QSR has the following key features:

- expert review
- review against the core practices of the Quality Code
- review visit
- student engagement
- evidence and criteria-based judgements
- published report.

Expert review

QSR will be conducted by review teams comprising external experts. The experts will have significant experience and expertise in higher education or in regulation more broadly in those areas they are responsible for making judgements about. They will understand the new regulatory framework for higher education in England, and the way in which QSR is designed to deliver the OfS's approach to regulation in practice. They will be able to assimilate and evaluate different kinds of evidence. They are appointed by QAA according to the criteria in Annex C. There are no other restrictions on the types of individuals that may become QSR reviewers. QAA will continue to keep the composition of its reviewer pool under review to make sure it reflects the diversity and make-up of the providers in the higher education sector and to ensure that review teams are able to make credible evidence-based judgements.

The size and composition of each review team will be tailored to the characteristics of the provider under review and will include academics with expertise in the subject areas in which the provider offers courses. Where the provider offers courses in a range of different subjects, more than one subject expert is likely to be involved. Typically, a QSR team will also include members with expertise in academic support services, or other regulatory contexts, and in representing the interests of students.

The review team will take collective responsibility for judgements in all areas.

Training for experts will be provided by QAA. Both new reviewers and those involved in other review methods will be required to take part in training before they conduct a review. The purpose of the training is to ensure that all team members:

- fully understand QSR's aims and objectives and the context provided by the OfS's regulatory framework
- are familiar with the procedures and techniques involved, including interrogating and cross-checking evidence, and making consistent, outcomes-focused judgements
- understand their own roles and tasks, and QAA's expectations of them.

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

To support the experts, QSR may also involve the use of specialist advisers at the analysis stage. The role of the specialist adviser will be to analyse specific aspects or areas of the provision and give additional advice to the experts about whether the provider meets the core practices of the Quality Code in those areas, and whether and how that should be further explored at the review visit. The use of an adviser shall be at the review team's discretion. We envisage using advisers by exception where the provider has, and/or its provision has, particularly unusual or distinctive characteristics.

Review against the core practices of the Quality Code

The basis of the evidence and judgements for QSR is the revised UK Quality Code for Higher Education (the Quality Code), published in March 2018.

The revised Quality Code³ provides a reference point for effective quality assurance and sets out a series of expectations, which clearly and succinctly express the outcomes providers should achieve in setting and maintaining the standards of their awards, and for managing the quality of their provision. The Code also sets out core practices, representing effective ways of working that underpin the delivery of the expectations, and will deliver positive outcomes for students.

The purpose of QSR is to provide evidence to the OfS about whether a new provider applying for registration with the OfS meets each of the core practices of the Quality Code.

³ www.qaa.ac.uk/quality-code

Table 1: The expectations and core practices of the Quality Code

| Expectations for standards | Expectations for quality |
|---|--|
| <p>The academic standards of courses meet the requirements of the relevant national qualifications framework.</p> <p>The value of qualifications awarded to students at the point of qualification and over time is in line with sector-recognised standards.</p> | <p>Courses are well-designed, provide a high-quality academic experience for all students and enable a student's achievement to be reliably assessed.</p> <p>From admission through to completion, all students are provided with the support that they need to succeed in and benefit from higher education.</p> |
| <p>Core practices</p> <p>The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications frameworks.</p> <p>The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.</p> <p>Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.</p> <p>The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.</p> | <p>Core practices</p> <p>The provider has a reliable, fair and inclusive admissions system.</p> <p>The provider designs and/or delivers high-quality courses.</p> <p>The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.</p> <p>The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.</p> <p>The provider actively engages students, individually and collectively, in the quality of their educational experience.</p> <p>The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.</p> <p>Where the provider offers research degrees, it delivers these in appropriate and supportive research environments.</p> <p>Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.</p> <p>The provider supports all students to achieve successful academic and professional outcome.</p> |

Review visit

Every QSR will include a visit to the provider by the review team. The purpose of the review visit is to allow the review team to test whether and how the outcomes expressed by the core practices are being achieved. Details of the evidence they may use to do this are set out in the evidence matrix at Annex 4.

The activities the team will engage in during the review visit are likely to include:

- further assessment of documentary evidence
- meetings with staff, students and possibly others (such as employers)
- observations of teaching and learning activities
- assessment of learning resources and other facilities.

The purpose of observing teaching and learning, and assessing learning resources and other facilities, is to generate primary evidence about the outcomes that matter most to students - a focus on outcomes being one of the central pillars of the OfS's approach to regulation.

Student engagement

Where there are students at the provider under review, they will have the opportunity to contribute evidence to the review by:

- providing a student submission at the start of the process
- participating in meetings with the review team.

The review team will also ask to see evidence of student engagement and what students think about various aspects of their educational experience.

Where there are not students at the provider, the review team will explore how the provider intends to facilitate student engagement according to the relevant core practice in the Quality Code.

Evidence and criteria-based judgement

The outcomes of QSR - a judgement against each of the core practices - will be reached by assessing the evidence collected by the review team, including during the visit, against the assessment framework.

QSR will take a clear and consistent approach to the assessment of how providers have demonstrated they meet the core practices. Judgements will be based on a variety of different evidence sources, including primary evidence of the outcomes achieved. This approach will provide:

- the appropriate volume and range of evidence for the experts to develop, cross-check and validate their findings against each core practice
- clarity for providers in preparing for, and taking part in, the review process
- consistency in the approach taken in different reviews, but also sufficient flexibility to allow providers to engage in a way which suits their own circumstances.

The assessment framework for QSR is set out in Annex 5. Like the QSR evidence matrix, the assessment framework provides clarity and transparency but is also flexible enough to accommodate different kinds of providers and provision.

Published report

The outcomes of QSR will be conveyed in a written report. The report will be structured according to the core practices in the Quality Code and provide evidence to the OfS about whether each practice has been met, including a description of how and why the team came to that conclusion. The review report will be published on the QAA website after the OfS has reached a registration decision for the provider.

Chapter 2: The Quality and Standards Review process, roles and responsibilities

QSR stages and timelines

Table 2: The main stages and timelines of QSR

| Event | Timeline | Description |
|-----------------------------------|--------------|---|
| Preparation stage | | Provider submits QSR information to QAA |
| | | Provider engages in individual QSR briefing |
| | | QAA composes review team and confirms arrangements and timetable for the review with the provider; provider pays review fee |
| Submission | 0 weeks | Provider uploads submission and some supporting evidence; students upload student submission |
| Initial assessment | +2 weeks | Review team conducts initial assessment; decides what further evidence is required |
| Evidence | +4 weeks | Provider uploads further evidence |
| Analysis and review specification | +6 weeks | Review team analyses further evidence; commissions additional advice where necessary; produces specification for review visit |
| Review visit | +9 weeks | Review team visits provider |
| Draft review report | +11 weeks | Review team sends draft QSR report to provider |
| Provider comments | +12 weeks | Provider gives comments on draft QSR report |
| Final report | By +14 weeks | QAA provides final report to OfS |

Please note that this timeline will be extended where the provider decides to make representations against the review outcomes (see Chapter 4). The timeline may be amended to accommodate the Christmas or Easter periods, and any UK public holidays/QAA closure days. The precise dates will be confirmed in writing by the QAA officer.

Preparation stage

Where a provider has been referred by the OfS for a QSR, the provider will be asked to complete a QSR information form and return it to QAA. The form will be available on the QAA website.

Once the provider has returned the information form, QAA will contact the provider to arrange an individual briefing. The briefing will help the provider prepare for the review and allow them to ask any questions about the process. It will also provide an opportunity to discuss the timetable for the review.

Soon after the briefing, QAA will contact the provider with details of the review team and to confirm the review timetable, including the date the provider should upload its submission. QAA will also explain the arrangements for paying the review fee, details of which will be published separately on QAA's website. The fee must be paid before the provider can upload its submission. Should the fee not be paid then the review may be rescheduled or cancelled.

Team composition

The size and composition of each review team will be tailored to the characteristics of the provider under review. QAA will compose the team based on information given to QAA by the OfS and the provider. Details of team members will be shared with the provider to allow the provider to draw attention to any possible conflicts of interest.

Provider facilitator

The QSR information form will ask the provider to nominate a facilitator, who will carry out the following roles:

- liaise with the QAA officer throughout the review process to facilitate the organisation and smooth running of the review
- during the review visit, provide the review team with information about how the provider intends to demonstrate it meets the core practices, the evidence it will be providing, and so on
- during the review visit, meet the QAA officer (and possibly also members of the review team) outside the formal meetings or observations to provide or seek clarification about particular questions or issues.

The facilitator will help to provide a constructive interaction between all participants in the review process. The development of an effective working relationship between QAA and the provider through such liaison should help to avoid any misunderstanding by the provider of what the review team requires, or by the review team of the nature of the provider or the scope of its provision. Annex 7 gives further guidance about the role of facilitator.

QAA Officer

The role of the QAA Officer (QAAO) is to guide the team and the provider through all stages of QSR, ensuring that the review is conducted according to the procedures described in this guidance document. The QAAO will work with the review team in the drafting of the QSR report and will present the findings of the team for internal review (see below). Providers will be advised which QAAO will be coordinating their QSR. Providers are welcome to telephone or email their QAAO, should they have any questions. The QAAO can provide advice about the process but cannot act as a consultant for the review.

The QAAO is responsible for the logistics of the visit programme, including:

- briefing the provider
- liaising with the provider to confirm the programme for the on-site visit
- working with reviewers to produce the report.

The QAAO will be present throughout the review and will advise and guide the review team in its deliberations. This ensures that judgements are securely based on evidence available and that each visit is conducted consistently.

QAA Quality Assurance Manager

The Quality Assurance Manager is the senior QAA officer responsible for QSR. They will oversee the delivery of the programme of reviews and manage the report review process.

QSR for new providers

Some providers referred by the OfS for QSR may be new providers who will not be able to provide the same evidence as more established providers (for example, because they have not yet registered any students). These providers may consider they can demonstrate how the core practices will be met without pointing to a track record of delivery of higher education provision - and we would encourage providers to identify and submit alternative evidence that will allow judgements about the core practices to be made. Where providers are unable to provide particular types of evidence because they are too new, review teams will base their judgements on the evidence that is available, including the provider's plans for the future. New providers able to provide realistic, credible and robust future plans will be able to achieve successful QSR outcomes. A hypothetical example of this approach against the core practice - 'The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience' - is provided at Annex 6.

Provision delivered in partnership with other organisations

The core practices of the Quality Code relating to partnerships require that providers have effective arrangements in place to ensure that standards are credible and secure, and students' academic experiences are of high quality, irrespective of where or how courses are delivered or who delivers them. Within this context, where review teams encounter provision delivered in partnership, they will confirm that both or all partners have a clear understanding of their respective responsibilities and implement those responsibilities effectively. This is likely to be reflected in a request by the review team to meet staff from both or all partners during the review visit.

Providers may wish for their partners to be involved in the preparation of the QSR submission and the extent of the involvement in that submission should be decided in discussion between the partners.

It will be the responsibility of providers to keep their partners informed of the progress of the review and to make any requests for information or support.

Provider and student submissions

The review process begins with the provider uploading its submission accompanied by some supporting evidence. The purposes of this information are to:

- describe the provider's key characteristics
- demonstrate how it meets the core practices of the Quality Code.

There will be a strict word limit for the submission itself, which should be structured according to the core practices of the Quality Code. Further information about the provider submission and the evidence which should accompany it, is provided in Annexes 2 and 4.

The evidence matrix gives examples of how providers may choose to evidence a practice is met. Providers may wish to use the same evidence sources to demonstrate how they meet different core practices, so the same piece of evidence could be employed for several purposes.

If the provider has students, they will be invited to provide a student submission at the same time as the provider makes its submission. The purpose of the student submission is to help the review team understand whether, from the students' perspective, the provider meets the core practices of the Quality Code. As such, it is a key part of the evidence base and helps to ensure the method aligns with the OfS's overall regulatory approach. Guidance on preparing a student submission can be found at Annex 3.

Initial assessment

The initial assessment is a desk-based review by the review team of the provider's submission and supporting information (and student submission where available). The purposes of the initial assessment are to:

- determine whether the provider's submission demonstrates whether it is likely to meet the core practices of the Quality Code
- identify areas on which to focus requests for any additional evidence.

The reasons for not requesting additional evidence until after this stage are:

- to focus evidence requests primarily on those areas which the submission and its supporting evidence (and student submission where available) suggest need particular attention
- to allow the review team to construct a robust and systematic sample of evidence of how the provider is achieving the outcomes described in the core practices of the Quality Code
- to ensure that the review team's requests are based on a sound understanding of the provider's characteristics and operating context.

The review team will conduct the initial assessment independently of one another, and record their findings using a standard template in order to have a consistent approach. They will then discuss their findings and agree which areas will be focused on during the next stage of the process.

Further information

Normally, the outcome of the initial assessment will be a request to the provider for further information about how it delivers the outcomes expressed in the core practices of the Quality Code. The review team will base its requests on their analysis of the submission and supporting information (and student submission where available) using a combination of:

- representative sampling of courses or areas to reflect the full range of the provider's provision (and including any specialist provision such as distance learning, provision delivered in partnership with other organisations, work-based learning)
- risk-based sampling of courses or areas which appear not to meet the core practices (for example, because the student submission suggests particular difficulties)
- randomised sampling - to mitigate against sampling or confirmation bias.

In small providers, it will not be necessary or possible to employ the full range of sampling techniques.

Analysis and review specification

Once the provider has provided the further evidence requested, the review team will assess that evidence. They may also commission additional advice on specific aspects or areas of the provision, as described above.

The review team will then discuss their initial judgements about whether the core practices have been met and identify which core practices, or which aspects of those core practices, require further investigation at the review visit. Based on that discussion, they will agree:

- any additional evidence requests to the provider
- the programme for the review visit, including its duration, the activities the team will engage in and the types of staff and students (and potentially others, such as representatives of awarding bodies and employers) whom the team should meet.

If at this stage the review team considers that the provider's submission does not provide sufficient assurance that a core practice can be met, QAA will explain to the provider why the review team has come to that conclusion and will inform the OfS that the provider was not able to provide sufficient evidence.

Chapter 3: The review visit

The purpose of the review visit is to allow the review team to test whether and how the outcomes expressed by the core practices of the Quality Code are being delivered or achieved.

The activities the team will engage in during the review visit are likely to include:

- further assessment of documentary evidence
- meetings with staff, students and possibly others (such as employers)
- observations of teaching and learning activities
- assessment of learning resources and other facilities.

The overall programme of activities will be communicated to the provider in advance, with some flexibility built in (for example, to allow the team to focus on particular practices or areas of concern, types or examples of evidence). In exceptional circumstances, the team has discretion to lengthen the visit - such as, where a serious issue emerges which was not apparent beforehand. Where it is not possible to extend the review visit, it may be necessary to organise a second, follow-up visit.

At the end of the review visit, once the team is satisfied it has tested each core practice, the review team will meet in private to reflect on all the evidence it has gathered, establish what each piece of evidence has shown, and, on that basis, agree a judgement about whether the provider meets or does not meet each of the core practices according to the criteria set out in Annex 5. For each core practice, there are two possible judgements: 'meets the core practice', or 'does not meet the core practice'. The review team will also express the degree of confidence they have in each judgement based on the range of evidence they have been able to assess, or, for new providers, on the credibility and robustness of the provider's plans for further development.

QSR judgements will represent the reasonable judgement that the review team is able to come to, based on the evidence and time available.

Chapter 4: The review report and post-visit activity

Review report

The final stage of the review process is the production by the review team of a review report. The report will be structured according to the 13 core practices in the Quality Code and provide evidence to the OfS as to whether each practice has been met. This will include a description of how the team came to that judgement (how the provider demonstrated it met each practice, how a representative sample of the provision offered was constructed, the team's evaluation or analysis of the evidence considered including the first-hand experience during the visit, and - based on that analysis - its overall judgement).

Once the team has drafted its report, it will be reviewed by a group of QAA officers chaired by a senior manager with responsibility for the delivery of QSR. The purpose of that review will be to check that the draft report provides evidence to the OfS which is consistent with objectives and procedures set out in this guidance document.

Following internal review, the draft report will be shared with the provider in order that the provider may draw the team's attention to any factual inaccuracies and any misinterpretations leading from those inaccuracies. The review team will then consider the provider's response and make any changes it deems necessary, incorporating those changes in a revised report. Where the revised report contains only positive judgements - that is, judgements of 'meets the core practice' in all areas - the report will be deemed final and sent to the OfS for its consideration. It will then be published on QAA's website following the OfS's registration decision.

Where the revised report contains any negative judgements - that is, 'does not meet the core practice' in one or more core practices - the provider will then be invited to decide if it wishes to make representations against the review outcomes (see below).

The OfS will use the judgements of the review and the content of the review report as it makes its decision about whether a provider satisfies the relevant initial conditions of registration. If a provider does satisfy these conditions and is successfully registered, the OfS will also use the QSR outcomes as it determines the risk of a future breach of the relevant ongoing conditions of registration and whether any further action is required to mitigate increased risk.

Representations against review outcomes

Representations against QSR outcomes may be made where:

- the revised draft report (that is, the report produced in response to the provider's comments on the first draft) contains any negative judgements - that is, 'does not meet the core practice' in one or more core practices
- and
- the provider believes that the revised draft report contains factual inaccuracies, and/or misinterpretations arising from those inaccuracies
- or
- it is alleged that the published review process has not been followed.

Representations stage

Where a provider decides to make representations, this intention will be signalled to QAA, and a copy of the provider's submission on factual accuracy and misinterpretation, together with a copy of the team's response to the comments, will be sent to at least two independent reviewers who are trained in the QSR method but who have no prior involvement in the review and no apparent conflict of interest. The independent reviewers will have access to the evidence assessed during the course of the review but will refer to it only for the purpose of verifying any inaccuracies and/or misrepresentations cited by the provider. The independent reviewers will not seek to undertake a re-review.

The independent reviewers will be required to consider the documentation presented, and to decide on the balance of probabilities whether the review team has given due and reasonable consideration to the matters raised at the comments stage, and whether the evidence presented supports the team's conclusions as contained in the draft report. The independent reviewers will usually give their opinions independently of one another but may be convened to make a joint decision where different opinions are returned.

Where the independent reviewers conclude that the review team has not given due and reasonable consideration to the comments on accuracy and misrepresentation, the team will be required to do so, based on the guidance provided by the independent reviewers. The provider will be informed of the outcomes of the representations, and a revised version of the draft report will be signed off by a member of the QAA Executive (or nominated representative) and finalised for provision to the OfS.

Where the independent reviewers conclude that the review team has given due and reasonable consideration to the comments on accuracy and misrepresentation, the representations will be rejected, and the draft report will be finalised for provision to the OfS. The provider will be informed of the reasons for the rejection of the representations.

Representations on procedural irregularity

Where the provider wishes to raise a matter of procedural irregularity in the course of the review, a submission will be made at the representations stage, explaining the alleged irregularity and providing evidence in support of the allegation. Unsubstantiated allegations of procedural irregularity will be rejected on submission and returned to the provider.

The same process will apply as for the consideration of representations on inaccuracy and misinterpretation, except that where the independent reviewers conclude that the review team appears, on the balance of probabilities, not to have applied the published procedure, a member of the QAA Executive will determine how the process is to be continued, ensuring that the response is proportionate to the identified irregularity. Possible options will include, but will not be limited to, instructing the team to re-do part of the review, or the appointment of a new QAAO, reviewer or reviewers to ensure that the procedure is correctly applied.

Sharing information about representations with the OfS

Details of representations against review outcomes and the results of those representations may be shared with the OfS.

Providing feedback on QSR

Once the review has been completed, QAA will invite the provider to give feedback on the process. Feedback from providers will form part of the evidence for the evaluation of QSR.

Annex 1: Definition of key terms

The **Office for Students (OfS)** is the independent regulator for higher education in England, established by the Higher Education and Research Act 2017 (HERA). The legal functions of the OfS include publishing the **Regulatory framework for higher education in England** and maintaining the **Register of English higher education providers** that are officially registered with, and subject to regulation by, the OfS. The regulatory framework sets out **baseline requirements** which are the minimum regulatory requirements and conditions that higher education providers are required to meet for registration with the OfS. The appointment of a **Designated Body** to carry out quality and standards assessment functions to support the OfS's regulatory approach was a requirement of HERA, and QAA was designated by the Secretary of State for Education to carry out this role.

Threshold academic standards define the minimum acceptable levels of achievement that a student has to demonstrate to be eligible for an academic award. For equivalent awards, the threshold level of achievement is agreed across the UK and is described by the qualification descriptors set out in the relevant qualification frameworks. For QSR, the applicable sector-recognised standards are specified in the OfS's regulatory framework and those that apply to England are set out in Table 1, paragraphs 4.10, 4.12, 4.15, 4.17-4.18, 6.13-6.18 and in the Table in Annex C, in *The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies* (FHEQ), 2014. Threshold academic standards define the minimum standards that degree-awarding bodies must use to make the award of qualifications at a particular level of the relevant qualifications framework.

Academic standards are the standards set and maintained for the award of academic credit or qualifications, which may exceed the threshold standards. Providers are responsible for defining their own academic standards by setting the pass marks and determining the grading/marking schemes and any criteria for classification of qualifications that differentiate between levels of student achievement above and below the threshold academic standards.

The UK Quality Code for Higher Education (**the Quality Code**), revised version published May 2018, provides a reference point for effective quality assurance of higher education. The Quality Code sets out a series of expectations which clearly and succinctly express the outcomes providers should achieve in setting and maintaining the standards of their awards, and in managing the quality of their provision. The Code includes practices which represent effective ways of working that underpin the delivery of the expectations and will deliver positive outcomes for students. Core practices must be demonstrated by all UK higher education providers. Common practices are common in the underpinning of quality in all UK higher education providers but are not regulatory requirements for providers in England. Advice and guidance provides further information to assist new and established providers in developing and maintaining effective approaches to quality assurance.

All students refers to all students irrespective of background or any protected characteristics, studying at any level and by any mode (for example, undergraduate and postgraduate; full-time and part-time; distance, work-based and on-campus learners; HE apprentices; students studying under transnational education (TNE) arrangements).

Academic quality is concerned with how well the learning opportunities made available to students enable them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning resources are provided.

High quality is defined as quality which can consistently lead to credible and recognised positive outcomes for students. High quality is defined in the Quality Code as the minimum level of quality that is expected of all providers of UK higher education.

Core practices are practices that are required in all UK HE regulatory jurisdictions.

Over time refers to the need for the achievements represented by a qualification to be comparable with those of previous and future graduates with the same qualification.

The student academic experience encompasses students' experiences of their course and of the resources, support, facilities and opportunities that a provider makes available to support their learning.

Partnerships covers all arrangements where a provider works with others to design and/or deliver courses and/or to award qualifications. These can include validation and subcontracting (or franchising) arrangements, work-based learning arrangements and collaboration with employers (including to deliver apprenticeships), transnational education (TNE) arrangements, and international partnerships and collaborations. The processes that providers will need to follow to assure high quality will vary considerably depending on the type of partnership concerned and the risks involved.

Providers should have effective arrangements in place to ensure that standards are credible and secure, and students' academic experiences are of high quality, irrespective of where or how courses are delivered or who delivers them. **Transnational education (TNE)** refers to all types of higher education study courses, or sets of courses of study, or educational services (including those of distance education) in which the learners are located in a country different from the one where the awarding institution is based. Such courses may belong to the education system of a state different from the state in which it operates or may operate independently of any national education system.

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

Where providers choose to offer courses that lead to, or provide exemption from, specific professional qualifications, the requirements of the relevant PSRB will influence the design of academic courses, but the responsibility for the academic standards remains with the provider that is awarding the academic qualification. Where providers have PSRB accreditation for their courses, review teams will explore how accreditation requirements are taken into account in the setting and maintaining of standards and the quality assurance of courses. Review teams will also explore how accurately information about accredited status is conveyed to students.

Value refers to the credibility and standing of qualifications, and their reliability as a reflection and consistent record of academic achievement.

Annex 2: The provider submission

In accordance with its overall purpose and key features, QSR focuses primarily on the outcomes delivered or achieved by providers. Providers can demonstrate how they achieve these outcomes using the following sources of evidence:

- a submission given by the provider and its supporting evidence
- a student submission
- a responsibilities checklist (for providers without degree awarding powers - see Annex 9)
- written evidence from the provider requested by the review team following its initial assessment of the provider and student submissions
- evidence gathered during the review visit, which may include:
 - written documentation demonstrating how a provider meets the practices
 - meetings with staff, students and others
 - assessed student work
 - observations of teaching and learning
 - assessments of learning resources and other facilities.

This annex provides further information about the provider's submission and how it should be put together. Other parts of this document address the other sources of evidence.

The purposes and structure of the provider submission

The provider submission is likely to be the first piece of evidence the review team will encounter in the review process. Its purposes are:

- to briefly describe the provider's main characteristics (such as, mission, size, subject areas)
- to explain how the provider meets the core practices of the Quality Code, and how the provider can demonstrate this.

Therefore, the provider's submission should be structured in two main parts: an introductory section describing its main characteristics; and the main body of the submission explaining how it meets the core practices. The main body should be subdivided into 13 discrete sub-sections for each core practice (or fewer if the core practices on research degrees and/or working in partnership do not apply).

Length of submission and number of pieces of supporting evidence

The provider's submission (that is, the introduction and main body excluding supporting evidence, but including any annexes or appendices) may not exceed 20 pages of A4.

To ensure the submission is clear and legible for the review team, the following guidelines on formatting must be adhered to:

- Arial font, 11 point (minimum)
- Single-line spacing (minimum)
- 2 cm margins (minimum)

Tables, diagrams or any non-text content may be included in the 20-page limit.

It is crucial that the main body of the submission identifies and clearly references the evidence to support the narrative. At this stage, the evidence should be limited primarily to descriptive information

which supports or expands on the narrative in the main body of the submission, such as the provider's academic regulations. This is so that the reviewers may familiarise themselves with the provider's characteristics, structures and processes, enabling them to effectively and efficiently target subsequent requests for information about how the provider achieves the outcomes described by the core practices of the Quality Code, about which the reviewers ultimately make their judgements. Therefore, we would expect to receive no more than 30 pieces of supporting evidence with the provider submission, although there is no maximum limit. Annex 4 provides further guidance about the evidence which should accompany the submission (see 'Submission' in the third column of the matrix). Providers delivering courses leading to awards from other degree-awarding bodies or awarding organisations should also provide a responsibilities' checklist for each different partnership (see Annex 9 for more information).

It is perfectly acceptable to reference the same key pieces of evidence in several different parts of the submission. For example, the provider's academic regulations may be germane to all of the core practices dealing with academic standards.

How the provider submission is used

The review team will use the provider submission and its supporting evidence to familiarise themselves with the provider and the ways in which it meets the core practices of the Quality Code. Along with the student submission, it will provide the basis for the review team's initial assessment, the outcome of which will be an indication of areas that warrant further attention and a request for further information in those areas. Annex 4 gives examples of the types of evidence the review team may ask for after the initial assessment (see 'After initial assessment' in the third column of the matrix).

The submission will continue to be used throughout the rest of the review process, both as a source of information and as a way of navigating the supporting evidence.

Where the review team considers that the provider's submission does not provide sufficient assurance that a core practice can be met, the submission will be returned to the provider. QAA will explain to the provider why the review team has come to that conclusion and will inform the OfS that the provider was not able to provide sufficient evidence. By providing clear information to providers during briefing sessions and in the guidance, we envisage this happening in very few cases.

Technical requirements for the provider submission and supporting evidence

The provider submission and supporting evidence must be uploaded to QAA's secure electronic site nine weeks before the review visit. The precise date for doing this will be confirmed in writing. We will also explain by letter how the submission and supporting evidence should be uploaded.

The following table summarises the requirements above and describes other technical requirements, such as file naming conventions, which the provider should observe in compiling and uploading the submission to QAA's secure electronic site.

| | |
|--|--|
| <p>Length of submission and number of pieces of supporting evidence</p> | <p>The provider's submission (excluding supporting evidence but including any annexes or appendices) may not exceed 20 pages of A4.</p> <p>To ensure the submission is clear and legible for the review team, the following guidelines on formatting must be adhered to:</p> <ul style="list-style-type: none"> • Arial font, 11 point (minimum) • Single-line spacing (minimum) • 2 cm margins (minimum). <p>We would expect to receive no more than 30 pieces of supporting evidence, although there is no maximum limit.</p> |
| <p>Structure</p> | <p>The provider submission and supporting evidence should be supplied in a coherent structure:</p> <ul style="list-style-type: none"> • all files together, with no subfolders or zipped files • documents clearly labelled numerically, beginning 001, 002, and so on • ensure that each document has a unique reference number - do not number the same document with different numbers and submit it multiple times. |
| <p>File naming convention</p> | <p>Only use alphanumeric characters (a-z and 0-9); for spaces use the underscore (_) and the hyphen (-).</p> <p>Do not use full stops and any other punctuation marks or symbols, as these will not upload successfully.</p> |
| <p>File types to avoid</p> | <p>Do not upload:</p> <ul style="list-style-type: none"> • shortcut files (also known as .lnk and .url files) • temporary files beginning with a tilde (~) • administrative files such as thumbs.db and .DS_Store. |
| <p>For technical assistance with uploading files, please contact the QAA service desk on 0044 (0)1452 557123, or email helpdesk@qaa.ac.uk. The service desk operates from Monday to Friday between 9.00 and 17.00.</p> | |

Annex 3: The student submission

The purpose of the student submission is to help the review team understand what it is like to be a student at that provider, whether students think the provider is offering a high-quality academic experience, and if students consider that the provider gives them the support they need to succeed. The review team will consider the student submission very carefully and use it to help decide which aspects of the provision they want to look at in more detail. The student submission is, therefore, an important piece of evidence for QSR.

What format should it take?

The student submission may take a variety of forms, such as video, interviews, presentations, podcast or a written submission. In QAA's experience, students tend to find a written submission the easiest and quickest format to work with.

What should go in it?

Given that the overall purpose of QSR is to assess whether the provider meets the core practices of the Quality Code, it is helpful if the structure of the student submission broadly reflects those core practices. In that way the student submission would give students' views about the following:

- Academic standards: Does the provider make it clear what students have to do to reach a particular standard?
- Assessment: Do students regard the provider's approach to assessment as fair and transparent? Do students understand how their marks are decided?
- Course quality: What do students think about the design, content and organisation of their courses? What do they think about the quality of teaching?
- Staff: Do students think the provider has enough good staff to deliver a high-quality learning experience?
- Facilities, learning resources and student support: Do students consider that the provider has enough good quality facilities, learning resources and support services to deliver a high-quality learning experience?
- Research degrees: If the provider offers research degrees, do research students consider that their environment is appropriate and supportive, helping them to achieve successful outcomes?
- Admissions: What do students think about their experience of joining the provider? Do they think the admissions process was fair and easy to understand?
- Student engagement: Do students think that the provider engages them in ensuring the quality of their educational experience? Are there a variety of different ways students can engage - either on an individual basis or as a collective group?
- Student support: Do students feel like the provider supports them to achieve successful academic and professional outcomes? Do students receive helpful and timely feedback on their assessed work?
- Complaints and appeals: Do students know how they would raise a complaint or appeal? Do they perceive those processes to be fair and transparent?

These prompts and questions are meant as a guide to structure the student submission. It is not necessary to cover all of them. Equally, if students feel there are other important issues connected with their educational experience not covered above, they should feel free to include them in the submission.

The student submission should not include anything about the non-academic elements of students' experiences, such as fees, accommodation or social activities, unless students regard these as having a direct impact on their learning.

The student submission should not name individual members of staff or raise any personal cases or grievances.

How should students go about putting it together?

The best student submissions reflect the views of as many students as possible - encompassing different courses, departments, levels (for example, undergraduate and postgraduate) and modes of study (such as, full-time, part-time, distance learning, students working under partnership agreements). The views of students with protected characteristics would also be helpful in the context of some core practices (to assess, for example, that admissions processes are fair and inclusive, and that student support at the provider is available to those with specific needs). However, getting the views of a wide range of students on a number of different issues can be very time consuming. Therefore, we encourage students to use existing information, such as external and/or internal student survey results and outcomes of existing meetings between staff and students, rather than conduct surveys especially for the student submission. The provider will be able to let students know what existing information is available.

Whatever approach is taken to gathering evidence, the submission should explain what the evidence-base is. This is so that the team can get a sense of how representative it is and decide whether they need to engage with particular groups of students in other ways.

How long should it be?

There is no word limit or target for a written submission, or equivalents in other formats. In our experience, the length of student submissions varies according to the size of the provider and the complexity of its provision.

When does it have to be submitted?

The student submission should be uploaded to the QAA electronic site nine weeks before the review visit. QAA will confirm the precise date in writing.

Will it be shared with the provider?

Given that the student submission is such an important piece of evidence, in the interests of transparency and fairness, it must be shared with the provider - at the latest when it is uploaded to the secure electronic site.

Annex 4: QSR evidence matrix

QSR is an outcomes-based review method and, as such, it is the provider's responsibility to present evidence that it considers demonstrates how it delivers the outcomes described in the core practices of the Quality Code. A provider should make clear how it achieves the desired outcomes within its own context, specialisms and operating model. The evidence matrix that follows, gives examples of evidence that may demonstrate that a core practice is met. It is neither prescriptive nor exhaustive. We encourage providers to present alternative types of evidence if they consider it will help review teams gain a better understanding of their adherence to the core practices.

The following matrix describes:

- the core practice that is being tested and the outcomes a provider will need to demonstrate
- the types of evidence that may inform the judgements against each core practice
- when that evidence will be requested or collected
- the approach review teams will take to sampling evidence where that evidence is available in different or multiple areas (such as in different courses)
- the purpose of collecting particular types of evidence.

The evidence matrix will help providers prepare for, and participate in, the review process; and guide reviewers in their application of the review method. Reviewers will receive additional guidance and training that ensures they are sensitive to a provider's individual context and approach, in their assessment.

Not all types of evidence will be applicable or available to all providers. Providers will need to consider how best to demonstrate the core practices are met within their own contexts. For instance, under the first core practice ('The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications frameworks'), new providers may not be in a position to provide external examiner or verifier reports but should be able to provide their plans for using external examiners or verifiers at the appropriate time. This is why both 'External examiner or verifier reports' and 'Plans for setting and maintaining threshold standards' appear as evidence types against this particular core practice.

The matrix shall not prevent review teams from requesting alternative types of evidence that will help them to offer more secure judgements in the interests of students. Requests for evidence after the initial assessment stage will vary, depending on the level of assurance reached at this initial stage.

Sampling key

The sampling approach column uses numerical identifiers which have the following meanings:

- 1: representative sample of courses or areas to reflect the full range of the provider's provision (for example, modes of study, distance learning, provision delivered in partnership)
- 2: risk-based sample of courses or areas which appear not to satisfy one or more core practices (for example, because the underlying processes are not clearly defined in the provider's submission)
- 3: randomised sampling, to mitigate against sampling or confirmation bias in the two approaches above.

Reviewers will employ one or more of these approaches at the initial assessment stage depending primarily on the size of the provider and the strength of its submission. In a small provider, for instance, there may only be a handful of courses to choose from.

| Core practice and outcome | Type of evidence | When the evidence is likely to be collected | Sampling approach | Purpose |
|--|---|---|--|--|
| <p>The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications frameworks.</p> <p>N.B. The sector-recognised standards that will be used in relation to this core practice are those that apply in England as set out in the OfS's regulatory framework Table 1, and in paragraphs 4.10, 4.12, 4.15, 4.17 and 4.18, and in paragraphs 6.13-6.18, and in the Table in Annex C, in the version of <i>The Frameworks for Higher Education Awarding Bodies</i> (FHEQ) published in October 2014. These sector-recognised standards represent the threshold academic standards for each level of the FHEQ and the minimum volumes of credit typically associated with qualifications at each level.</p> | Academic regulations and assessment framework (including classification/grading rubric) | Submission | N/A - provider level | To identify institutional approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards. |
| | Plans for setting and maintaining threshold standards | Submission | NA - provider level | To interrogate the robustness and credibility of the provider's plans for ensuring threshold standards. |
| | Approved course documentation | After initial assessment | 1, 2 and 3 | To test that specified threshold standards for courses sampled are consistent with relevant national qualifications frameworks. |
| | External examiner or verifier reports | After initial assessment | 1, 2 and 3: Likely that courses sampled will be the same as those sampled for course documentation | To check that external examiners or verifiers confirm threshold standards are consistent with national qualifications frameworks, and that credit and qualifications are awarded only where those threshold standards have been met. |
| | Third party endorsements (such as PSRB reports), where available | After initial assessment | All courses for which such information is available | To identify how other organisations regard threshold standards and award procedures. |
| | Assessed student work | After initial assessment and/or at review visit | 1, 2 and 3: Likely that work sampled will be from courses sampled for course documentation and external examiner or verifier reports | To test that students' assessed work reflects the relevant threshold standards. |

| Core practice and outcome | Type of evidence | When the evidence is likely to be collected | Sampling approach | Purpose |
|--|--|---|--|---|
| <i>Continued from previous page...</i> | Meeting with staff involved in assessment | Review visit | Sample of staff from courses analysed above | To test that staff understand and apply the provider's approach to setting and maintaining threshold standards. |
| The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers. | Academic regulations and assessment framework | Submission | N/A - provider level | To identify institutional approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards. |
| | Plans for setting and/or maintaining comparable standards | Submission | N/A - provider level | To interrogate the robustness of the provider's plans for setting and maintaining comparable standards and to ensure that plans are credible and evidence-based. |
| | Approved course documentation | After initial assessment | 1, 2 and 3 | To test that specified standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers. |
| | External examiner or verifier reports | After initial assessment | 1, 2 and 3: It is likely that courses sampled will be the same as those sampled for course documentation | To check that external examiners or verifiers confirm that standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers, and that credit and qualifications are awarded only where those standards have been met. |
| | Third party endorsements (such as PSRB reports), where available | After initial assessment | All courses for which such information is available | To identify how other organisations regard the standards and award procedures. |

| Core practice and outcome | Type of evidence | When the evidence is likely to be collected | Sampling approach | Purpose |
|--|---|---|--|---|
| <i>Continued from previous page...</i> | Assessed student work (including classification/grading rubric) | After initial assessment and/or at review visit | 1, 2 and 3: It is likely that work sampled will be from courses sampled for course documentation and external examiner or verifier reports | To test that marks and awards given to students are reasonably comparable with those achieved in other UK providers. |
| | Meeting with students | Review visit | Sample of students from courses analysed above | To assess whether students understand what is required of them to reach standards beyond the threshold. |
| | Meeting with staff involved in assessment | Review visit | Sample of staff from courses analysed | To test that staff understand and apply the provider's approach to setting and maintaining comparable standards. |
| The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent. | Academic regulations and/or institutional policy describing requirements for involvement of external expertise, and assessment and classification processes | Submission | N/A - provider level | To identify how external experts are used in setting and maintaining academic standards, and how the provider's assessment and classification processes operate. |
| | Plans for using external expertise in setting and maintaining academic standards Plans for assessment and classification processes | Submission | N/A - provider level | To assess whether plans for using external expertise in setting and maintaining academic standards and plans for assessment and classification processes are credible, robust and evidence-based. |
| | Approved course documentation | After initial assessment | 1, 2 and 3 | To assess the reliability, fairness and transparency of assessment and classification processes for the courses sampled. |

| Core practice and outcome | Type of evidence | When the evidence is likely to be collected | Sampling approach | Purpose |
|--|--|--|--|--|
| <i>Continued from previous page...</i> | External examiner or verifier reports, and provider's responses | After initial assessment | 1, 2 and 3: It is likely that courses sampled will be the same as those sampled for course documentation | To interrogate the use of external examiners or verifiers and that provider considers and respond to externals' reports regarding standards appropriately. To identify externals' views about reliability, fairness and transparency of assessment and classification processes. |
| | Records of course approval (and/or review where available) | After initial assessment | 1, 2 and 3 | To test that external experts are used according to the provider's regulations or policies. |
| | Third party endorsements (such as PSRB reports), where available | After initial assessment | All courses for which such information is available | To identify how other organisations regard the use of externals and the reliability, fairness and transparency of assessment and classification processes. |
| | Meetings with staff and students | Review visit | Sample from courses analysed above | To test that staff understand the requirements for the use of external expertise, and the provider's assessment and classification processes. To identify how students regard the reliability, fairness and transparency of assessment and classification processes. |
| | Meetings with external experts | Review visit | Likely to be required only where a concern emerges from the analysis of written evidence above | To test that external experts understand their role and identify their views about the reliability, fairness and transparency of assessment and classification processes. |

| Core practice and outcome | Type of evidence | When the evidence is likely to be collected | Sampling approach | Purpose |
|--|--|--|---|--|
| Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them. | Relevant academic regulations or policies | Submission | N/A - provider level | To identify how the provider ensures the standards of its awards are credible and secure where these are delivered by partners. |
| | Plan for securing standards in partnership work | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for securing standards in partnership work. |
| | Partnership agreements | After initial assessment | 1, 2 and 3 | To interrogate the basis for the maintenance of academic standards within specific partnerships, and that those arrangements are in line with the provider's regulations or policies. |
| | External examiner or verifier reports | After initial assessment | 1, 2 and 3: It is likely to be drawn from the same partnerships as the agreements requested | To test whether external examiners or verifiers consider that standards are credible and secure, thus confirming the effectiveness of the underpinning arrangements. |
| | Third party endorsements (such as PSRB reports), where available | After initial assessment | All courses delivered in partnership for which such information is available | To identify how other organisations regard the standards of awards of courses delivered in partnership. |
| | Assessed student work | After initial assessment and/or at review visit | 1, 2 and 3: It is likely to be drawn from the same courses as those sampled above | To test that standards of awards are credible and secure, thus confirming the effectiveness of the underpinning arrangements. |
| | Meet with staff from delivery partners and with staff from the awarding body/organisation who manage the partnership | Review visit | 1, 2 and 3: It is likely to be drawn from the same courses as those sampled above | To test that staff understand and discharge effectively their responsibilities to the awarding body. To test the awarding body/organisation's understanding of their responsibilities and how this |

| Core practice and outcome | Type of evidence | When the evidence is likely to be collected | Sampling approach | Purpose |
|---|--|--|---|---|
| <i>Continued from previous page...</i> | agreement and relationship with the provider | | | is implemented and monitored in practice. |
| Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high quality irrespective of where or how courses are delivered and who delivers them. | Relevant academic regulations or policies | Submission | N/A - provider level | To assess how the provider ensures courses are high quality irrespective of where or how courses are delivered or who delivers them. |
| | Plan for delivering a high-quality academic experience in partnership work | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for ensuring a high-quality academic experience in partnership work. |
| | Students' views (student submission, internal and external surveys, module and course evaluations) | Submission or student submission After initial assessment for survey and evaluation results, and/or at review visit | Courses sampled | To assess students' views about quality of courses delivered in partnership. |
| | Partnership agreements | After initial assessment | 1, 2 and 3 | To test the basis for the maintenance of high quality within specific partnerships, and that those arrangements are in line with the provider's regulations or policies. |
| | External examiner or verifier reports | After initial assessment | 1, 2 and 3: It is likely to be drawn from the same partnerships as the agreements requested | To test that external examiners or verifiers consider courses delivered in partnership to be of high quality, thus confirming the effectiveness of the underpinning arrangements. |
| <i>Continued from previous page...</i> | Third party endorsements (such as PSRB reports), where available | After initial assessment | All courses delivered in partnership for which such | To assess how other organisations regard the quality of courses delivered in partnership. |

| Core practice and outcome | Type of evidence | When the evidence is likely to be collected | Sampling approach | Purpose |
|--|--|---|---|--|
| | | | information is available | |
| | <p>Meet with staff and students from courses delivered in partnership</p> <p>Meet with staff from the awarding body/organisation who manage the partnership agreement and relationship with the provider</p> | Review visit | Drawn from sampled courses | <p>To test whether staff understand and discharge effectively their responsibilities to the awarding body.</p> <p>To assess students' views about quality of courses delivered in partnership.</p> <p>To test that the awarding body/organisation/lead provider is meeting its responsibilities.</p> |
| The provider designs and/or delivers high-quality courses. | Relevant academic regulations | Submission | N/A - provider level | To identify the provider's approach to designing and delivering high-quality courses. |
| | Provider plans for designing and/or delivering high-quality courses | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for designing high-quality courses. |
| | Approved course documentation | After initial assessment | 1, 2 and 3 | To test that all elements of the courses sampled are high quality (curriculum design, content and organisation; learning, teaching and assessment approaches) and that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes. |
| <i>Continued from previous page...</i> | External examiner or verifier reports | After initial assessment | 1, 2 and 3: It is likely to be the same courses as those sampled for course documentation | To identify external examiners' or verifiers' views about the quality of the courses sampled. |

| Core practice and outcome | Type of evidence | When the evidence is likely to be collected | Sampling approach | Purpose |
|----------------------------------|--|--|--|---|
| | Students' views (student submission, internal and external surveys, module and course evaluations) | Submission or student submission. After initial assessment for survey and evaluation results, and/or at review visit | Sample of surveys and evaluations to reflect the courses sampled above | To identify students' views about quality of the courses sampled. |
| | Third party endorsements (such as PSRB reports), where available | After initial assessment | All courses for which such information is available | To identify other organisations' views about the quality of the courses for which such information is available. |
| | Meetings with students and staff | Review visit | Staff and students drawn from courses sampled above | To assess how staff ensure courses are high quality. To assess students' views about quality of the courses sampled. |
| | Meetings with third parties (e.g. employers of graduates) | Review visit - likely to be used where, for example, employers have particularly close ties to the course (e.g. a degree apprenticeship) | By exception - likely to be used where, for example, employers have particularly close ties to the course (e.g. a degree apprenticeship) | To identify third parties' views about the quality of the courses sampled. |
| | Observations of teaching and learning | Review visit | 1, 2 and 3 | To test whether course delivery is high quality. |

| | | | | |
|--|---|--|--|---|
| <p>The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.</p> <p>N.B. This includes academic and professional support staff.</p> | Relevant academic regulations or institutional policy or policies | Submission | N/A - provider level | To identify how the provider recruits, appoints, inducts and supports staff so that it meets the outcome. |
| | Plans for recruiting, selecting and developing sufficient appropriately qualified and skilled staff | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for ensuring that they have sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience. |
| | Third party endorsements (e.g. from a PSRB or awarding organisation) | Submission | For all courses or areas where such endorsements are available | To identify other organisations' views about sufficiency, qualifications and skills of staff. |
| | Staffing structure chart or similar ⁴ | Submission | N/A - provider level | To identify the roles or posts the provider has to deliver a high-quality learning experience and assess whether they are sufficient. |
| | Students' views (student submission, internal and external surveys, module and course evaluations) | Submission or student submission After initial assessment for survey and evaluation results, and/or at review visit | 1, 2 and 3: To select specific courses for survey and evaluation results | To identify students' views about sufficiency, qualifications and skills of staff. |
| | Job descriptions and details (e.g. CVs) of persons holding specific posts, and the records of their recruitment | After initial assessment, and (if not closed down then) at review visit | 1, 2 and 3 | To assess whether the staff sampled are appropriately qualified and skilled to perform their roles effectively. To assess that the staff sampled were recruited according to the provider's policies and procedures (e.g. that post holders' prior qualifications and experience were properly checked). |

⁴ For smaller providers this is likely to reflect individual posts. For larger providers the staffing structure may reflect groups of similar posts or teams.

| | | | | |
|--|---|--|---|--|
| <i>Continued from previous page...</i> | Meetings with students, staff and other key stakeholders involved in course delivery | Review visit | To reflect the evidence gathered after the initial assessment stage above. It is likely that the review team will wish to meet the staff whose details they have considered at that stage | To cross-check outcomes identified by desk-based activities to: <ul style="list-style-type: none"> • test that staff are appropriately qualified and skilled • assess whether students consider that the provider has sufficient staff and that those staff are appropriately qualified and skilled. |
| | Observations of teaching and learning | Review visit | 1, 2 and 3: Likely to be the same sample as for previous core practice | To test whether academic staff deliver a high-quality learning experience. |
| The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. | Relevant strategies or plans for facilities, learning resources and student support services | Submission | N/A - provider level | To identify how the provider's facilities, learning resources and student support services contribute to delivering a high-quality academic experience. |
| | Plans for ensuring sufficient and appropriate facilities, learning resources and student support services | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for ensuring that they have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. |
| | Students' views (student submission, internal and external surveys, module and course evaluations) | Submission or student submission After initial assessment for survey and evaluation results, and/or at review visit | 1, 2 and 3: To select specific courses for survey and evaluation results | To identify students' views about facilities, learning resources and support services. |
| | Third party endorsements (e.g. from a PSRB or awarding organisation) | Submission | For all courses or areas where such endorsements are available | To identify other organisations' views about facilities, learning resources and student support services. |

| | | | | |
|--|---|---|--|---|
| <i>Continued from previous page...</i> | Provider's job roles, structures and resources | Submission | N/A - provider level | To identify the provider's facilities, learning resources and student support services. |
| | Job descriptions of staff employed in relevant functions | After initial assessment | 1, 2 and 3 | To determine whether the roles are consistent with the delivery of a high-quality learning experience. |
| | Meetings with staff and students | Review visit | To reflect the evidence gathered at the initial assessment stage above. It is likely that the review team will wish to meet the staff whose details they have considered at that stage | To test whether staff are appropriately qualified and skilled, and understand their roles and responsibilities. To assess students' views about facilities, learning resources and support services. |
| | Direct assessment of facilities, learning resources and support services | Review visit (or online, e.g. in the case of virtual learning environments) | Likely to reflect any concerns emerging from evidence gathered at an earlier stage, such as the student submission | To test that the facilities, resources or services under assessment deliver a high-quality academic experience. |
| Where the provider offers research degrees, it delivers these in appropriate and supportive research environments. | Relevant academic regulations and/or policies for: recruitment, admissions, induction, supervision, monitoring and review; development of research and other skills; assessment; and training and support for supervisors | Submission | N/A - provider level | To identify how the provider's regulations or equivalent provide for the maintenance of an appropriate and supportive research environment. |
| | Provider plans for delivering and developing research degree delivery | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for delivering research degrees in an appropriate and supportive research environment. |

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| <i>Continued from previous page...</i> | Students' views (student submission, internal and external surveys, module and course evaluations) | Submission or student submission After initial assessment for survey and evaluation results, and/or at review visit | 1, 2 and 3: To select specific courses for survey and evaluation results | To identify students' views about the research environment. |
| | Measures of research environment. These may include measures of research strength and activity (Research Excellence Framework outcomes, Research Council or other grants); CVs of supervisory staff; and measures of success in supporting research students to develop research and other skills | After initial assessment | 1, 2 and 3 | To measure the supportiveness of the research environment. |
| | Meetings with research students and supervisory staff | Review visit | To reflect the evidence gathered after the initial assessment stage above. It is likely that the review team will wish to meet the staff whose details they have considered at that stage | To test whether staff understand their responsibilities and are appropriately skilled and supported. To assess students' views about the research environment. |
| The provider has a reliable, fair and inclusive admissions system. | Relevant academic regulations | Submission | N/A - provider level | To identify institutional policy relating to: the recruitment, selection and admission of students; roles and responsibilities of staff involved in the admissions process; support for applicants; how the provider verifies applicants' entry qualifications; how the provider facilitates an inclusive |

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| | Provider plans for delivering admissions | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for ensuring that admissions systems are reliable, fair and inclusive. |
| | Generic (i.e. non-subject specific) information for applicants | Submission | N/A - provider level | To test whether the information given to applicants is transparent, inclusive and fit for purpose. |
| | Arrangements with recruitment agents | Submission | Provider level, for all courses affected | To interrogate how the provider ensures that third parties understand and implement the provider's admissions policy and process effectively. |
| | Approved course documentation | After initial assessment | 1, 2 and 3 | To test whether admissions requirements for courses sampled reflect provider's overall regulations and/or policy. |
| | Admissions records | Review visit | 3: Randomly selected sample of admissions records/decisions, both successful and unsuccessful | To assess whether reliable, fair and inclusive admissions decisions were made for the applicants sampled. |
| | Meetings with admission staff and students | Review visit | To reflect the evidence gathered after initial assessment stage above | To test whether staff understand their responsibilities, are appropriately skilled and supported and can articulate how the provider's approach to inclusivity is manifest in the admissions process. To assess students' views about the admissions process. |

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| The provider actively engages students, individually and collectively, in the quality of their educational experience. | Relevant academic regulations or policy | Submission | N/A - provider level | To identify how the provider actively engages students in the quality of their educational experience. |
| | Provider plans for engaging students | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for engaging students, individually and collectively, in the quality of their educational experience. |
| | Examples of the provider changing or improving provision as a result of student engagement | Submission | N/A - provider level | To illustrate the impact of the provider's approach. |
| | Students' views (student submission, internal and external surveys, module and course evaluations) | Submission or student submission After initial assessment for survey and evaluation results, and/or at review visit | 1, 2 and 3: To select specific courses for survey and evaluation results. It is likely to reflect sample identified under other core practices | To identify students' views about student engagement in the quality of their educational experience. |
| | Meetings with students | Review visit | Sample to include students in a range of representative roles - provider (faculty/department) and course-level as relevant to the provider | To assess whether students consider they are engaged in the quality of their educational experience. |
| The provider supports all students to achieve successful academic and professional outcomes. | Relevant academic regulations or institutional policy | Submission | N/A - provider level | To identify the provider's approach to student support, including how it identifies and monitors the needs of individual students. |
| | Provider plans to support students in achieving academic and professional outcomes | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for ensuring that all students are supported to achieve |

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| | Students' views (student submission; internal and external surveys; module and course evaluations) | Submission or student submission. After initial assessment for survey and evaluation results, and/or at review visit | 1, 2 and 3: To select specific courses for survey and evaluation results | To identify students' views about student support mechanisms. |
| | Assessed student work | After initial assessment and/or at review visit | 1, 2 and 3: It is likely to be drawn from the same courses as those sampled | To test whether students are given comprehensive, helpful and timely feedback. |
| | Meetings with students and staff involved in providing academic and non-academic support | Review visit | Sample of students to include those who have made particular use of student support mechanisms according to specific needs | To test whether staff understand their responsibilities and are appropriately skilled and supported. To assess students' views about student support mechanisms. To assess whether students who have made particular use of student support services regard those services as accessible and effective. |
| The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students. | Relevant academic regulations or policy | Submission | N/A - provider level | To identify the provider's processes for handling complaints and appeals. To confirm that these processes are fair and transparent. |
| | Provider plans for complaints and appeals | Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based plans for developing and operating fair and transparent procedures for handling complaints and appeals which are accessible to all students. |

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| <i>Continued from previous page...</i> | Information for students | Submission | N/A - provider level | To assess whether information for potential and actual complainants and appellants is clear and accessible. |
| | Numbers and types of complaints and appeals received, and outcomes (including time to outcome) | Submission | Provider level: Data for all complaints and appeals for the previous three years | To identify levels of complaints and appeals overall and by course or type, which may identify issues for further investigation under other core practices. |
| | Meetings with students | Review visit | No specific sample; relevant questions will be asked of students sampled under other core practices | To identify students' views about the clarity and accessibility of the provider's complaints and appeals procedures. |
| | Examples of specific complaints and appeals | Review visit | 3: Random sample of a handful of complaints and appeals from different courses (if possible) | To test that complaints and appeals sampled were dealt with in a fair, transparent and timely manner. |

Annex 5: QSR assessment framework

This annex sets out the criteria review teams will use to come to judgements. Further details will form part of the training and guidance that reviewers will receive before they undertake a QSR.

The purposes of the framework are to guide reviewers in their application of the review method, and to help providers and other stakeholders understand how the reviewers come to their judgements. It may be helpful to read this table in conjunction with the evidence matrix in Annex 4. As with the evidence matrix, the core element of the assessment framework is the practice that is being judged, and the outcomes that reviewers are expecting to see.

In QSR, review teams make judgements against each of the core practices of the Quality Code. For each core practice, there are two possible judgements: meets the core practice ('met') or does not meet the core practice ('not met').

The assessment framework is neither prescriptive nor exhaustive; it illustrates what the evidence, in aggregate, will tend to show or demonstrate to support a 'met' or 'not met' judgement in each case. It is not necessary to meet all of the criteria to support a particular judgement and reviewers will not use the information in this table as a checklist - judgements will be made according to a provider's context. Not all criteria will be applicable to all providers. For instance, for new providers the criteria dealing with plans for future development will be particularly important, whereas for established providers review teams will draw more on the criteria addressing what the provider has already done or accomplished.

How judgements are made

QSR involves an incremental and iterative decision-making process. Reviewers will make initial hypotheses based on the provider's submission and its supporting evidence (and the student submission, where available) and continually revisit those hypotheses as the review progresses, cross-checking their findings against the different sources of evidence put forward by the provider, and comparing and validating them with other members of the review team. At the end of the review visit, once it has its complete set of evidence, the review team will meet in private to reflect on how well a provider has demonstrated it meets the core practices. The team will consider all the evidence it has gathered, including the experience during the visit, establish what each piece of evidence has shown, and, on that basis, agree whether the provider meets or does not meet each of the core practices according to the criteria set out below.

In practice, for any given core practice it is possible that the evidence will meet criteria for both a 'met' and 'not met' judgement. In such circumstances, the review team will use a 'best fit' approach to decide, on balance, which judgement the evidence tends to support. The overriding principle will be whether the outcome expressed by the core practice has been, or is likely to be, achieved.

| Core practice and outcome | The provider is likely to meet the core practice where... | The provider is not likely to meet the core practice where... |
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| <p>The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications frameworks.</p> | <ul style="list-style-type: none"> • Assessed student work demonstrates that credit and qualifications are awarded only where the relevant threshold standards have been met. • Staff understand and apply the provider's approach to setting and maintaining standards. • Plans for maintaining threshold standards are robust and credible and fully understood by staff. • It has clear and comprehensive academic regulations and frameworks to support the setting and maintenance of academic standards at the relevant threshold level. • The threshold standards described in definitive course documentation are consistent with relevant national qualifications framework. • External examiner or verifiers (and other third parties, where relevant) confirm that threshold standards are consistent with the relevant national qualifications framework, and credit and qualifications are awarded only where those threshold standards have been met. | <ul style="list-style-type: none"> • Assessed student work demonstrates that credit and qualifications are awarded where the relevant threshold standards have not been met. • Staff do not understand and/or apply the provider's approach to setting and maintaining standards. • Plans for maintaining threshold standards are not robust and credible and staff do not fully understand them. • Academic regulations and frameworks are not clear or comprehensive enough to support the setting and maintenance of academic standards. • The threshold standards described in definitive course documentation are not consistent with relevant national qualifications framework. • External examiner or verifiers (and other third parties, where relevant) indicate that threshold standards are inconsistent with the relevant national qualifications framework, and/or that credit and qualifications are awarded where those threshold standards have not been met. |
| <p>The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.</p> | <ul style="list-style-type: none"> • Assessed student work demonstrates that credit and qualifications are awarded only where the relevant standards have been met. • Staff understand and apply the provider's approach to setting and maintaining standards. • Students understand what is required to reach standards beyond the threshold. • Plans for setting and maintaining comparable standards are robust and credible. • The provider has clear and comprehensive academic regulations and frameworks to support the setting and maintenance of academic standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers. • The standards described in definitive course documentation beyond the threshold level that are reasonably comparable with those in other UK providers. • External examiner or verifiers (and other third parties, where relevant) confirm that standards beyond the threshold level are reasonably comparable with those in other UK providers, and credit and qualifications are awarded only where those standards have been met. | <ul style="list-style-type: none"> • Assessed student work demonstrates that credit and qualifications are awarded where the relevant standards have not been met. • Staff do not understand and/or apply the provider's approach to setting and maintaining standards. • Students do not understand what is required to reach standards beyond the threshold. • Plans for setting and maintaining comparable standards are not robust or credible. • Academic regulations and frameworks are not clear or comprehensive enough to support the setting and maintenance of academic standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers. • The standards described in definitive course documentation beyond the threshold level are not comparable with those in other UK providers. • External examiner or verifiers (and other third parties, where relevant) indicate that standards beyond the threshold level are not comparable with those in other UK providers, and/or credit and qualifications are awarded where those standards have not been met. |

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| <p>The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.</p> | <ul style="list-style-type: none"> Assessed student work confirms assessment and classification are carried out in line with the provider's and course's requirements. Students confirm that the provider's assessment and classification processes are reliable, fair and transparent. Staff understand the requirements for the use of external expertise, and the provider's assessment and classification processes. Plans for using external expertise in both setting and maintaining academic standards and assessment and classification are robust and credible. The provider has clear and comprehensive regulations and/or policies describing its requirements for using external expertise in setting and maintaining academic standards. The provider has clear and comprehensive regulations and/or policies for assessment and classification, and these processes are reliable, fair and transparent. Records of course approval and review confirm that external expertise is used according to the provider's regulations. External examiner or verifier reports, and the provider's responses to them, confirm the use of external expertise and that the provider gives that expertise due consideration. External examiner or verifier reports confirm that the provider's assessment and classification processes are reliable, fair and transparent. | <ul style="list-style-type: none"> Assessed student work indicates that assessment and classification are not carried out in line with the provider's and course's requirements. Students indicate that the provider's assessment and classification processes are unreliable, unfair and/or opaque. Staff do not understand the requirements for the use of external expertise, and/or the provider's assessment and classification processes. The provider does not have robust and credible plans for using external expertise in both setting and maintaining academic standards and assessment and classification. The provider does not require the use of external expertise in setting and maintaining standards, or its requirements for doing so are neither clear nor comprehensive. The provider's regulations and/or policies for assessment and classification are unreliable, unfair and/or opaque. Records of course approval and review indicate that external expertise is not employed, or not used as required by the provider's regulations. External examiner or verifier reports (or the lack of them), and the provider's responses to them, indicate that external expertise is not employed and/or that the provider does not give that expertise due consideration. External examiner or verifier reports indicate that the provider's assessment and classification processes are unreliable, unfair and/or opaque. |
| <p>Where a provider works in partnership with other organisations, it has effective arrangements in place to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.</p> | <ul style="list-style-type: none"> Staff from both the delivery partner and the awarding body/organisation understand their respective responsibilities for academic standards. It has robust and credible plans to secure standards in provision delivered in partnership. The provider has clear and comprehensive regulations or policies for the management of partnerships with other organisations, to ensure that the standards of its awards are credible and secure. Partnership agreements are clear and comprehensive, up-to-date and reflect the provider's regulations or policies for the management of partnerships. External examiner or verifier reports, information from third parties and assessed student work confirm that the standards of awards delivered in partnership are credible and secure | <ul style="list-style-type: none"> Staff from the delivery partner and/or the awarding body/organisation do not fully understand their respective responsibilities for academic standards. It does not have robust and credible plans to secure standards in provision delivered in partnership. The provider's regulations or policies for the management of partnerships with other organisations are not clear or comprehensive, presenting a risk to academic standards. Partnership agreements are unclear and/or partial, and/or have expired or are not signed and/or do not reflect the provider's regulations or policies for the management of partnerships. External examiner or verifier reports, information from third parties and assessed student work indicate that the standards of awards delivered in partnership are not credible and/or secure (cross-reference to the core practices on |

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| <i>Continued from previous page...</i> | (cross-reference to the core practices on academic threshold standards and standards beyond the threshold). | academic threshold standards and standards beyond the threshold). |
| Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high quality irrespective of where or how courses are delivered and who delivers them. | <ul style="list-style-type: none"> • Staff from both the delivery partner and the awarding body/organisation understand their respective responsibilities for quality. • It has robust and credible plans to ensure a high-quality academic experience for provision delivered in partnership. • The provider has clear and comprehensive regulations or policies for the management of partnerships with other organisations, to ensure that the academic experience is high quality, irrespective of where or how courses are delivered and who delivers them. • Partnership agreements are clear and comprehensive, up-to-date and reflect the provider's regulations or policies for the management of partnerships. • External examiner or verifier reports and information from third parties confirm that the academic experience is high quality (cross-reference with other relevant core practices). | <ul style="list-style-type: none"> • Staff from the delivery partner and/or the awarding body/organisation do not fully understand their respective responsibilities for quality. • It does not have robust and credible plans to ensure a high-quality academic experience for provision delivered in partnership. • The provider's regulations or policies for the management of partnerships with other organisations are not clear or comprehensive, presenting a risk to quality. • Partnership agreements are unclear and/or partial, and/or have expired or are not signed and/or do not reflect the provider's regulations or policies for the management of partnerships. • External examiner or verifier reports, information from third parties and assessed student work indicate that the academic experience for students on courses delivered in partnership is not of a high quality (cross-reference with other relevant core practices). |
| The provider designs and/or delivers high-quality courses. | <ul style="list-style-type: none"> • Students tend to regard their courses as being of high quality. • Staff are able to articulate what 'high quality' means in the context of the provider, and to show how the provision meets that definition. • Observations of teaching and learning demonstrate clarity of objectives, good planning and organisation, a sound method or approach, good delivery, appropriate content, effective use of resources and student engagement. • It has robust and credible plans for designing and delivering high-quality courses. • The provider's regulations or policies for course design and delivery facilitate the design and delivery of high-quality courses. • Approved course documentation indicates that the teaching, learning and assessment design enable students to meet and demonstrate the intended learning outcomes. • External examiner or verifier reports and information from third parties confirm that the courses concerned are high quality. | <ul style="list-style-type: none"> • Students tend not to regard their courses as being of high quality. • Staff are unable to articulate what 'high quality' means in the context of the provider, and/or to show how the provision meets that definition. • Observations of teaching and learning demonstrates unclear objectives, inadequate planning and organisation, unsound methods or approaches, poor delivery, inappropriate content, ineffective use of resources and/or non-engagement of students. • It does not have robust and credible plans for designing and delivering high-quality courses. • The provider's regulations or policies for course design and delivery do not facilitate the design and delivery of high-quality courses. • Approved course documentation indicates that the teaching, learning and/or assessment design may not enable students to meet and demonstrate the intended learning outcomes. • External examiner or verifier reports and/or information from third parties raise serious concerns about the quality of students' academic experience, of which the provider is unaware and/or unable or unwilling to address. |

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| <p>The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.</p> <p>N.B. This includes academic and professional support staff.</p> | <ul style="list-style-type: none"> • Observations of teaching and learning indicate that teaching staff are appropriately qualified and skilled (cross-reference to core practice on high quality courses). • It has robust and credible plans for the recruitment, appointment, induction and support of sufficient appropriately qualified and skilled staff. • The provider's regulations or policies for the recruitment, appointment, induction and support for staff provide for a sufficient number of appropriately qualified and skilled staff. • Staff sampled and/or met by the review team have been recruited, appointed, inducted and supported according to the provider's regulations or policies. • There are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience. • Students tend to agree that there are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience. | <ul style="list-style-type: none"> • Observations of teaching and learning indicate that teaching staff are not appropriately qualified and/or skilled (cross-reference to core practice on high quality courses). • It does not have robust and credible plans for the recruitment, appointment, induction and support of sufficient appropriately qualified and skilled staff. • The provider's regulations or policies for the recruitment, appointment, induction and support for staff do not ensure staff are appropriately qualified and skilled. • Staff sampled and/or met by the review team have not been recruited, appointed, inducted and supported according to the provider's regulations or policies. • There are insufficient appropriately skilled and qualified staff to deliver a high-quality academic experience. • Students tend not to agree that there are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience. |
| <p>The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.</p> | <ul style="list-style-type: none"> • Relevant staff understand their roles and responsibilities. • The review team's own assessment of particular facilities and learning resources confirms that they provide a high-quality academic experience. • The provider's strategies or plans for facilities, learning resources and student support services are credible, realistic and demonstrably linked to the delivery of successful academic and professional outcomes for students. • Evidence from third parties indicates that facilities, learning resources and student support services are sufficient and appropriate. • Students tend to regard facilities, learning resources and student support services as sufficient and appropriate, and facilitating a high-quality academic experience. | <ul style="list-style-type: none"> • Relevant staff are not able to clearly articulate their roles and responsibilities. • The review team's own assessment of particular facilities and learning resources indicates that they do not provide a high-quality academic experience. • The provider's strategies or plans for facilities, learning resources and student support services are not credible, incomplete/unrealistic and/or are not demonstrably linked to the delivery of successful academic and professional outcomes for students. • Evidence from third parties raises concerns about the facilities, learning resources and support services. • Students tend not to regard facilities, learning resources and student support services as sufficient and appropriate, and/or facilitating a high-quality academic experience. |
| <p>Where the provider offers research degrees, it delivers these in appropriate and supportive research environments.</p> | <ul style="list-style-type: none"> • Research students tend to agree that the research environment is appropriate and supportive. • Supervisory staff understand their responsibilities. • It has robust and credible plans for the development of an appropriate and supportive research environment. • The provider's regulations and/or policies for its research degree provision (recruitment, admissions, induction, supervision, monitoring and review, development of research | <ul style="list-style-type: none"> • Research students tend not to agree that the research environment is appropriate and supportive. • Supervisory staff do not understand their responsibilities. • It does not have robust and credible plans for the development of an appropriate and supportive research environment. • The provider's regulations and/or policies for its research degree provision (recruitment, admissions, induction, |

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| <p><i>Continued from previous page...</i></p> | <p>and other skills, and assessment) are clear and comprehensive.</p> <ul style="list-style-type: none"> • The research environment facilitates the achievement of successful outcomes by research students. • The provider has sufficient appropriately qualified and skilled supervisory staff. | <p>supervision, monitoring and review, development of research and other skills, and assessment) are unclear and/or partial.</p> <ul style="list-style-type: none"> • The research environment is not strong enough to support the achievement of successful outcomes by research students. • The provider lacks sufficient appropriately qualified and skilled supervisory staff. |
| <p>The provider has a reliable, fair and inclusive admissions system.</p> | <ul style="list-style-type: none"> • Admissions records demonstrate that the provider's policies are implemented in practice; any deviations relate to minor omissions or oversights which do not harm the integrity of the procedure or the interests of applicants. • Staff involved in admissions understand their role and are appropriately skilled and trained. • Students tend to agree that the admissions system is reliable, fair and inclusive. • Its plans for ensuring that admissions systems are reliable, fair and inclusive are robust and credible. • The provider has a clear policy or policies for the recruitment and admission of students which is reliable, fair and inclusive. • Information for applicants is transparent, accessible and fit for purpose. • The provider manages any arrangements with recruitment agents effectively to ensure that its policies and requirements are strictly adhered to. • The admissions requirements set out in approved course documentation are consistent with the provider's policy or policies. | <ul style="list-style-type: none"> • Admissions records indicate that the provider's policies are not implemented in practice; risking or causing harm to the integrity of the procedure and/or the interests of applicants. • Staff involved in admissions do not fully understand their role and/or are not appropriately skilled and trained. • Students indicate that the admissions system is unreliable, unfair and/or not inclusive. • Its plans for ensuring that admissions systems are reliable, fair and inclusive are not robust or credible. • The provider's policy or policies for the recruitment and admission of students are unreliable, unfair and/or not inclusive. • Information for applicants is opaque, hard to access and/or not fit for purpose. • Any arrangements with recruitment agents are not managed effectively, creating a risk that agents will not adhere to the provider's admissions policy or requirements. • The admissions requirements set out in approved course documentation are inconsistent with the provider's policy or policies. |
| <p>The provider actively engages students, individually and collectively, in the quality of their educational experience.</p> | <ul style="list-style-type: none"> • There are examples of the provider changing and improving students' learning experience as a result of student engagement. • Students report that the provider engages them in the quality of their educational experience. • The provider has a clear and effective approach to engaging students, individually and collectively, in the quality of their educational experience. • It has robust and credible plans to actively engage students, individually and collectively, in the quality of their educational experience. | <ul style="list-style-type: none"> • There are no examples of the provider responding appropriately to student engagement, or the examples given are isolated and/or negligible. • Students report that they are not engaged in the quality of their educational experience, and/or that the provider does not respond appropriately to their input. • The provider's approach to engaging students is unclear and/or ineffective. • It does not have robust and credible plans to actively engage students, individually and collectively, in the quality of their educational experience. |

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| <p>The provider supports all students to achieve successful academic and professional outcomes.</p> | <ul style="list-style-type: none"> • Assessed student work demonstrates that students are given comprehensive, helpful and timely feedback. • Staff (both academic and professional support) understand their role in supporting student achievement. • Students tend to agree that they are adequately supported to achieve successful academic and professional outcomes. • The provider's policy or approach to student support facilitates successful academic and professional outcomes. • Its plans to support students to achieve successful academic and professional outcomes are comprehensive, robust and credible. | <ul style="list-style-type: none"> • Assessed student work demonstrates that students are not given comprehensive, helpful and timely feedback. • Staff (both academic and professional support) do not fully understand their role in supporting student achievement. • Students raise serious concerns about the provider's support for their achievement of successful academic and professional outcomes. • The provider's policy or approach to student support is unclear and/or partial, creating a risk that students will not be adequately supported. • Its plans to support students to achieve successful academic and professional outcomes are not comprehensive, robust and/or credible. |
| <p>The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.</p> | <ul style="list-style-type: none"> • Examples of complaints and/or appeals scrutinised by the review team have been dealt with according to the provider's procedures. • Any deviations from the procedures relate to minor omissions or oversights, which do not harm the integrity of the procedure or the interests of students. • Students do not raise any serious concerns about the fairness, transparency or accessibility of the procedures, or their application. • Its plans to develop fair, transparent and accessible complaints and appeals procedures are robust and credible. • The provider's procedures for handling complaints and appeals are definitive, fair and transparent, and deliver timely outcomes. • The provider's procedures for handling complaints and appeals are accessible to students, i.e. students can find and understand those procedures quickly and easily. | <ul style="list-style-type: none"> • Examples of complaints and/or appeals scrutinised by the review team have not been dealt with according to the provider's procedures. • Deviations from the procedures cause actual or potential harm to the integrity of the procedure and/or the interests of students. • Students raise serious concerns about the fairness, transparency and/or accessibility of the procedures, and/or their application. • The provider's procedures for handling complaints and appeals are unclear, ambiguous, unfair and/or opaque, and/or take an unreasonably long time to deliver an outcome. • It does not have robust and/or credible plans to develop fair, transparent and accessible complaints and appeals procedures. • The provider's procedures for handling complaints and appeals are difficult for students to find, access and/or understand. |

Annex 6: QSR review report extract for a new provider

The purpose of this annex is to exemplify how QSR will allow new providers to demonstrate how they meet the core practices.

The annex is in the form of a simplified extract from a QSR report of a hypothetical provider which has begun to recruit teaching staff but not yet enrolled students.

The hypothetical provider - Beta College - is a brand-new provider which has just had approval from its awarding organisation to begin delivering a Higher National Certificate and Diploma in Business Management a few months after the QSR visit.

The mock-up of the report extract follows.

Core practice: The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.

Background

The College has decided to employ full-time academic and professional support staff to deliver and support its new higher education provision. The staffing structure comprises five full-time academic staff to provide teaching, learning and assessment; a head of learning resources, who will be responsible for IT and the College library; an academic services officer, responsible for admissions, complaints and appeals and registry functions; and a student welfare officer.

The College's approach and processes for recruiting, inducting, developing and supporting staff are set out in its teaching and learning strategy and underlying policy documents. In principle, these policies demonstrate a robust and comprehensive approach; in particular, the College has stringent requirements for the academic qualifications of its teaching staff (at least two levels above the level being taught) and a rigorous process for verifying the qualifications and experience of applicants.

The College plans to commence delivery of its new courses six months after the QSR visit. At the time of visit it had successfully recruited to three of the five teaching posts and all but one of the others.

Evidence

The College's submission and supporting evidence contained a full explanation of its staffing structure and its approach and processes for recruiting, inducting, developing and supporting staff (including plans to recruit to its remaining vacancies). To test these areas, the review team asked for evidence about the awarding organisation's approval for the College to begin delivery, as well as the job descriptions of all full-time staff. To test the rigour of the College's recruitment processes the team requested the recruitment records of two members of academic staff employed to date, sampled at random, and met those two members of staff at the review visit. The team saw evidence of the progress of the recruitment process for the remaining vacancies, and met the staff responsible for the recruitment, as a way of testing the College's future plans.

Given that the College had not enrolled students at the time of the review, it was not possible for it to provide evidence of students' views about the sufficiency, qualifications and skills of staff, or for the team to make any observations of teaching and learning. It was also too early for the team to assess the efficacy of the College's approach to staff development. However, based on its analysis of the College's plans for student engagement, the team was able to see how the College would draw on

student feedback as a way of assuring itself that it had sufficient skilled staff. The team was also able to make an assessment of the College's plans for staff development.

Findings

The team's analysis of the College's staffing structure, job descriptions and approval of the awarding organisation to commence delivery confirmed that the numbers of staff and their job roles are sufficient and appropriate to deliver a high-quality academic experience. Furthermore, the review team's analysis of the recruitment records of staff sampled, and the meetings with those staff at the review visit, confirmed that the College had applied its recruitment processes diligently. The College's plans for the recruitment, induction and development of the staff who remain to be recruited are robust and credible, and the senior staff whom the team met were able to articulate those plans clearly and comprehensively. Once students are enrolled, they will be invited to provide feedback on staff frequently, which will give the College further confidence about its ability to meet this core practice.

The review team concludes, therefore, that on the basis of the evidence available, the College has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The review team's confidence in the judgement is moderate because several more staff need to be recruited before delivery commences, students' views of staff are not yet known, and the team could not make any observations of teaching and learning.

Annex 7: The role of the facilitator

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

The role of the facilitator is to:

- act as the primary contact for the QAA Officer (QAAO) during preparations for the QSR, including the on-site visit
- act as the review team's primary contact during the on-site visit
- provide advice and guidance to the team on the provider submission and any supporting documentation
- provide advice and guidance to the team on the provider's structures, policies, priorities and procedures
- keep an updated list of evidence to be presented to the review team throughout the QSR, to be confirmed by the QAAO
- ensure that the provider has a good understanding of the matters raised by the review team, thereby contributing to the effectiveness of the QSR
- meet the review team at the team's request during the on-site visit, in order to provide further guidance on sources of information and clarification of matters relating to the review.

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

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

Appointment and briefing

The person appointed as facilitator should possess:

- a good working knowledge of the provider's proposed quality assurance arrangements against the Quality Code, its approach to monitoring and review, and an appreciation of quality and standards matters
- knowledge and understanding of the QSR method, and the OfS regulatory framework
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review team.

Protocols

Throughout the QSR, the role of the facilitator is to help the review team come to a clear and accurate understanding of the provider's quality assessment arrangements to ensure that the provider is prepared to deliver a consistently high-quality student academic experience and that academic standards are likely to be secured.

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

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

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

The facilitator must observe the same conventions of confidentiality as the review team.

In particular, written material produced by team members is confidential, and no information gained may be used in a manner that allows individuals to be identified. However, providing appropriate confidentiality is observed, the facilitator may make notes on discussions with the team and report back to other staff, so that the provider has a good understanding of the matters raised by the team at this stage. This can contribute to the effectiveness of the QSR.

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

Annex 8: QSR reviewers and advisers

QSR will be conducted by review teams comprising external experts. The experts will have significant experience and expertise in higher education in those areas they are responsible for making judgements about. They will also understand the new regulatory framework for higher education in England and be able to assimilate and evaluate different kinds of evidence.

The size and composition of each review team will be tailored to the characteristics of the provider under review. Each team will include academics with expertise in the subject areas for which the provider offers courses. Where the provider offers courses in a range of different subjects, more than one subject expert will be involved. Typically, a QSR team may also include members with expertise in academic and professional support services and in representing the interests of students.

The review team will take collective responsibility for judgements in all areas.

Expertise and experience

Regardless of their specific area or areas of expertise, all QSR reviewers will be expected to demonstrate a common set of knowledge and skills, as follows:

- ability to make reliable, consistent, evidence-based judgements
- an understanding of the status and function of the revised Quality Code and the OfS's regulatory framework
- an understanding of how QSR delivers in practice the OfS's regulatory principles
- ability to work effectively as part of a team
- strong analytical skills with the ability to assimilate and evaluate large quantities of evidence
- excellent oral and written communication skills
- ability to work effectively with electronic and/or web-based communication systems
- ability to adhere to agreed protocols, procedures and deadlines.

Beyond these common characteristics, different reviewers will have different kinds of experience and expertise. Some will have subject-specific expertise and experience in designing and delivering higher education courses, assessing the achievement of students and observing teaching and learning. Others will have particular expertise and experience in the management and delivery of academic and administrative support services; and/or in representing the interests of students.

In aggregate, each review team will demonstrate expertise and experience in all those areas where the team is responsible for making judgements.

Training and ongoing support

Training for experts will be provided by QAA. Both new team members and those who have taken part in previous review methods, will be required to take part in training before they conduct a review. The purpose of the training is to ensure that all team members:

- fully understand QSR's aims and objectives
- fully understand the OfS's regulatory principles
- are familiar with all the procedures and techniques involved
- are able to act consistently in interrogating and cross-checking evidence and coming to judgements
- understand their own roles and tasks, and QAA's expectations of them.

We also provide opportunities for continuing development of review team members and operate procedures for managing reviewers' performance. The latter incorporates the views of providers who have undergone review.

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

At the end of each review, we ask reviewers to complete a standard evaluation form. The form invites feedback on the respondent's own performance and that of the other reviewers.

The QAA officer coordinating the review also provides feedback on each reviewer.

We share the feedback generated with reviewers at regular intervals, to allow them to understand, and reflect on, the views of their peers. The feedback is anonymous - those receiving the feedback cannot see who has provided it.

Specialist advisers

To support the review team, QSR may also involve the use of specialist advisers at the analysis stage. The role of the adviser will be to analyse specific aspects or areas of the provision and give advice to the review team about the provider's adherence to the core practices of the Quality Code in those areas, and whether and how that should be further explored at the review visit. The use of an adviser shall be at the review team's discretion. We envisage using advisers by exception, where the provider has and/or its provision has particularly unusual or distinctive characteristics.

The details of those involved in the review - review team members, QAA officer and advisers (where involved) - will be shared with the provider before they take part in the process, to allow the provider to draw attention to any possible conflicts of interest.

Annex 9: Responsibilities checklist for providers without degree awarding powers

Where providers undergoing QSR are delivering courses leading to awards from other degree-awarding bodies or awarding organisations, it is imperative that review teams understand what the provider is responsible for and what the awarding body or organisation is responsible for. To help review team members reach this understanding, we ask providers to complete a copy of the responsibilities checklist below for each different partnership (with the exception of partnerships with Pearson - see below), and to send that checklist to QAA as part of the evidence base for the submission.

For courses leading to Higher National Certificates (HNCs) and Higher National Diplomas (HNDs) awarded by Pearson, QAA and Pearson have jointly produced a standard responsibilities checklist for review team members to use. Therefore, we do not require providers to submit a responsibilities checklist for partnerships with Pearson. The Pearson responsibilities checklist is published separately on QAA's website.

Where the provider is fully responsible for the area or function in the left-hand column, please mark the **provider** column; where the awarding body or organisation has full responsibility, mark the **awarding body/organisation** column; where responsibility is shared or the provider does something under the direction of the awarding body or organisation, mark the **shared** column. There is also a notes column for any further information the provider would like to add.

| Name of awarding body or organisation | | | | |
|---|----------|----------------------------|--------|-------|
| Area or function | Provider | Awarding body/organisation | Shared | Notes |
| Use of external expertise in maintaining academic standards | | | | |
| Course design and/or delivery | | | | |
| 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 | | | | |
| Widening access | | | | |

| | | | | |
|---|--|--|--|--|
| Selection or approval of teaching staff | | | | |
| Facilities, learning resources and student support services | | | | |
| Student engagement | | | | |
| Responding to external examiners and other third parties | | | | |
| Annual monitoring | | | | |
| Student complaints and concerns | | | | |
| Student appeals | | | | |
| Managing relationships with other partner organisations (such as placement providers) | | | | |

QAA2240 - Oct 18

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 Registered charity numbers 1062746 and SC037786

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