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## Preface

The Quality Assurance Agency for Higher Education's (QAA) mission is to safeguard the public interest in sound standards of higher education (HE) qualifications and to inform and encourage continuous improvement in the management of the quality of HE. To this end, QAA carries out Institutional reviews of higher education institutions (HEIs) in Wales. The separate arrangements for auditing institutions in England and Northern Ireland and Scotland are described in the *Handbook for Institutional audit: England and Northern Ireland 2009* and the *Enhancement-led institutional review handbook: Scotland 2008*. Institutions in Wales that subscribe to QAA will take part in the institutional review process.

The providers of HE have the primary responsibility for protecting the academic standards and quality of their awards; QAA works with them to meet that responsibility. Institutional review is an evidence-based process carried out through peer review. It was developed with the help of the Higher Education Funding Council for Wales (HEFCW) Quality Working Group, which has representatives from across the HE sector in Wales. It has been developed in the context of, and builds upon, the previous cycle of reviews which ran from 2003 to 2009.

Institutional review balances the need for publicly credible, independent and rigorous scrutiny of institutions with the recognition that the institutions themselves are best placed to provide stakeholders with valid, reliable and up-to-date information about the academic standards of their awards and the quality of their educational provision. Institutional review encourages institutions to be self-evaluative, and is therefore a process that, in itself, offers opportunities for enhancement of institutional management of standards and quality. At the centre of the process is an emphasis on students and their learning opportunities.

This handbook has been developed by QAA in partnership with HEFCW, Higher Education Wales (HEW) and following wide consultation with the sector. It describes the revised process of Institutional review that will operate, within the context of a 'rolling programme', in Wales from 2009-10 whereby all institutions are reviewed within six years.



## Institutional review

1 This handbook describes the Institutional review process for Wales from 2009-10. It is a revision of the Institutional review process that ran from 2003-04 to 2008-09. The impact and efficiency of the previous review cycle was evaluated in 2007-08 by consultants appointed by the Higher Education Funding Council for Wales (HEFCW). The report on the findings from the consultants was considered by HEFCW's Quality Working Group and led to the recommendations in HEFCW circular: *W09/01HE*.

2 The handbook takes full account of the recommendations from the HEFCW Quality Working Group. The main changes of the review method from the previous method are as follows:

- an increased focus on the enhancement of student learning opportunities (paragraphs 38 to 43 and Annex G)
- the introduction of student reviewers (paragraph 45 and Annex H)
- consideration of European Standards and Guidelines and other guidance relating to European or other international practices (paragraphs 6 and 30)
- the introduction of a rolling programme of reviews (paragraph 9 and Annex J)
- a shift to a risk-based approach, with the time between reviews reduced, where a judgement of limited or no confidence has been found (paragraphs 10, 75-78 and Annex E)
- an enhanced role for the institutional facilitator (paragraphs 50-51 and Annex I)
- an increased focus on research degree programmes (paragraph 36-37)
- two separate judgements, 'one on quality and the other on academic standards of awards' instead of the single judgement on 'quality and standards' (paragraph 14)
- the option of an annual student statement by the student representative body, to complement the student submission for Institutional review (Annex F)
- the introduction of separate and hybrid collaborative review to the Institutional review process (paragraph 7 and Annexes M-Q).

3 These changes reflect a development from the first cycle of Institutional review with a clearer focus on enhancement and student learning opportunities, while maintaining the need for robust quality assurance arrangements.

## The aims and objectives of Institutional review

4 The aim of this revised Institutional review process is to meet the public interest in knowing that higher education institutions (HEIs) in Wales have effective means of:

- ensuring that the awards and qualifications in HE are of an academic standard that is consistent with *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) (August 2008) and are, where relevant, exercising their powers as degree awarding bodies in a proper manner
- providing learning opportunities of a quality which meets the expectations of the Academic Infrastructure (see paragraphs 25 to 28) and enables students, whether taught or research, to achieve an award, or specific credit towards an award, of an awarding body
- enhancing the quality of their educational provision, particularly by building on information gained through monitoring, internal and external reviews, and feedback from stakeholders.

5 The objectives of the process are to:

- ensure that the academic standards of HE awards and qualifications, including postgraduate research programmes, from HEIs in Wales are maintained and securely managed, wherever delivered
- enable students and other stakeholders to have confidence in the proper management of the quality of learning opportunities offered through the programmes of study, taught or research, that lead to the award of credit and qualifications
- ensure that student learning opportunities are central to the focus of Institutional review
- contribute, in conjunction with other mechanisms and agencies in HE, to promoting and enhancing quality in teaching, learning and assessment
- ensure that students, employers and others can have ready access to easily understood, reliable and meaningful public information about the extent to which the HEIs in Wales are individually offering programmes of study, awards and qualifications that meet national expectations in respect of academic standards and quality of provision
- ensure that if the management of academic standards or of the quality of provision is found to have significant weaknesses the process forms a basis for ensuring action to improve it
- provide a means of securing accountability for the use of public funds received by HEIs
- recognise the context of higher education in Wales, including the priorities of the Welsh Assembly Government, such as the *Credit and Qualifications Framework for Wales* and that HE in Wales may be delivered through the medium of Welsh, as well as English
- provide an efficient and cost-effective process for HEFCW and institutions
- minimise, wherever possible, the burden on institutions.

## The Institutional review process in summary

6 Institutional reviews examine:

- the effectiveness of an institution's internal quality assurance structures and mechanisms, in the light of the United Kingdom (UK) Academic Infrastructure and the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*, published by ENQA (the European Network for Quality Assurance in Higher Education), and the way in which the quality of its educational provision and academic standards of its awards are regularly reviewed and resulting recommendations implemented. This provides public information on an institution's soundness as a provider of HE qualifications of national and international standing
- the effectiveness of an institution's approach to building systematically upon the outcomes of their internal quality assurance procedures, on the findings of reports of external reviews, and on other information and feedback from students, graduates and employers, in order to develop and implement institutional approaches to enhancing the quality of provision
- the accuracy and completeness of the information that an institution publishes about the academic standards of its awards and the quality of its educational provision
- the use made of external reference points, including the *Credit and Qualifications Framework for Wales*.

## Collaborative provision

7 Where practicable, the Institutional review process covers provision offered by an institution in collaboration with other providers, both in the UK and overseas. However, where QAA considers that an institution's collaborative provision cannot properly be addressed as part of the standard Institutional review model, either a separate review of the institution's management of its collaborative provision will be conducted at a time to be arranged between QAA and the institution, or a hybrid institutional review will take place, which will include visits to partner colleges as part of the review. The decision about the way in which collaborative provision is reviewed will be made shortly after the dates for an institution's review have been agreed: approximately one year before the Institutional review. More information about the review of collaborative provision is given in Annexes M-Q. QAA expects to continue with its existing programme of reviews of specific partnership links between UK institutions and providers overseas.

## **Directly funded higher education in further education colleges**

8 As a separate but related exercise QAA will begin to develop in 2009-10 a review method for directly funded higher education in further education colleges. This review method will build upon the work undertaken in 2007-08 when QAA conducted Developmental reviews of directly funded higher education in further education colleges in Wales.

## **A rolling programme of review**

9 The Institutional review process will operate on the basis of a rolling programme of review rather than a fixed cycle. A rolling programme will provide additional flexibility and make it possible to introduce changes, where appropriate, to the review process without having to wait until the end of a cycle. Any major changes introduced during the programme of reviews would normally be subject to consultation with all interested parties. The protocols to support the consideration and implementation of changes to the review method are in Annex J.

## **The review timetable**

10 QAA will agree with individual institutions their place in the programme of review in advance of the start of the programme. Within the programme of review all institutions with a confidence judgement in the previous cycle of review will normally be reviewed again within six years of their last Institutional review. Three years after the review, the institution concerned will be required to submit a report on actions taken in response to the report and any other relevant developments, and will receive a short visit from QAA to discuss these matters (Annex K). Where institutions have received a limited confidence judgement they will, following the risk-based approach, normally be reviewed again within four years of the previous review. Where institutions have received a no confidence judgement they will, following the risk-based approach, normally be reviewed again within two years of the previous review. For further details of the follow-up procedures from Institutional review see paragraphs 73 to 80 and Annex E.

11 Institutional review covers an institution's management of the security of the academic standards of its awards and of the quality of the learning opportunities it provides to enable students to achieve those standards. Review teams will focus their exploration in the areas listed below.

## **The focus of Institutional review**

12 Review teams will be looking for evidence of a careful, serious and professional engagement on the part of the institution, on the areas identified below, with the purpose of ensuring that the academic standards of awards and the quality of provision are being managed in a manner which maintains public confidence.

### **Institutional management of academic standards**

This will cover the use made of external examiners, internal and external reviews, assessment policies, the Academic Infrastructure and other reference points, management information and other relevant topics.

### **Institutional management of learning opportunities**

This will cover the use made of external examiners, internal and external reviews, students as partners in quality management, research and practice-driven activity to inform learning opportunities, other modes of study (such as workplace and flexible and distributed learning), the Academic Infrastructure and other reference points, including the *Credit and Qualifications Framework for Wales*, management information, learning resources, admissions policies, procedures for student complaints and academic appeals, student support, staff appraisal and support, and other relevant topics.

### **Institutional approach to quality enhancement**

This will cover the use made of external examiners, internal and external review, the Academic Infrastructure and other reference points, students as partners in quality enhancement, management information, dissemination of good practice, staff development and reward, and other relevant topics.

### **The arrangements for maintaining appropriate academic standards and enhancing the quality of collaborative arrangements**

This will cover the use made of external examiners, internal and external review of collaborative arrangements, the Academic Infrastructure and other reference points, the use made of management information including feedback, and other relevant topics.

### **Institutional arrangements for postgraduate research students**

This will cover the use made of external examiners, internal and external review of research provision, supervision arrangements, research students as partners in quality management, the Academic Infrastructure and other reference points, management information including feedback, and other relevant topics.

### **Published information**

This will cover the approach to ensuring the accuracy and completeness of published information, students' experience of published information and other information relating to their programmes of study, and other relevant topics.

## Information

13 A review team will have available to it a variety of information sources, including:

- a self-evaluation document (SED) produced by the institution outlining its approach to managing the security of the academic standards of its awards and the quality of its educational provision, and offering a view of the effectiveness of that approach. An index to the SED will contain reference to existing documents cited by the institution to illustrate its approach and evidence its view of the effectiveness of that approach
- where made available a submission as prepared by representatives of the student body (paragraph 54-55 and Annex F)
- any key documents (such as a Strategic Plan, Quality Manual or equivalent) that the institution wishes to submit with its SED as background or reference material
- reports that can be accessed directly by QAA about the institution or its provision, such as those produced by QAA and other relevant bodies, including professional, statutory and regulatory bodies (PSRBs), within the six years preceding the review
- the NSS and TQI information as described in Annex C.

## Judgements and comments

14 The review teams will make judgements on:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of its awards, and
- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

15 A review team's judgement is about the way that the institution ensures that its academic standards are secured by the work of its examiners, internal and external, judged against the reference points of the Academic Infrastructure. The team's judgement is also about the way that the institution ensures that the learning opportunities available to students are of an appropriate quality, with reference to the guidance in the Academic Infrastructure. In this context, 'learning opportunities' is taken to mean the combined effect of the programmes of study and academic and personal support for students.

16 Where a review team finds that an institution is managing the security of academic standards soundly and effectively, and where the prospects for the future continuation of this appear likely, it would be expected to express its 'confidence'. Similarly, where a review team finds that an institution is managing the quality of the student learning opportunities soundly and effectively, and where the prospects for this future continuation appear likely, it would also be expected to express its 'confidence'. In each case a judgement of confidence indicates that, in the view of QAA, the institution is managing them effectively and consistently.

17 There are two areas where review teams will find it particularly difficult to express confidence if certain elements are found to be missing. The first of these is a strong and scrupulous use of independent external examiners in summative assessment procedures. The second is a similar use of independent external participants in internal quality management procedures, with particular reference to guidance provided by *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 7: Programme design, approval, monitoring and review*, published by QAA. In both cases, the emphasis is on both independence and externality being satisfied.

18 Where a review team has substantial doubts about the current management of security of academic standards and/or of the quality of provision, and/or about the future management of either of these, it will make a judgement of 'limited confidence' and will indicate clearly the areas of concern that have given rise to such limitation of confidence. A judgement of limited confidence indicates that there is evidence that the institution's capacity to manage soundly and effectively the academic standards of its awards and/or the quality of its educational provision is currently limited or is likely to become limited in future. It should be emphasised that a judgement of limited confidence is not a judgement of failure but indicates that improvements need to be made.

19 Where a review team has serious concerns about the current management of security of academic standards and/or of the quality of provision, and/or about the future management of either of these, it will make a judgement of 'no confidence', and will indicate clearly the significant areas of concern that have given rise to this judgement. A judgement of no confidence indicates that there is substantial evidence of serious and fundamental weaknesses in the institution's capacity to secure the academic standards of its awards and/or to maintain the quality of its educational provision. Cases of failing or unsatisfactory academic standards of provision have been shown to be very rare in UK HE, but where they do occur, students and other stakeholders have a right to know.

20 The criteria for the judgements of confidence are set out in Annex E. The judgements, and the criteria that determine them, are consistent with the judgements and criteria that applied in the previous cycle of Institutional review.

21 Review teams will also comment specifically on:

- the institution's arrangements for maintaining appropriate academic standards and quality of provision of postgraduate research programmes
- the institution's approach to the enhancement of the quality of its educational provision, both taught or research
- the reliance that can reasonably be placed on the accuracy and completeness of the public information that the institution publishes about the quality of its educational provision and the standards of its awards.

22 If the review includes the institution's collaborative provision (paragraph 7 and Annexes M-Q), the judgements and comments will apply to collaborative provision, and this will be made clear in the report, unless the review team considers that any of

its judgements or comments in respect of the collaborative provision differ from those in respect of the institution's 'home' provision. Any such differences will be reflected in the form of words used to express a judgement or comment. Where there is to be a separate review of collaborative provision, it will be made clear that the judgements and comments of the institutional review apply only to the institution's provision on its own campus(es).

23 Institutional review reports will include recommendations for further consideration by the institution, and will identify features of good practice that the review team considers to make a particularly positive contribution to the institution's approach to the management of the security of academic standards and the enhancement of the quality of provision in the context of that institution.

24 Recommendations will be categorised in order of priority:

- 'essential' recommendations refer to important matters that the review team believes are currently putting quality and/or standards at risk and which require urgent corrective action
- 'advisable' recommendations refer to matters that the review team believes have the potential to put quality and/or standards at risk and require preventive or corrective action
- 'desirable' recommendations refer to matters that the review team believes have the potential to improve the quality of learning opportunities and/or further secure the academic standards of awards.

## Particular features of the revised Institutional review process

### Use of reference points

25 Review teams will draw upon the Academic Infrastructure as a source of external reference points when considering an institution's approach to the management of the security of academic standards and the quality of its provision. They will not do so in a mechanistic way, or look for unthinking compliance with the detail of these structural underpinnings to UK HE. Teams will be looking for evidence that institutions have carefully considered the purpose and intentions of the elements of the Academic Infrastructure, have reflected on their impact on institutional practice, and have taken, or are taking, any necessary measures to best reflect in institutional practice the guidance provided by the Academic Infrastructure.

26 Review teams will wish to look at how institutions check the alignment between the academic standards of their awards and the levels referred to in the FHEQ.

27 Review teams will explore how institutions are engaging with the *Code of practice*. A team will expect to see, in the institution's SED, an explanation of how the institution has gone about addressing the spirit of the precepts of the *Code of practice* overall, including references to illustrate how any resulting changes in its practices have followed, and will discuss any areas of difficulty that the institution has experienced.

28 Review teams will also enquire into the way in which any relevant subject benchmark statements have been taken into account when establishing or reviewing programmes and awards, bearing in mind that QAA does not view subject benchmark statements as constituting definitive regulatory criteria for individual programmes or awards. They remain statements of what the relevant academic communities consider to be valid frames of reference within which a degree, normally at honours level, should be offered. They need to be used with particular care in interdisciplinary or multidisciplinary contexts, where simple or general application may be inappropriate. They do, however, provide authoritative reference points, which students and other interested parties will expect to be taken into account when programmes are designed and reviewed.

29 Programme specifications are the definitive publicly available information on the aims, intended learning outcomes and expected learner achievements of programmes of study, and review teams will wish to explore their usefulness to students and staff, and the accuracy of the information contained in them. In particular, teams will be interested to see how programme specifications make use of other reference points in the Academic Infrastructure in order to define clearly expectations for the teaching, learning and assessment engagement between the institution and its students.

30 Review teams will be asked to comment on the way that institutions are responding to the ESG and other developments relating to academic standards in the European Higher Education Area (EHEA), particularly in the context of the Bologna Process.

31 Review teams will also consider and comment on how institutions have engaged with the *Credit and Qualifications Framework for Wales*.

### Review trails

32 Review teams use 'trailing' as a technique for gathering evidence in an organised way, from documents and meetings, about institutional processes and procedures, and their impact. The trails are concerned with testing how well institutional processes work and how effective they are in practice, at local level and across the institution as a whole. They enable the team to gather information in relation to the institutional processes on which it is required to report (Annex D). In undertaking its trails, the team may gather information at the level of individual disciplines, programmes and/or academic departments.

33 Trails will usually focus on an institution's internal review procedures and their outcomes, using whatever unit of internal review the institution uses, be that faculty, school, department, subject or programme, or any other grouping that is the institution's preferred unit of internal review. Where an institution is involved in collaborative provision, and this is not being dealt with by means of a separate review, this would normally be the focus of a review trail.

34 There is an initial discussion about the selection of trails at the preliminary meeting between the institution and the Assistant Director. The review team finalises the selection of trails at the briefing visit and they are communicated formally to the

institution at the end of that visit. In making its selection of trails, the review team takes account of:

- indications in the SED or other documentation of potential strengths or possible weaknesses in institutional quality assurance arrangements, which might be best explored by the team through testing how those arrangements operate at local level, or across the institution as a whole
- lack of clarity in the SED about particular aspects of institutional quality assurance arrangements, which might be better illustrated for the team through examination of how those aspects operate at local level, or across the institution as a whole
- the desirability of selecting a range of trails that, when taken together, provide a good representative sample of procedures in operation at local level and across the institution as a whole.

35 In the event that any emerging or unforeseen areas of concern come to light during the review visit, the review team may diverge from its previously identified areas of discussion to address those areas.

### Postgraduate research programmes

36 The Institutional review method will assess and report upon the extent to which institutional arrangements for securing the academic standards of awards and the quality of provision in postgraduate research degree programmes are in alignment with guidance given in the *Code of practice, Section 1: Postgraduate research programmes*. The introduction to this section of the *Code of practice* explains that the section 'is written in a firmer style than some other sections, especially the precepts, to give institutions clear guidance on the funding councils', research councils' and the QAA's expectations in respect of the management, quality and academic standards of research programmes'.

37 A review team's formal comment on postgraduate research programmes will form the conclusion of a section of the Institutional review report, and will contribute to the overall confidence judgements.

### Enhancement

38 For the purposes of this Institutional review method, quality enhancement is defined as the process of taking deliberate steps at institutional level to improve the quality of learning opportunities (Annex G). It is a definition that allows institutions to set out its own approaches to bringing about quality enhancement and for establishing that improvement of learning opportunities has taken place.

39 In this definition of quality enhancement, the emphasis is on how an institution uses developmental opportunities in a systematic and clear strategic planning approach that would be similarly expected of its management of quality assurance. Quality enhancement is therefore seen as an aspect of institutional quality management that is designed to produce, within the individual contexts that

institutions operate, steady, reliable and demonstrable improvements in the quality of learning opportunities.

40 Review teams will consider the ways in which an institution's approaches to quality enhancement make systematic use of management information. Quality enhancement as defined here has, therefore, much to do with the way in which institutions collect, analyse and use information from internal and external sources. Teams will use the review trails to find out how institutions make use of management information to support quality enhancement at programme level.

41 While recognising that the implementation of institutional approaches to quality enhancement will be demonstrated through individual examples of good practice in teaching, learning and assessment, review teams will be more interested in the way that institutions take deliberate steps to encourage and develop the enhancement of learning opportunities. Enhancement of learning opportunities also takes place by staff independently generating enhancement initiatives. Such routes to enhancement are associated with staff committed to making a difference and applying good ideas rather than necessarily with good institutional approaches to quality enhancement. These routes may be better served by engagement with organisations such as the Higher Education Academy which are able to address matters of enhancement at several levels across an institution.

42 Review teams are required to comment specifically on the institution's approach to enhancing the quality of its educational provision, both taught or research. They are, therefore, interested to learn of the extent to which an institution has moved, and is moving, towards developing an institution-wide approach to policy for systematically enhancing quality of provision. It is reasonable for institutions to submit, as examples of quality enhancement as a management process, planned approaches which, while they have yet to come to fruition, can nevertheless be demonstrated to have the potential to do so.

## How the process works

### Reviewers and review teams

43 **Roles.** The Institutional review team will normally comprise five reviewers (one of whom will be a student reviewer) and a review secretary/coordinator. In the case of institutions with an extensive or complex provision, a team may need to include additional reviewers to ensure that sufficient coverage of the institution's portfolio of activity can be obtained to justify the judgements and comments being made. Review secretaries/coordinators and reviewers will not be appointed to teams reviewing their own institution.

44 **Selection.** At the time of appointment, non-student reviewers will be expected to have current expertise and experience of teaching and management in HE. Student reviewers will be expected to be current students (undergraduate or graduate), sabbatical student representatives or recent (within two years) graduates. All teams are expected to include one member with recent and substantial experience

of the HE sector in Wales. They will be selected by QAA from nominations made by UK institutions, and it is assumed that there will be a general willingness to offer names. QAA also assumes that institutions will nominate persons with sufficient seniority, knowledge and technical ability to ensure that reviews are carried out in a competent, professional and credible way. Selection criteria for reviewers will be published and every attempt will be made to ensure that the reviewer cohort reflects appropriate sectoral, discipline, geographical, gender, language and ethnic balances.

45 Student reviewers will be recruited annually. QAA will invite applications and nominations from student representative bodies and HEIs. Student reviewers will be eligible to undertake reviews for as long as they continue to meet the selection criteria, in particular, provided it is not more than two years since they completed their study in a HEI in the UK.

46 Review secretaries/coordinators will be recruited normally from senior administrative staff in institutions. They will provide administrative support and fulfil the primary coordination and liaison function during the visits to the institution.

47 **QAA Assistant Director.** Each review is coordinated by a QAA Assistant Director (AD). In the period preceding the review visit, the AD provides advice to the institution on its preparations for the review, and works with the review team on the initial analysis of documentation. The AD accompanies the team during the briefing visit and for the final part of the review visit, providing advice as appropriate. It is the responsibility of the AD to test that the team's findings are supported by adequate and identifiable evidence, and that the review report provides information in a succinct and readily accessible form.

48 Further information about recruitment and selection procedures will be found at QAA's website ([www.qaa.ac.uk/aboutus/appointments/](http://www.qaa.ac.uk/aboutus/appointments/)).

49 **Training.** Training for reviewers, student reviewers and review secretaries/coordinators will be undertaken by QAA. The purpose of the training will be to ensure that all team members fully understand the aims and objectives of the review process; that they are acquainted with all the procedures involved; and that they understand their own roles and tasks, QAA's expectations of them and the rules of conduct governing the process. The training includes the provision of specific information about the context of HE in Wales. The effectiveness of the training, and of the initial selection process, will continue to be the subject of formal evaluation. Existing reviewers and review secretaries/coordinators who are selected to remain on the registers for Institutional review will be given training in the new process, building on their previous training and experience of earlier modes of Institutional review.

### Institutional facilitator

50 Institutions are invited to nominate an institutional facilitator to liaise between the review team and the institution and to provide the team with advice and guidance on institutional structures, policies, priorities and procedures. Further details about the role of the facilitator are provided in Annex I.

51 The role of institutional facilitator has been enhanced so that at the review visit the institutional facilitator will play a more active role through regular meetings which will provide opportunities for both the team and the institution to seek further clarification outside of the formal meetings.

### Self-evaluation document

52 A template for the institutional SED is given in Annex B. It is aligned with the template for the report (Annex D). It addresses the main headings of the outcome report, encourages reflective analysis of effectiveness of the management of academic quality and standards and of any measures to enhance the processes described under these headings. Reference should be made to documents that will illustrate in more detail the matters outlined in these headings.

53 The SED should be made available both in hard copy and in electronic format. It should be a stand-alone document, capable of being understood without access to the references, although it is appreciated that an in-depth understanding of the institution's presentation will only be achieved when the reader is able to access the references. Recognising that institutions may wish to give references to documents in electronic format, it is acceptable to make references to them in the SED without providing them in hard copy as long as the review team can access them through the web or, for example, on a CD-ROM that accompanies the hard copy version of the SED. Discussion of alternative ways to present the SED and its references will be part of the preliminary discussion.

### Students' submission

54 The student representative body is invited to prepare a submission to brief the review team. This submission is an opportunity for the student body to provide the review team with the student perspective on the institution's management of quality and standards and how students are engaged in managing their learning experiences (Annex F).

55 The student representative body has the option of endorsing the institutional submission rather than preparing its own submission. It also has the option of providing a confidential submission to the review team, but QAA strongly recommends that the student representative body and the institution collaborate when producing their submission and SED and share the completed documents before submitting to QAA.

### Preparation for Institutional review

56 An outline of the Institutional review process is provided in Annex A. In preparation for the Institutional review, QAA will provide an initial briefing for the institution up to 12 months in advance on aspects of the process and to answer any questions. The briefing will be held well in advance of the preliminary meeting to maximise the opportunity for institutions to digest the information and be well placed to discuss any possible issues with the AD when they meet formally for the first time.

57 The next step is the preliminary meeting between the institution and QAA AD to discuss the structure and content of the review as a whole. This will be arranged about 24 weeks before the review visit. For institutions participating in a hybrid or separate review of collaborative provision the preliminary meeting will take place 36 weeks before the review visit to take account of additional requirements for such a review. The purpose of the preliminary meeting will be to clarify the scope of the exercise; to discuss the interactions between the institution, QAA and the review team including the relative responsibilities of all the participants; to ensure that the institution's SED will be well matched to the process of review; to emphasise that documentary evidence should be based primarily on existing material used in internal quality management; to discuss any matters relating to the summary prepared by QAA's Information Unit of the institution's Unistats data; and to consider the basis for choosing review trails. Between the preliminary meeting and submission of the institution's SED, QAA will offer such advice and guidance on the process as it can, at the request of the institution.

58 The preliminary meeting will also provide an opportunity for a separate discussion with student representatives about the submission that it is hoped they will wish to prepare on behalf of the student body. The purpose of this meeting will be to clarify the scope and purpose of the submission and explore any other relevant issues. QAA will offer such advice and guidance on the process as it can, at the request of the student representatives.

59 Institutions and student representatives will be requested to submit their submissions no later than 10 weeks before the review visit. On receipt, QAA will distribute the documents to the review team. In the case of a hybrid or separate collaborative review the institution and students are requested to submit their submissions 18 weeks in advance of the review visit.

### The briefing visit

60 A review team's visit to an institution will take place in two parts. The first part is the briefing visit, which is an opportunity for the review team to gain a sound understanding of the institution and its approach to the strategic management of academic standards and quality of provision prior to the review visit. During the briefing visit the review team will explore and gain further clarification of matters outlined by the institution and by the students in their respective submissions, and will consider some of the evidence offered by documents cited as references in the institution's SED. The briefing visit will also offer the institution and student representatives an opportunity to bring the team up to date on developments and changes since the SED was submitted, and to raise with the review team any other matters that they consider would be particularly worthy of exploration by the team during the review visit.

61 This briefing visit will usually be held five or six weeks before the review visit. The review team will be on site for three days in all, of which two days will involve meetings between the team and key representatives of the institution and its students. From these meetings and from its study of the documents made available

to it by the institution, the team will consider its detailed lines of enquiry for the review visit, and will propose a programme for that visit. The final choice of review trails will be made by the review team during the briefing visit, following discussion with institutional representatives.

62 The documentation available to the team during the briefing visit will normally be limited to the illustrative material identified by the institution in the index to its SED; institutions may choose whether to make these documents available to the team electronically or in hard copy or in a mixture of formats, depending on what is most convenient for the institution. Reviewers may also indicate what additional illustrative documentation they would like to be available at the start of the review visit, or sometimes, in the case of particular key documents, before the review visit. Any request for additional documentation will be limited to no more than is needed to inform the specific enquiries that the team will be undertaking.

### The review visit

63 The review visit is the next stage and this provides an opportunity for the team to pursue in greater depth the lines of enquiry that it identified at the briefing visit; to extend its study of the institution's documentation relating to the management of quality and standards; to meet particular groups of staff and students; and generally to explore the focuses of review identified in paragraph 12. A particular feature of the review visit will be the team's exploration of its selected review trails. The review visit is also an opportunity for the institution, having reflected upon the conversations of the briefing visit, to offer to the team any further clarification or evidence that it considers might help the team to understand its approach to the management of quality and standards.

64 The review team will ensure that its programme for the review visit includes meetings with students so that it can gain first-hand information on students' experience as learners and on their engagement with the institution's approach to quality assurance and enhancement. The team will seek opportunities to meet student representatives during the review visit to discuss with them, in the context of the views expressed in any submission, the information that it has been gathering during the visits.

65 The review visit will normally extend over five working days (Monday to Friday), of which up to four days will involve meetings between the review team and staff and students of the institution and, if relevant, from its collaborative partners. On the final day of the review visit, the review team considers its findings in order to make preliminary decisions and agreements on:

- the levels of confidence that it believes can be placed in the soundness of the of the academic standards of HE awards made in the institution's name, or under delegated authority, and the assurance of quality of the educational provision leading to those awards
- the commentaries that it wishes to make on the institution's approach to enhancing the quality of its educational provision, on the arrangements for

maintaining appropriate academic standards and enhancing the quality of postgraduate research programmes, and on the accuracy and completeness of the information that the institution publishes about the quality of its educational provision and the standards of its awards

- features of good practice that it wishes to highlight as making a particularly positive contribution to the institution's approach to the management of academic standards and quality of provision
- recommendations for action by the institution, categorised in terms of importance and/or urgency.

66 The review team will rehearse its preliminary findings during its private meeting at the end of the review visit, but will continue to refine those findings through internal communications over the next few days, having had a further chance to reflect on all the information that it has gathered. Consequently, it would be premature for the team to report to the institution on the findings of the review while on site. Instead, a 'key findings' letter will be sent to the head of the institution within two weeks of the end of the review visit, outlining the probable main findings and likely recommendations in the draft report. This letter will be provided as a courtesy to institutions, to ensure some feedback close to the completion of the review visit and will be provided for preliminary information only. It will not be part of the draft report, nor will it be an opportunity for discussion about the possible contents of the draft report.

67 During the final day of the review visit, the QAA AD and some members of the review team will offer the institution a short courtesy meeting to mark the close of the team's visit, on the understanding that the team will not be in a position to give feedback on the findings of the review at this time.

## **Institutional review and Welsh language provision**

68 In planning, conducting and reporting on Institutional reviews in Wales, QAA is committed to treating Welsh and English on the basis of equality. For further information, see: Annex L and [www.qaa.ac.uk/aboutus/policy/welshlanguage/default.asp](http://www.qaa.ac.uk/aboutus/policy/welshlanguage/default.asp)

## **Reports**

69 The Institutional review report will comprise the findings of the review and will be as concise as possible while covering enough detail for it to make sense to an institutional audience.

70 The format of the report will follow a template that aligns with the structure recommended for the institution's SED (see Annexes B and D). Its production will be coordinated by the AD managing the review. The report will be prepared and submitted to the institution as soon as possible following the review visit, normally within eight weeks, with a request for corrections of errors of fact. The institution is encouraged to share the draft report and any proposed corrections with the student representative body.

71 The final report will be prepared in the light of the institution's response. Institutions will be invited to submit a brief (500 word) statement to be attached to the report. The purpose of the statement is to provide an opportunity for the institution to report, if it wishes, on developments since the review visit, particularly in respect of actions taken or proposed to address the report's recommendations. It should not be taken as an opportunity to challenge the review judgements or recommendations.

72 The normal expectation is that the report is published within 22 weeks of the review visit.

### Sign off and follow up

73 The review will be completed when it is formally 'signed off'. Where the review report offers positive statements of confidence and no recommendations identifying matters of importance requiring urgent attention, the review will be formally 'signed off' on publication. Where a review team makes a judgement of 'limited confidence' or 'no confidence', the report will be published and there will be a programme of follow-up action (Annex E).

### Confidence judgement

74 Three years after the review, the institution is required to submit a report to QAA commenting on its progress since the review and outlining its intentions in respect of managing quality and standards over the following three years until the next review. QAA makes a short visit to the institution to discuss the report and provides feedback to the institution on its perceptions of the progress that has been made and of any strengths and weaknesses in the institution's current and future plans (Annex K).

### Limited confidence judgement

75 With 'limited confidence' QAA will require an action plan from the institution within three months of publication of the outcome report and may request progress reports at regular intervals. The review will not be finally 'signed off' by the QAA Board until the institution indicates that the action plan has been completed and implemented successfully, with a maximum time limit of 18 months. If insufficient progress is made QAA will discuss with HEFCW what additional actions may be required.

76 Where the action by the institution is deemed satisfactory following a limited confidence judgement QAA will usually undertake an Institutional review within four years following publication of the review report.

### No confidence judgement

77 With a no confidence judgement the institution is asked to submit a detailed action plan within three months to QAA, followed by regular progress reports and a short follow-up visit to the institution to check progress will take place within 12 months. The review is not formally signed off until QAA is satisfied that the action

plan has been implemented successfully, within a maximum time limit of 12 months. If insufficient progress is made QAA will discuss with HEFCW what additional actions may be required.

78 Where the action by the institution is deemed satisfactory following a no confidence judgement QAA will usually undertake an Institutional review within two years following publication of the review report.

### Summary on actions following judgement

Judgement	Action
Confidence	Mid-programme follow-up report required after three years followed by Institutional review after six years
Limited confidence	Action plan, implemented within 18 months, followed by Institutional review within four years
No confidence	Action plan, regular reports and visit by QAA implemented within 12 months, followed by Institutional review within two years

79 In cases of either limited or no confidence judgements if there remain concerns about the effectiveness of the remedial action, QAA will conduct a further visit; and if satisfactory progress has still not been made, in the case of institutions in receipt of HEFCW funding, then HEFCW reserves the right to withdraw some or all of that funding. Details of HEFCW's procedures in cases of unsatisfactory quality can be found at: [www.hefcw.ac.uk/documents/publications/circulars/W09%2025HE%20Policy%20for%20addressing%20unsatisfactory%20quality%20in%20institutions%20in%20Wales.pdf](http://www.hefcw.ac.uk/documents/publications/circulars/W09%2025HE%20Policy%20for%20addressing%20unsatisfactory%20quality%20in%20institutions%20in%20Wales.pdf)

80 A summary of the relationship between the review team's judgements and recommendations, and the follow-up action required, is provided in Annex E.

### Causes for concern identified outside the Institutional review process

81 QAA has introduced procedures for handling Causes for Concern in HEIs and directly-funded further education institutions that provide higher education. A Cause for Concern is strictly defined for this purpose as 'any policy, procedure or action implemented or omitted by an institution that appears likely to jeopardise the academic standards and quality of its higher education programmes and/or awards'. For further information see: [www.qaa.ac.uk/causesforconcern/Walesconcern.asp](http://www.qaa.ac.uk/causesforconcern/Walesconcern.asp)

### Complaints and representations

82 Complaints about the conduct of the review and representations against a no confidence judgement made by the review team are considered by QAA under the formal procedures published on its website [www.qaa.ac.uk/aboutus/policy/intro.asp](http://www.qaa.ac.uk/aboutus/policy/intro.asp)

## Annex A: Outline of the Institutional review process

Preparatory briefing, normally a year in advance	QAA provides briefing for institutions on Institutional review process
<b>Review visit minus not less than 24 weeks = preliminary meeting</b>	Assistant Director (AD) visits institution to meet institutional representatives and students  AD provides briefing on the process of review and provides guidance on the institution's self-evaluation document (SED) and the student submission
Review visit minus 10 weeks	QAA receives the institutional SED  QAA receives the students' submission (if any)
<b>Review visit minus 5 weeks = briefing visit</b>	Review team and AD undertake the briefing visit to the institution  Review team holds a meeting with the head of the institution, appropriate senior staff and student representatives  Review team identifies broad lines of enquiry for the review visit  Review team meets institutional representatives to agree the programme for the review visit and review trails  Any additional information required before or during the review visit is identified
<b>Review visit</b>	Review team visits the institution for up to five working days; AD joins the team for the final day of the review visit.  Review team meets staff and students for discussion of lines of enquiry, including the review trails
Review visit plus 2 weeks	Letter outlining the review findings is agreed by the review team and sent to the head of the institution by the AD
Review visit plus 8 weeks	QAA sends the draft report to institution
Review visit plus 12 weeks	Institution responds to the draft report
Review visit plus 22 weeks	Report is published on the web

## Annex B: Guidelines for producing the self-evaluation document

1 Institutional review, like its predecessor processes, is based on the expectation that a reflective institution will appraise the effectiveness of its management of standards and quality using questions of the type:

- What are we trying to do?
- Why are we doing it?
- How are we doing it?
- Why is that the best way to do it?
- How do we know it works?
- How can we improve it?

2 An SED is an opportunity for an institution to outline the way that it goes about answering those six questions, with the first three questions focusing more on a description of its approach and the later questions taking a more reflective view.

3 The SED requested for the revised Institutional review process should outline the approach taken by the institution to the management of the security of the academic standards of its awards and of the quality of its educational provision. It should inform the review team of the way that the institution has reflected upon the effectiveness of its management processes and has acted to improve them.

4 From the point of view of a review team, it is more important to have a document that gives a clear picture of the institution's approach to the management of academic quality and standards and the measures taken to reflect constructively on that approach, than to have a document that is self-evaluative only in the sense of identifying strengths and weaknesses.

5 The SED is an opportunity for an institution to offer a view of the effectiveness of its approach and provide references to evidence to support that view. It is important that each section of the SED can be clearly identified and that it has a comprehensive index giving references to the evidence that the institution wishes to cite.

6 The SED should provide:

- a the context for the review, including the institution's mission with an outline of developments since the last review (and mid-programme follow-up) and action taken on the outcomes of the last review (and of the mid-programme follow-up) and an overview of the academic management framework
- b reflection on the institution's current and future approach to:
  - making sure that its academic standards are secure, and how this approach is appraised to ensuring that it is fit for its purpose

- making sure that the learning opportunities for students are suitable and that the support available to students helps them make good use of those opportunities, and how this approach is appraised to ensure that it is fit for its purpose
  - the overall approach adopted by the institution for managing quality enhancement, how it develops an ethos which expects and encourages the enhancement of learning opportunities, encourages, supports and disseminates good practice and identifies opportunities for enhancement, and reflecting on the effectiveness of its approach:
- c (where it has been agreed that the institution's collaborative arrangements will be included in the institutional review), an outline of the institution's approach to the management of its collaborative provision and a reflection on its effectiveness, identifying any significant differences in the way it approaches the management of its collaborative arrangements and the management of its own provision
- d an outline of the institution's approach to maintaining the academic standards and quality of provision of postgraduate research programmes and a reflection upon its effectiveness
- e an outline of the institution's arrangements for ensuring that the information it publishes about its educational provision and the academic standards that it supports is accurate and complete.

### Suggested structure of the SED

7 The institution may find it helpful to use the following headings, relating these as appropriate to (a) to (e) above:

- Institution and mission (A)
- Developments since the last review (B)
- Academic management framework (C)
- Approval, monitoring and review of programmes (D)
- External participation in internal review and accreditation (E)
- Programme-level review and accreditation by external agencies (F)
- External examining (G)
- Assessment policies and regulations (H)
- Management information (I)
- Academic Infrastructure and other external reference points (J)
- Feedback from students, graduates and employers (K)
- Student representation and the role of students in quality assurance (L)
- Links between research or scholarly activity and learning opportunities (M)

- Other modes of study, including distributed and distance methods (N)
- Resources for learning (O)
- Admissions policy (P)
- Academic guidance, support and supervision (Q)
- Personal support and guidance (R)
- Complaints and appeals policy (S)
- Staff appointment, appraisal and reward (T)
- Staff support (including staff development) (U)
- Collaborative arrangements (V)
- Institutional approach to the enhancement of quality and standards (W)
- Institutional arrangements for postgraduate research students (X)
- Published information (Y).

## Annex C: Information

The Institutional review process depends to a large extent on the availability of information for the review team to consider.

It consists of two information sets, the first (Part A) being information which should be available in each institution for internal purposes, and the second (Part B) which is routinely published by the institution. For the most part the review team will normally draw upon Part A and Part B information relating to the academic year in which the review takes place and to the preceding academic year. Both sets are listed here.

### Part A: Information which should be available in all HEIs for internal purposes, and accessible by the review team

#### 1 Institutional context

- mission statement
- sections of the HEI's corporate plan which relate to the institutional review and the quality processes and procedures in place in the institution
- statement of quality assurance policies and processes
- learning and teaching strategy and periodic reviews of progress of that strategy since the previous Institutional review.

#### 2 Student admission, progression and completion

- student qualifications on entry
- range of entrants classified by age, gender, ethnicity, socioeconomic background, disability and geographical origin as returned to HESA
- progression and retention data for each year of each course/programme, differentiating between failure and withdrawal
- data on student completion
- data on qualifications awarded
- data on employment/training outcomes from the Destinations of Leavers from Higher Education (DLHE) longitudinal survey.

#### 3 Internal procedures for assuring academic quality and standards

- programme approval, monitoring and review
- programme specifications
- a statement of the respective roles, responsibilities and authority of different bodies within the HEI involved in programme approval and review
- key outcomes of programme approval, and annual monitoring and review processes
- periodic internal reports of major programme reviews since the previous Institutional review

- reports of periodic internal reviews by departments or faculties since the previous Institutional review
- accreditation or monitoring reports by professional, statutory or regulatory bodies.

#### **4 Assessment procedures and outcomes**

- assessment strategies, processes and procedures
- the range and nature of student work
- external examiners' reports, analysis of their findings, and the actions taken in response
- reports of periodic reviews of the appropriateness of assessment methods used.

#### **5 Student satisfaction, covering the views of students on**

- arrangements for academic and tutorial guidance, support and supervision
- library services and IT support
- suitability of accommodation, equipment and facilities for teaching and learning
- perceptions of the quality of teaching and the range of teaching and learning methods
- assessment arrangements
- quality of pastoral support.

#### **6 Evidence available to teams undertaking HEIs' own internal reviews of quality and standards**

- the effectiveness of teaching and learning, in relation to programme aims and curriculum content as they evolve over time
- the range of teaching methods used
- the availability and use of specialist equipment and other resources and materials to support teaching and learning
- staff access to professional development to improve teaching performance, including peer observation and mentoring programmes
- the use of external benchmarking and other comparators both at home and overseas, for both academic and non-academic areas
- the involvement of external peers in the review method, their observations, and the action taken in response.

## Part B: Information for publication

### 7 Quantitative data (some of which is published on the Unistats website ([www.unistats.com](http://www.unistats.com)))

- HESA data on student entry qualifications
- performance indicators and benchmarks published by the HE funding bodies on progression and successful completion for full-time first degree students (separately for progression after the first year, and for all years of the programme)
- HESA data on class of first degree, by subject area
- performance indicators and benchmarks published by the HE funding bodies on DLHE/employment outcomes for full-time first degree students.

### 8 Qualitative data

- outcomes from the National Student Survey
- feedback from current students collected through the HEI's own surveys
- summary of the learning and teaching strategy
- summary of links with employers (for example, how the institution identifies employer needs and opinions, and how those are used to develop the relevance and richness of learning programmes).

## **Annex D: Structure of the Institutional review report**

### **The report**

Introduction

Judgements

Features of good practice

Recommendations for action

Findings

- Academic management framework

- Institutional management of academic standards

- Institutional management of learning opportunities

- Collaborative arrangements

- Institutional approach to the management of quality enhancement

- Institutional arrangements for postgraduate research students

- Published information

## Annex E: Criteria for confidence judgements, and the relationship between confidence judgements, recommendations and follow-up action

1 Set out below are the criteria to be used by the review team in judging the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of its awards, and the confidence that can reasonably be placed in the soundness of the present and likely future management of the quality of learning opportunities available to students. The relationship between the confidence judgement, the nature of the review team's recommendations, and the follow-up action after the review, are also summarised.

### Confidence

2 Judgements of confidence indicate that the institution is judged to possess rigorous mechanisms for the management of the security of the academic standards of its awards, and is using these effectively and consistently, and/or that the institution is judged to possess rigorous mechanisms for the management of the quality of learning opportunities available to students and is using these effectively and consistently. These mechanisms will include a strong and scrupulous use of independent external examiners and the use of independent external participants in internal quality management procedures, with particular reference to guidance provided by the *Code of practice, Section 7: Programme design, approval, monitoring and review*, published by QAA. The institution will also have provided evidence to demonstrate that it has the capacity to, and is likely to continue to, secure and maintain quality and standards in the future.

3 **Evidence:** The judgements will be reached on evidence that demonstrates that the institution has sound structures and procedures for the security of academic standards and/or the assurance of quality of provision; that it is successful in the management of those structures and procedures at institutional level; and that the procedures are applied effectively in practice to the benefit of students. A judgement of confidence implies that the institution has the capacity and commitment to identify and address any situation that has the potential to threaten the quality of programmes and/or the standards of awards.

4 **Recommendations:** A judgement of confidence may be accompanied by a small number of recommendations that are considered advisable and it will not be unusual for there to be a number that are considered desirable, but there will be none that are considered essential. The judgement indicates that, in the view of QAA, the recommendations set out in the report are likely to be properly considered and dealt with through the institution's normal structures for quality management.

5 **Follow up:** A follow-up will normally take place some three years after an Institutional review; the timing will be agreed with each institution as part of the Institutional review schedule. The follow-up will take the form of a short mid-programme follow-up report from the institution using existing documents where possible and a visit by two QAA officers. Normally, the institution will undergo a further review after an interval of no more than six years.

## Limited confidence

6 A judgement of limited confidence indicates that there is evidence that the institution's capacity to manage the quality of learning opportunities and/or the security of the standards of its awards soundly and effectively is limited or is likely to become limited in the future. The reason for this judgement may be significant weaknesses either in the management of the institution's structures and procedures or in their implementation. Confidence may be limited either because of the extent or the degree of weaknesses identified. The determining factor in reaching a judgement of limited confidence is not simply evidence of problems in some programmes - no institution could be expected to avoid these entirely. It is, instead, the fact that the institution may not have been fully aware of the problems and/or has failed to take prompt and appropriate action to remedy them. The review team may also express limited confidence where the institution makes a less than full use of independent external examiners and/or independent external persons in internal quality management procedures. A judgement of limited confidence is not a judgement of failure but indicates that improvements need to be made.

7 **Evidence:** Where there is evidence to question the effectiveness of the current procedures for assuring quality and/or the security of standards, or the institution's capacity and commitment to maintain these in the future, the judgement will indicate whether the concerns are limited to a small number of matters or are more widespread, and whether or not these matters place quality and/or standards at risk.

8 **Recommendations:** A judgement of limited confidence will be accompanied by recommendations that are considered essential, or a number of recommendations that are advisable, as well as a number that are considered advisable and desirable.

9 **Follow up:** Within three months of report publication the institution is asked to submit an action plan to QAA indicating how it intends to address the recommendations in the report, and to provide, subsequently, a progress report on how the action plan has been implemented. The review is not formally signed off until QAA is satisfied that the action plan has been implemented successfully, with a maximum time limit of 18 months. If, at that point, concerns remain about the effectiveness of the remedial action, QAA conducts a further visit. Where the action by the institution is deemed satisfactory following a limited confidence judgement QAA will undertake a review within four years of the date of the original review. If insufficient progress is made QAA will discuss with HEFCW what additional actions may be required.

## No confidence

10 A judgement of no confidence indicates that there is substantial evidence of serious and fundamental weaknesses in the institution's capacity to secure the academic standards of its awards and/or maintain the quality of its educational provision.

11 Evidence: A judgement of no confidence will be reached either because of serious absences or flaws in the institution's procedures themselves or because of ineffectiveness in their management, and where quality and/or standards can be seen to be at immediate risk, or there is serious doubt as to the institution's capacity to secure and maintain them in the future.

12 Recommendations: A judgement of no confidence will be accompanied by a number of recommendations that are considered essential, as well as a number that are considered advisable and desirable.

13 Follow up: Within three months of report publication the institution is asked to submit to QAA an action plan, with implementation times within 12 months, indicating how it intends to address the recommendations in the report. Subsequently, it is asked to provide regular progress reports on how the identified weaknesses are being addressed. At the end of 12 months, QAA carries out a short follow-up visit to the institution to check progress. The review is not formally signed off until QAA is satisfied that the action plan has been implemented successfully. QAA will undertake a review within two years of the date of the original review. If insufficient progress is made QAA will discuss with HEFCW what additional actions may be required.

## Annex F: Student engagement with Institutional review

### Introduction

1 Students are central to both the purpose of Institutional review and to the process of review. Every review will present opportunities for students to inform and contribute to the review team's activities.

2 Officers and staff from the students' representative body in the institution will be invited to participate in the preliminary meeting between QAA and the institution. It will often be the case that student officers will change during the period of the review. Where this is the case, QAA requests that an appropriate handover of information takes place and that the institutional facilitator maintains contact with the representatives and ensures that the representatives of the student body are aware of the name and contact details of the Assistant Director responsible for the review.

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

### Student submission

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

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

### Format, length and content

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

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

8 The review team will welcome a submission that endeavours to represent the views of as wide a student constituency as possible.

9 When gathering evidence for and structuring the submission students may wish to take account of the broad headings used by the institution in constructing its SED (see Annex B), students may particularly wish to focus on the following:

- how the institution manages academic standards and the student learning experience, including:
  - student participation in internal and external review activities
  - students as partners in quality management
  - support for a range of modes of study (such as flexible learning, peer mentoring)
  - are there appropriate and adequate learning resources
  - dealing with student complaints and academic appeals
  - providing adequate support services and structures in place (for example, disability support, personal tutoring)
  - feedback on assessment
- how the institution manages its collaborative arrangements and how the student learning experience of those on programmes delivered by collaborative partners is assured
- the accuracy, completeness and reliability of the information published by the institution about the quality of its programmes and the standards of its awards, including:
  - information provided to prospective students (for example, that provided on websites or prospectuses)
  - guidance on learning, teaching and assessment methods
  - assessment criteria
  - complaints and appeals procedures
- the opportunity for students to participate in the decision making and quality assurance structures within the institution. This might include:
  - formal representation structures, such as membership of committees and working groups and how students are supported to engage in those
  - student involvement in internal review and approval activities such as periodic review, programme validation and annual programme monitoring.

10 The submission should **not** name, or discuss the competence of, individual members of staff. It should not discuss personal grievances.

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

### Submission

12 The written submission should be forwarded to QAA no later than 10 weeks before the review visit. The date will be confirmed by QAA's AD at the preliminary meeting held nine months before the review visit. In the case of a hybrid or separate collaborative review the institution and students are requested to submit their submissions 18 weeks in advance of the review visit.

### Confidentiality

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

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

### Continuity

15 Activities relating to an Institutional review extend over a period of some 12 months, from the preliminary meeting to QAA's receipt of the institution's comments on the draft report. QAA would ask institutions to ensure that students are fully informed and involved in the process throughout. Once the review is over, QAA recommends that the draft report is shared with student representatives and that they are given an opportunity to comment on matters of accuracy.

16 To support the regular and consistent internal review of quality management and assist the representative body when they are preparing for external Institutional review the students representative body may wish to develop a means of supporting a regular exchange of information with the institution about quality assurance and enhancement, for example: an annual student statement.

### Related activities

17 QAA will work with HEFCW and NUS Wales to facilitate opportunities for students to participate in training and support sessions that will develop their understanding of the purpose and methods of external review and to help them gain a clearer understanding of the context within which HE in Wales operates.

18 HEFCW, and NUS Wales have established a project 'Have your say', supported by QAA, HEW and the HE Academy that seeks to train and support student representatives to participate in the internal quality assurance and enhancement arrangements at their own HEI. This project forms part of a broader effort to coordinate efforts and share resources across Wales to improve student engagement in quality assurance and enhancement.

## Annex G: Enhancement

1 QAA recognises the autonomy of HEIs in relation to academic matters. This includes the responsibility for ensuring that learning opportunities available to students are consistently suitable to enable them to achieve the learning outcomes required to attain their degrees. The individual nature of each institution and its mission means that the enhancement of learning opportunities can be conducted in different ways. QAA's approach in Institutional review is to support and encourage institutions in their work to enhance learning opportunities for students.

2 QAA has provided a working definition of 'quality enhancement' for the purposes of its review and audit work. QAA recognises that while there has been a growing emphasis on the explicit enhancement of quality, no single definition is accepted across the sector. Some institutions may use other terms to capture the meaning of enhancement, for instance 'continuous improvement' and 'innovation'. The definition adopted by QAA is intended to leave room for institutions to follow their own definitions of enhancement. Its purpose is to ensure that all the parties involved in the review process, as well as readers of review reports, are clear about what is meant by enhancement for the purposes of the review method. It is important that the QAA definition allows institutions to set out their own approaches to bringing about quality enhancement and for establishing that improvement of learning opportunities has taken place.

3 In the same way that QAA acknowledges complexity around definitions of quality enhancement, it also acknowledges that institutional approaches to enhancement are varied. Institutions may or may not have institution-wide strategies and/or separate formal structures, such as committees, working groups and units. Collegiate and/or more informal approaches to managing quality and academic standards may be shown to be as effective. For these reasons review teams are interested in the effectiveness of the arrangements in meeting the objectives of the institution and the degree to which its arrangements are understood by staff and students.

4 For the purposes of Institutional review, quality enhancement is seen as a process rather than as an outcome. Review teams will be looking for evidence of systematic institutional planning in the identification of areas for enhancement and in the implementation of change. Another element of this process is the way in which the institution evaluates whether its approach to enhancement is meeting its own objectives. Such an evaluation will be concerned with data and information collection from internal and external sources. Such information may come from external examiners or advisers, from external bodies such as professional, statutory and regulatory bodies and the Higher Education Academy, from students, graduates and employers, from the outcomes of internal review procedures, and from internal policies, such as may be part of the institution's learning and teaching strategy. The institution's evaluation of its own internal processes and the impact of its activities that are intended to enhance learning opportunities are also an important consideration.

5 There is a question about the relationship between enhancement and features of good practice. The definitions of enhancement and features of good practice are not necessarily linked. A feature of good practice does not necessarily derive from 'taking deliberate steps at institutional level'. On the other hand, an institution's approach to enhancement may not necessarily generate specific features that make 'a particularly positive contribution to the institution's approach to the management of academic standards and quality of provision'. However, the approach might have the effect, recognised by the institution and by a review team, of enhancing the quality of learning opportunities incrementally across all its provision. In evaluating enhancement particularly, review teams are likely to focus on the approach taken by the institution, rather than on individual improvements, or individual features of good practice.

6 QAA and its review teams' approach to support institutions in their work to enhance learning opportunities will mean that recommendations on enhancement matters will be put forward where they can help institutions to recognise and grasp enhancement opportunities and to enable the institution to meet its stated objectives. There may be occasions, though, where the way in which enhancement is being handled by an institution may be putting academic standards and quality of learning opportunities at risk which would mean that review teams would need to make stronger recommendations.

## Annex H: Selection and training of review teams

### Introduction

1 Reviewers and review secretaries/coordinators are selected by QAA on the basis of published selection criteria, and generally from nominations made by institutions. Institutions may nominate members of their own staff and members of staff from partner further education institutions (FEIs) as members of review teams. Existing institutional auditors for England and Northern Ireland, and reviewers in Scotland, may be nominated to participate in institutional reviews in Wales. Reviewers and review secretaries/coordinators are recruited on the basis that they are available for at least three reviews over a period of two years. They may continue beyond this period by mutual agreement.

2 The qualities required in reviewers and review secretaries/coordinators are outlined below. Every attempt is made to ensure that the cohorts of reviewers and review secretaries/coordinators reflect appropriate sectoral, discipline, gender and ethnic balances. All review teams are expected to include at least one member from an HEI in England, Scotland or Northern Ireland, and at least one member with recent and substantial experience of the higher education sector in Wales.

3 The appointment of review teams will be informed by the language preference of the institution, under QAA's approved Welsh Language Scheme (see Annex L).

4 Reviewers and review secretaries/coordinators are not appointed to teams reviewing their own institutions.

5 Training for reviewers and review secretaries/coordinators is undertaken by QAA. The purpose of the training is to ensure that all:

- understand the purpose, core principles and requirements of the institutional review process for Wales, and the ways in which the process differs from review methods in use elsewhere in the UK
- are acquainted with the procedures to be followed
- are provided with specific information about the context of HE in Wales, the HE policies of the Welsh Assembly Government, and where appropriate the role of the University of Wales
- understand their own roles and tasks, the importance of team coherence, the QAA's expectations of them, and the rules of conduct governing the process
- have an opportunity to explore and practise the techniques of data assimilation and analysis, the development of programmes for visits, the construction and testing of hypotheses, the forming of judgements and statements of confidence, and the preparation of reports.

### Qualities required in reviewers

- recent experience of academic management and quality assurance at institutional level in UK HE
- personal and professional credibility with heads of institutions and senior managers in the HE sector
- ability to assimilate a large amount of disparate information; to analyse and draw reliable conclusions about complex arrangements; and to undertake research and investigation into documentary and oral evidence in order to form judgements
- clear oral and written communication skills.

### Qualities required in all review secretaries/coordinators

- current or recent experience (within five years) of administration of academic management and/or quality assurance at institutional level in UK HE
- wide experience of working with senior committees in UK HE
- ability to assimilate a large amount of disparate information, and to analyse and make reliable judgements about complex arrangements
- ability to keep a reliable record of discussions; to summarise the key outcomes; and to draft notes to a specified format and to deadlines.

### Additional qualities required in student reviewers

6 In addition to the qualities required in reviewers, student reviewers will be able to demonstrate:

- current or recent (within two years) experience of studying at a UK HEI, equivalent to a minimum of one year's full-time education
- experience of representing students' interests at institutional (including faculty or school) level
- general awareness of the diversity of the UK HE sector beyond their 'home' institution, and a broad awareness of arrangements for quality assurance and enhancement (QAA training will provide further information on this)
- the ability to critically analyse and review complex information and evidence.

## Annex I: Institutional facilitator

### The role of the institutional facilitator

1 The institution is invited to appoint an institutional facilitator to support the review. The role of the facilitator has been enhanced in order to improve the flow of information between the team and the institution. The role of the facilitator is to:

- act as the primary institutional contact for the AD during the preparations for the review, including the preliminary meeting. Where an institution is having a separate collaborative review or where the review includes visits to partner institutions (the hybrid model), the facilitator will act as the primary contact between the institution under review, the collaborative partner and QAA
- act as the primary institutional contact for the review team during the briefing and review visits
- participate in the review team's discussions about the SED and any supporting documentation on the first day of the briefing visit, and thereafter provide advice and guidance to the team on further sources of information and on institutional structures, policies, priorities and procedures
- attend the review team's private meetings during the briefing visit and also its meeting with the group of staff involved in quality management at a senior level
- ensure that the institution has a good understanding of the matters raised by the review team at the briefing visit, thus contributing to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the institution
- meet the review team at the team's request during the review visit, in order to provide further guidance on sources of information and clarification of matters relating to institutional structures, policies, priorities and procedures
- ensure that the student representative body is informed of, and understands, the progress of the review team.

2 At the review visit the facilitator is not present for any of the review team's private meetings, all of which include discussions about the team's emerging findings and/or judgements. During the review visit the facilitator will have the opportunity for regular meetings which will provide opportunities for both the team and the institution to seek further clarification outside of the formal meetings. This development is intended to improve communications between the institutions and the team during the review week and enable institutions to gain a better understanding of the team's lines of inquiry during the review.

3 The institutional facilitator can act as a useful point of contact for students and their representatives when preparing for the review. The institutional facilitator can ensure that the student representative body is fully aware of the review process, its purpose and the students' role within it and provide guidance and support to them when preparing the student submission and meetings with the review team.

4 If the institution does not wish to appoint a facilitator, QAA requests that a member of the institution's staff is designated as the primary institutional contact for the AD and the review secretary.

### Appointment and training

5 The person appointed as institutional facilitator must possess:

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

6 When making the appointment, the institution is asked to bear in mind that the review process scrutinises and comments upon the effectiveness of institutional arrangements for assuring quality and standards. A member of staff who has significant responsibilities relating to the design, maintenance and/or operation of those arrangements may not feel comfortable with playing a key role in the review process, or be best placed to provide objective advice and guidance to the review team.

7 The person appointed by the institution is expected to act as the facilitator for both the briefing and review visits. After the briefing visit has commenced, the institution may change its appointed facilitator only in exceptional circumstances, and only with the agreement of QAA.

8 All facilitators are invited to attend a briefing provided by QAA.

### Protocols

9 Throughout the briefing visit, the institutional facilitator may help the review team to come to a clear and accurate understanding of the structures, policies, priorities and procedures of the institution. The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with AD and the review secretary. The facilitator should not act as advocate for the institution. However, he or she may legitimately:

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

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

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

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

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

## Annex J: Protocols for a rolling programme of reviews

1 Until recently, it has been usual for a review process to be fixed for a particular time, typically six years. However, increasingly, this fixed cycle of review over six years has been seen as too inflexible. A rolling programme of reviews is intended to allow greater flexibility into the review process and enable changes to be made to the Institutional review method at the time rather than waiting for the end of a cycle. This means that changes elsewhere in review and audit methods which are considered best practice can be introduced into the programme of reviews without waiting for a particular review cycle to come to an end. All institutions will be reviewed at least once in a six year period under the rolling programme.

2 Below are the protocols by which QAA will manage the rolling programme.

- QAA will keep HEFCW, HEW, NUS Wales and HE providers informed of developments on a regular basis.
- Changes to the Institutional review process and the time made available for institutions to prepare for any change will depend on the extent of the change to the review method. Some changes to the review method may be able to be made without any interruption to the timetabled programme of review, whereas other changes may require time for both QAA and individual HEIs to prepare.
- Before any major changes to the review method are made QAA will consult with HEFCW, HEW, NUS Wales, individual HEIs and any other interested parties.
- Normally, any major changes introduced with less than 12 months' notice from the date of a review would only be by mutual agreement of QAA and the institution concerned.
- QAA will update this handbook and provide additional support and guidance for individual institutions as appropriate.

## Annex K: Mid-programme follow up

1 The purpose of the mid-programme follow-up report is to provide feedback to the institution on QAA perceptions of its progress since the previous review, and of the strengths and weaknesses in its current and future plans for quality assurance and enhancement.

2 For institutions with limited or no confidence judgements from their previous review other arrangements will apply (see Annex E).

3 The mid-programme follow-up process involves:

- preliminary contact from QAA to confirm the arrangements for the review, including the date of the mid-programme visit and the information required.

4 No later than six weeks before the visit, the institution will submit a brief report to QAA, summarising:

- actions taken to address the recommendations in the Institutional review report
- actions taken to address the recommendations in the reports of professional, statutory and regulatory bodies (PSRBs) and any other relevant reviews by external bodies since the review
- any major changes in the structure and organisation of the institution since the review
- any key strategic developments (for example, in learning and teaching, widening participation, research or information management) since the review
- where relevant, any developments in collaborative arrangements with partner institutions or other organisations since the review
- the institution's intentions for the further development of quality assurance procedures and for the enhancement of learning opportunities.

5 If the institution so wishes, the report may be accompanied by a limited range of supporting documentation.

6 A visit to the institution by two members QAA staff will take place. The visit is no more than a day in length and includes:

- a structured discussion with one or two of the institution's senior staff with responsibility for quality and academic standards
- an opportunity to read a sample of relevant internal review reports produced in the three years since the review, with all relevant reports from other external reviews, for example, PSRB reports
- an opportunity to consider a range of published material relating to quality and standards, including information published on the institution's website.

7 Within 12 weeks of the visit, the submission of a brief report to the institution setting out QAA's conclusions about the progress made since the previous review and highlighting perceived strengths and weaknesses in current and future plans for quality assurance and enhancement. The institution will get an opportunity to comment on the draft report. The report is not published but a copy is provided for HEFCW.

8 The mid-cycle process cannot result in a recommendation or decision that the judgements of the previous review team are modified or revised.

9 If the mid-programme follow-up report indicates the existence of potentially serious difficulties in the institution's management of quality and standards, QAA may decide that a further visit should be undertaken by two reviewers and a member of QAA. If the second visit indicates that there are matters of serious concern that the institution is not addressing satisfactorily, QAA, in consultation with HEFCW, may bring forward the date of the next Institutional review.

## Annex L: Institutional review and QAA's Welsh Language Scheme

1 In planning, conducting and reporting on Institutional review in Wales, QAA is committed to treating Welsh and English on the basis of equality. QAA is also committed to meeting the expectations placed upon it with regard to equal status for both languages. In any review in HEIs in Wales, QAA acknowledges the right of any person, including students, to speak to the review team in Welsh. QAA also acknowledges the right of any bilingual member of a review team during a review in Wales to speak in Welsh. For such situations the QAA will provide simultaneous translation facilities. If it is impractical to do so, the member of staff or the reviewer will provide a synopsis or translation of what he or she said in English.

2 QAA ensures that in the initial review-planning meetings with HEIs, the designated AD identifies the language preferences expressed by the institution for the conduct of the review. The AD negotiates with the institution what elements of the review process are to be conducted in Welsh, taking into consideration the potential of simultaneous translation services facilitating this. For the purposes of the initial visit by the AD, QAA will elicit, through bilingual correspondence with the institution, the extent to which that initial visit will be conducted bilingually.

3 QAA will seek to recruit reviewers and review secretaries/coordinators who are bilingual. Its arrangements for advertising and recruiting will be amended to support this objective for the purposes of review in Wales.

4 Following agreement with QAA about which elements of the review will be conducted bilingually, institutions will be invited to submit to QAA, according to the normal schedule, bilingual versions of the key documents underpinning the review process, for example the SED. It would be a matter for institutions to decide whether any supplementary material supporting the key documentation would also be provided bilingually.

5 QAA will make arrangements for, and meet the costs of, providing simultaneous translation of those review proceedings which QAA and the HEI have agreed to conduct bilingually. Normally, these arrangements are when reviewers as a team meet with groups of staff and/or students of the HEI, of whom one or more prefer to participate in Welsh.

6 QAA acknowledges that some HEIs in Wales, more so than others, operate within a context and ethos in which both Welsh and English have equal currency in their routine activities. QAA respects this and seeks to appoint bilingual review secretaries/coordinators to facilitate the smooth operation of the review process in such institutions. The full details of QAA's Welsh Language Scheme are available on its website.

## Annex M: Background, principles and process where collaborative provision is a hybrid or separate review activity

1 The review of collaborative provision recognises that responsibility for the academic standards of awards rests with those institutions that have the powers to make the awards, or have accepted responsibility from others (such as from the University of Wales) for maintaining the academic standards of their awards.

2 The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit toward an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' [*Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 2: Collaborative provision, and flexible and distributed learning (including e-learning), paragraph 13*].

3 Where QAA considers that an institution's collaborative provision is too large and complex to be considered as part of the Institutional review, it will be reviewed through either a hybrid Institutional review (hybrid model) or a separate review of collaborative provision (separate model). In coming to its decision about the type of approach to be taken QAA will consider the following factors, the extent of:

- overseas partners
- UK partners
- private partners
- students on each type of partnership

and

- the outcomes of previous review and review activities
- and the level of forthcoming review activities.

4 The hybrid model and the separate model follow the process for the Institutional review of 'home' provision with the following exceptions:

- the hybrid model includes visits (including provision for virtual visits) to up to three partner links, to take place between the briefing visit and the review visit
- the separate model includes up to six visits (including provision for virtual visits) to partner links
- the separate model focuses only on how an awarding or responsible institution discharges its responsibilities for what is done in its name, and under its authority, through a collaborative arrangement with a partner organisation.

5 In both instances the objective of visits to partner institutions is to enable the review team to understand more clearly how the collaborative provision is managed.

6 The review of collaborative provision examines the following main areas in the light of the *Code of practice* :

- the effectiveness of an awarding or responsible institution's internal quality assurance structures and mechanisms for its collaborative provision, including the way in which the awarding or responsible institution regularly reviews the quality of programmes leading to its awards offered through partnership arrangements and reviews the standards of those awards, and how it satisfies itself that the resulting recommendations are implemented
- the accuracy, completeness and reliability of the information that an awarding or responsible institution publishes or authorises to be published in its name about the quality of the programmes which lead to its awards, and the academic standards of those awards
- examples of the awarding or responsible institution's quality assurance and academic standards processes for its collaborative provision, as operated by individual partnership arrangements in order to demonstrate the validity and reliability of the information being generated for the awarding or responsible institution by these processes.

7 In examining these areas, review teams focus in particular on:

- the awarding or responsible institution's strategic approach to its collaborative provision, including processes for selection and approval of, and the formal arrangements for, partner links
- internal quality assurance reviews of collaborative provision and their outcomes, including reviews of the partnership and of the programme
- the use made of external reference points in collaborative provision, including the Academic Infrastructure and (where relevant) the indirectly-funded partnerships: codes of practice for franchise and consortia arrangements (HEFCW W06/11HE: *Guidance on partnership arrangements between Higher and Further Education Institutions*)
- publicly available information about the quality of programmes and the academic standards of awards gained through collaborative provision
- the awarding or responsible institution's internal systems for the management of information, and their contribution to its effective oversight of quality and of academic standards in collaborative provision
- the development, use and publication of programme specifications in collaborative provision
- the academic standards of the collaborative programmes
- the experience of students in collaborative provision as learners
- the role of the awarding or responsible institution in assuring the quality of teaching staff in collaborative provision, which may include criteria for the appointment of teaching staff and the ways in which teaching effectiveness is appraised, improved and rewarded

- the role of the awarding or responsible institution in supporting the partner institution to undertake quality enhancement, that is, to take deliberate steps at institutional level to improve the quality of learning opportunities
- the arrangements for postgraduate research students studying in collaborative institutions.

### How the hybrid and separate model differ from Institutional review

#### Preparation

8 In the case of a separate or hybrid review, there will be one preliminary meeting which takes place approximately 36 weeks before the review visit. In both cases, in addition to the standard content of the preliminary meeting, the AD and the awarding or responsible institution will discuss the structure and content of the approach selected to review the collaborative provision; and how partner links are chosen, how they operate and what arrangements need to be made for the review.

9 Following the preliminary visit, the AD will identify the number of partner links to be visited; in the hybrid model this will be between one and three, in the separate model this will be up to six. The number of links to be visited will depend on a mix of factors including: the overall size of the awarding or responsible institution's portfolio of collaborative provision and its variety, the range of formal arrangements within that portfolio, and the location of the partner links (overseas or UK) and will be decided in discussion with the institution. The awarding or responsible institution will be notified of the number of partner visits shortly after the preliminary visit. Note, awarding or responsible institutions are responsible for liaising with the partner institutions in arranging the partner link visits. QAA will not communicate directly with partner institutions at any point during the review process.

10 There is no expectation that a separate SED is produced where a hybrid model is followed. Where an awarding or responsible institution's collaborative provision is considered through a separate activity some time after its Institutional review the institution may either produce a separate SED or build on the SED submitted for the Institutional review (Annex Q). For both the hybrid and separate model the awarding or responsible institution is required to submit its SED no later than 18 weeks before the review visit (Annexes N and O).

11 On receipt, the awarding or responsible institution's documentation is distributed by QAA to the review team. The team will undertake an analysis of the documentation and, on the basis of this information, the review team will identify the partner links to be visited.

12 In coming to its decision on the partner links to be visited, the review team will be mindful of the desirability of avoiding, where possible, visits to partners which have recently been the subject of QAA review or other external review. The team's decision on the partner links to be visited will be conveyed to the awarding or responsible institution approximately two working weeks after the submission of the SED.

13 QAA will not request a bespoke SED from the awarding or responsible institution to support the visits to partner links. It will, however, be helpful for the review team to receive, for each partner link to be visited:

- the most recently concluded formal agreement between the awarding or responsible institution and the partner at institutional and programme level
- the report of the process through which the awarding or responsible institution assured itself that the partner was an appropriate organisation to deliver its awards, or of the most recent renewal of that approval and for a sample of programmes from within the link, identified by the review team
- the most recent annual and periodic review reports held by the awarding or responsible institution, with the report of the most recent programme or provision approval
- the two most recent reports from external examiners with responsibilities for the relevant programmes or provision included in the sample, with the information which allowed the awarding or responsible institution to be satisfied that the points made by the external examiners had been addressed.

14 These should be provided by the awarding or responsible institution to QAA no later than two weeks before the briefing visit.

### **The briefing visit**

15 The briefing visit will follow the standard structure as outlined in paragraphs 60-62 in Part I: Handbook. Where appropriate staff and students from the collaborative partners may be invited to meetings with the review team. This will form part of the discussion at the preliminary meeting.

16 In addition to the matters identified in paragraphs 60-62 of Part I: Handbook, the review team and the AD, at the end of the briefing visit, will discuss with representatives of the awarding or responsible institution final arrangements for the visits to partner links, including the meetings it wishes to hold, the constituents of the meetings and any documentation relating to these visits.

### **Visits to partner links**

17 Visits to the selected partner links are normally undertaken by two reviewers and the review secretary/coordinator. They will enable the team to come to a view on the reliability of the evidence on which the awarding or responsible institution relies to satisfy itself that the academic standards of its awards and credits are secure and that the quality of learning opportunities are appropriate. They will also provide information on:

- how the awarding or responsible institution is assimilating relevant aspects of the Academic Infrastructure into its collaborative provision
- the provision of information to students studying through partner links, and how feedback from students in collaborative provision on their experience as learners is collected, analysed, and used by the awarding or responsible institution

- the part played by students in collaborative provision in the quality management of provision leading to their awards
  - how the awarding or responsible institution ensures the accuracy of information published about the quality of collaborative provision associated with its awards and the academic standards of those awards and credits, including programme specifications
  - matters relating to staff development and support undertaken by the awarding or responsible institution with partner links in support of its collaborative provision
  - how the awarding or responsible institution is supporting partner institutions in addressing enhancement - taking deliberate steps at institutional level to improve the quality of learning opportunities.
- 18 Each visit to a partner link will last a day and will typically involve meetings with:
- senior members of the partner, to assist the review team to understand the overall and strategic management of the link from the partner's perspective
  - student members of staff-student consultative liaison committees for students studying for the awarding or responsible institution's awards through the link
  - members of the partner's teaching and support staff involved in supporting the link operationally.
- 19 Enquiries will focus on how the awarding or responsible institution's procedures for collaborative arrangements are put into practice within the link, paying special attention to the effectiveness of the awarding institution's reviews of the partnership, the provision, and the academic standards of awards and credits.

### **The review visit**

20 The review visit to the awarding institution will follow the structure outlined in paragraphs 63 to 67 of Part I: Handbook.

### **Reports**

21 The report arising from a hybrid review will follow the structure Annex D. The structure of the report arising from a separate review of collaborative provision is outlined in Annex P.

## Annex N: Schedule of key dates for the review of collaborative provision as a hybrid activity

Week	Activity
Preparatory briefing, normally a year in advance	QAA provides briefing for institutions on the Institutional review process as a hybrid activity
<b>Review visit minus not less than 36 weeks = Preliminary meeting</b>	Assistant Director (AD) visits awarding institution to meet institutional representatives  AD provides briefing on process of review and provides guidance on the awarding institution's self-evaluation document (SED)
Review visit minus 32 weeks	QAA confirms with the awarding institution the size and membership of the review team and the number of partner links to be visited
Review visit minus 18 weeks	QAA receives the awarding institution's SED and student submission
Review visit minus 16 weeks	QAA confirms the selected partner links to be visited
Review visit minus 8 weeks	QAA receives from the awarding institution supplementary information on the partnership links to be visited
<b>Review visit minus 5 weeks = Briefing visit</b>	The review team and the AD undertake briefing visit to the awarding institution
<b>Review visit minus 5 weeks through to Review visit minus 1 week = visits to partner links</b>	Review team undertakes visits to partner links
<b>Review visit</b>	The review visit to the awarding institution
Review visit plus 2 weeks	Letter outlining the review findings is agreed by review team and sent by the AD to the head of the awarding institution
Review visit plus 8 weeks	QAA sends draft review report to head of the awarding institution
Review visit plus 12 weeks	Comments on the draft report from the awarding institution are received by QAA
Review visit plus 16 weeks	Review report is finalised and sent to the head of the awarding institution
Review visit plus 18 weeks	Awarding institution's statement for publication with the review report is received by QAA
Review visit plus 23 weeks	Review report is published

## Annex O: Schedule of key dates for the review of collaborative provision as a separate activity

Week	Activity
Preparatory briefing, normally a year in advance	QAA provides briefing for institutions on review of collaborative provision as a separate activity
<b>Review visit minus not less than 36 weeks = Preliminary visit</b>	Assistant Director (AD) visits awarding institution to meet institutional representatives  AD provides briefing on process of review and provides guidance on the awarding institution's self-evaluation document (SED)
Review visit minus 32 weeks	QAA confirms with the awarding institution the size and membership of the review team and the number of partner links to be visited
Review visit minus 18 weeks	QAA receives the awarding institution's SED and student submission
Review visit minus 16 weeks	QAA confirms the selected partner links to be visited
Review visit minus 8 weeks	QAA receives from the awarding institution supplementary information on the partnership links to be visited
<b>Review visit minus 6 weeks = Briefing visit</b>	The review team and the AD undertake briefing visit to the awarding institution
<b>Review visit minus 6 weeks through to Review visit minus 1 week = visits to partner links</b>	Review team undertakes visits to partner links
<b>Review visit</b>	The review visit to the awarding institution
Review visit plus 2 weeks	Letter outlining the review findings is agreed by review team and sent by the AD to the head of the awarding institution
Review visit plus 8 weeks	QAA sends draft review report to head of the awarding institution
Review visit plus 14 weeks	Comments on the draft report from the awarding institution are received by QAA
Review visit plus 18 weeks	Review report is finalised and sent to the head of the awarding institution
Review visit plus 20 weeks	Awarding institution's statement for publication with the review report is received by QAA
Review visit plus 24 weeks	Review report is published

## **Annex P: Structure of the Institutional review report where collaborative provision is considered as a separate activity**

### **The report**

Introduction

Judgements

Features of good practice

Recommendations for action

Findings

- Academic management framework for collaborative arrangements

- Institutional management of academic standards for collaborative arrangements

- Institutional management of learning opportunities for collaborative arrangements

- Institutional approach to the management of quality enhancement for collaborative arrangements

- Institutional arrangements for postgraduate research students for collaborative arrangements

- Published information for collaborative arrangements

## Annex Q: Structure for collaborative institutional review self-evaluation document

The SED should provide:

- a the context for the review, including the institution's mission with an outline of developments since the last review (and mid-programme follow-up) and action taken on the outcomes of the last review (and of the mid-programme follow up) and an overview of the academic management framework in relation to collaborative arrangements
- b a reflection on the institution's current and future approach to:
  - making sure that its academic standards in relation to collaborative arrangements are secure, and how this approach is appraised to ensuring that it is fit for purpose
  - making sure that the learning opportunities for students in relation to collaborative arrangements are suitable and that the support available to students helps them make good use of those opportunities, and how this approach is appraised to ensuring that it is fit for its purpose
  - the overall approach adopted by the institution for managing quality enhancement in relation to collaborative arrangements, how it develops an ethos which expects and encourages the enhancement of learning opportunities, encourages, supports and disseminates good practice and identifies opportunities for enhancement, and reflecting on the effectiveness of its approach
- c an outline of the institution's approach to maintaining the academic standards and quality of provision of postgraduate research programmes in relation to collaborative arrangements, and a reflection upon its effectiveness
- d an outline of the institution's arrangements for ensuring that the information it publishes about its educational provision and the academic standards that it supports in relation to collaborative arrangements is accurate and complete.

### Suggested structure of the SED

The institution may find it helpful to use the following headings, relating these as appropriate to (a) to (d) above:

- Institution and mission (A)
- Developments since the last review (B)
- Academic management framework for collaborative arrangements (C)
- Approval, monitoring and review of programmes for collaborative arrangements (D)
- External participation in internal review and accreditation for collaborative arrangements (E)

- Programme level review and accreditation by external agencies for collaborative arrangement (F)
- External examining for collaborative arrangements (G)
- Assessment policies and regulations for collaborative arrangements (H)
- Management information for collaborative arrangements (I)
- Academic infrastructure and other external reference points for collaborative arrangements (J)
- Feedback from students, graduates and employers for collaborative arrangements (K)
- Student representation and the role of students in quality assurance for collaborative arrangements (L)
- Links between research or scholarly activity and learning opportunities for collaborative arrangements (M)
- Other modes of study for collaborative arrangements, including distributed and distance methods (N)
- Resources for learning for collaborative arrangements (O)
- Admissions policy for collaborative arrangements (P)
- Academic guidance, support and supervision for collaborative arrangements (Q)
- Personal support and guidance for collaborative arrangements (R)
- Complaints and appeals policy for collaborative arrangements (S)
- Staff appointment, appraisal and reward for collaborative arrangements (T)
- Staff Support (including staff development) for collaborative arrangements (U)
- Institutional approach to the enhancement of quality and standards for collaborative arrangements (U)
- Institutional arrangements for postgraduate research students for collaborative arrangements (V)
- Published information for collaborative arrangements (W).