Higher Education Review (Alternative Providers)

Handbook for Providers

September 2022

Contents

Introduction

From 1 August 2019, the Office for Students (OfS) has been the educational oversight body for providers eligible to register with them, meaning that eligible providers wishing to acquire or maintain Tier 4 sponsor status must register with the OfS. The OfS is also the body for providers requiring specific course designation. QAA will continue to be an educational oversight body only for those providers not eligible to register with the OfS.

The [UK Quality Code for Higher Education](#) should be used as the reference point for the review method.

This version of the handbook (2022-23) maintains the following main change:

The COVID-19 (Coronavirus) outbreak has had significant and widespread consequences for the higher education sector. Given the information we have now, for those providers requiring educational oversight, QAA may conduct online reviews where necessary. We will continue to review this position based on the latest government and public health advice. In accordance with current advice, all reviews will return to in-person visits.

Higher Education Review (Alternative Providers): Summary

1   Higher Education Review (Alternative Providers) is the Quality Assurance Agency for Higher Education's (QAA's) principal review method for alternative providers that are not eligible to be on the Office for Students (OfS) register. While QAA will continue to be an educational oversight body for those providers not eligible to register with the OfS, from 2020-21 QAA will also provide external quality assessment for alternative providers in Northern Ireland, and Wales for specific course designation.

2   For providers requiring educational oversight for Tier 4 Sponsorship purposes, Higher Education Review (Alternative Providers) has two components. The first component is a check on financial sustainability, management and governance ('the FSMG check'), which has the aim of giving students reasonable confidence that they should not be at risk of being unable to complete their course as a result of financial failure of their education provider. The second component is a review of the provider's arrangements for maintaining the academic standards and quality of the courses it offers ('the review of quality assurance arrangements'), which aims to inform students and the wider public whether a provider meets the expectations of the higher education sector for: the setting and/or maintenance of academic standards and the provision of learning opportunities. For providers in Northern Ireland, and Wales undergoing Higher Education Review (Alternative Providers) for specific course designation for student support purposes, the FSMG check is carried out by the relevant authorities in the devolved nations (see below paragraph 8) after the quality assurance review has taken place. The FSMG check is conducted entirely separately from the review of quality assurance arrangements. The remainder of this handbook is concerned with the review of quality assurance arrangements.

3   The review of quality assurance arrangements is carried out by peer reviewers - staff and students from other providers. The reviewers are guided by a set of UK Expectations and associated Core practices and Common practices (as applicable) about the provision of higher education contained in the UK Quality Code for Higher Education (the Quality Code).

4   Students are at the heart of Higher Education Review (Alternative Providers). There are opportunities for the provider's students to take part in the review, including by

contributing a student submission, meeting the review team during the review visit, working with their providers in response to review outcomes, and acting as the lead student representative. All review teams will include a student member.

5   Higher Education Review (Alternative Providers) culminates in the publication of a report containing the judgements and other findings. The provider is then obliged to produce an action plan in consultation with students, describing how it intends to respond to those findings. Action plans are monitored through the annual monitoring process.

Section 1: Introduction and overview

Introduction

6   The mission of QAA is to safeguard standards and improve the quality of UK higher education wherever it is delivered around the world. In furtherance of this mission, QAA undertakes reviews of higher education offered by universities, colleges and alternative providers.

7   QAA's principal method of review for alternative providers that are not eligible to be on the Office for Students (OfS) Register and require educational oversight and/or a review for specific course designation in Northern Ireland, Scotland and Wales is called Higher Education Review (Alternative Providers).

8   There are different arrangements for specific course designation in each of the devolved nations and providers seeking a review for course designation will need to refer to the relevant guidance:

- Northern Ireland:
  www.economy-ni.gov.uk/publications/specific-course-designation

- Scotland: The Student Awards Agency for Scotland: www.saas.gov.uk

- Wales:
  www.hefcw.ac.uk/working_with_he_providers/he_wales_act_2015/course_designation.aspx

9   The purpose of this handbook is to:

- state the aims of Higher Education Review (Alternative Providers)
- give guidance to providers preparing for, and taking part in, Higher Education Review.

10   The handbook is intended primarily for providers going through the review process. It is also intended for teams conducting Higher Education Review (Alternative Providers) and to provide information and guidance for degree-awarding bodies and awarding organisations involved in the review of providers who deliver their awards. QAA provides separate guidance for students. QAA also provides other guidance notes to assist providers in preparing for review.

11   Higher Education Review (Alternative Providers) has been designed to meet the Standards and Guidelines for Quality Assurance in the European Higher Education Area.

Aims of Higher Education Review (Alternative Providers)

12   The overall aims of Higher Education Review (Alternative Providers) are to inform students and the wider public as to whether a provider:

- sets and maintains the academic standards of the qualifications it offers if it is a degree awarding body or organisation
- maintains the academic standards of the qualifications it offers on behalf of its degree-awarding bodies and/or other awarding organisations[1]
- provides learning opportunities which allow students to achieve the relevant awards and qualifications and meet the applicable Core and Common practices outlined in the Quality Code, including the UK-wide reference points it endorses.

13   These aims are addressed by a review of providers' arrangements for setting and/or maintaining the academic standards and quality of the courses they offer ('the review of quality assurance arrangements').

Judgements and reference points

14   In the review of quality assurance arrangements, we ask review teams to make judgements on:

- the setting and/or maintenance of academic standards
- the quality of student learning opportunities.

15   The judgement on the setting and/or maintenance of academic standards will be expressed as one of the following: **meets UK expectations**, **requires improvement to meet UK expectations** or **does not meet UK expectations**. The judgement on learning opportunities will be expressed as one of the following: **commended**, **meets UK expectations**, **requires improvement to meet UK expectations** or **does not meet UK expectations**. The judgements 'commended' and 'meets UK expectations' are considered to be satisfactory judgements, whereas the judgements 'requires improvement to meet UK expectations' and 'does not meet UK expectations' are unsatisfactory.

16   The judgements are made by teams of peers by reference to the applicable Core and Common practices in the Quality Code. Judgements represent the reasonable conclusions that a review team is able to come to, based on the evidence and time available. The criteria which review teams will use to determine their judgements are set out in Annex 2.

17   Review judgements may be differentiated so that different judgements may apply, for example, to undergraduate or postgraduate levels; or to the provision associated with different degree-awarding bodies or other awarding organisations.

18   The review team will also identify features of good practice, affirm developments or plans already in progress and make recommendations for action. The recommendations will indicate the urgency with which the team thinks each recommendation should be addressed. The most urgent recommendations will have a deadline of one month after publication of the

---

[1] Providers without degree awarding powers work with degree-awarding bodies and/or other awarding organisations, such as Pearson, which retain responsibility for the academic standards of the awards granted in their names. Thus, for providers without degree awarding powers, Higher Education Review (Alternative Providers) is concerned with the way in which these providers discharge their responsibilities within the context of their agreements with degree-awarding bodies and/or other awarding organisations. Reviews of providers without degree awarding powers are not concerned with how their degree-awarding bodies and/or other awarding organisations manage their responsibilities.

review report. QAA will expect providers to take notice of these deadlines when they construct their action plan after the review.

Scope and coverage

19 Higher Education Review (Alternative Providers) encompasses the following:

- programmes of study leading to awards at Levels 4 to 8 of The Framework for Higher Education Qualifications in England, Wales and Northern Ireland and The Framework for Qualifications of Higher Education Institutions in Scotland (these frameworks include designated programmes)
- programmes of study leading to awards at Levels 4 to 8 of the Regulated Qualifications Framework (see Ofqual register)[2]
- programmes that students on a Tier 4 sponsor licence may study
- integrated foundation year programmes[3] that are designed to enable entry to a specified degree programme or programmes on successful completion.

20 All programmes offered by a provider may be in scope of the review whether or not they are eligible for Tier 4 sponsorship or specific course designation in NI, Scotland and Wales. QAA will be able to advise if you are uncertain as to whether programmes are in scope of Higher Education Review (Alternative Providers).

Initial analysis

21 The review of quality assurance arrangements takes place in two stages. The first stage is an initial desk-based analysis by the review team of a wide range of information about the programmes of study on offer. Some of this information, including the self-evaluation document, is given by the provider, some is given by students and the rest is assembled by QAA. The second is a visit to the provider.

22 An important part of the information base for the initial analysis is a student submission, which describes what it is like to be a student at the provider under review, and how students' views are considered in the provider's decision making and quality assurance processes. Guidance is available from QAA to those students who are responsible for producing the student submission to ensure that it is evidence based, addresses issues relevant to the review, and represents the views of students as widely as possible.

Review visit

23 The second stage is a visit to the provider. The visit allows the review team to meet some of the provider's students and staff (and other stakeholders, where appropriate) and to scrutinise further information.

24 The programme for, and duration of, the review visit varies according to the outcome of the initial analysis. Where this analysis demonstrates a strong track record in managing quality and standards, and that the provider is continuing to manage its responsibilities effectively, the review visit can be relatively short since there should be few issues about which the team would require further information. However, where the

---

[2] Available at: http://register.ofqual.gov.uk/Qualification
[3] In the case of integrated foundation year programmes, it may be necessary to use other external reference points in addition to the Quality Code to set academic standards for the foundation year element. If the foundation year element is free-standing and does not have a direct relationship with a specified higher education programme, it is not covered by the Quality Code and is out of scope, but may be subject to other regulatory requirements.

analysis does not demonstrate a strong track record, and/or indicates that the provider is not managing its responsibilities effectively (or the evidence provided is insufficient to demonstrate that it is meeting its responsibilities effectively), the review visit will be longer so as to allow the team to investigate its concerns thoroughly.

25   There will be one visit to the provider and its duration will be between one day and five days. More details about how the duration of the review visit is set are given in Section 3. At the end of the review visit, the review team will agree its judgements and other findings, as described above.

Reviewers and review teams

26   The size of the team for the whole review will be between three and five reviewers depending on the scale of the provision on offer. Every team will include at least one member or former member of academic staff from another provider in the UK. Larger teams may include a reviewer or reviewers with particular expertise in those areas which have given rise to the larger team, such as managing higher education provision with others. All review teams will include a student member. A QAA Officer will coordinate the review, support the review team and act as the primary point of contact with the provider.

27   QAA reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision. This expertise and experience will include the management and/or administration of quality assurance. Student reviewers are recruited from among students or sabbatical officers who have experience of contributing, as a representative of students' interests, to the management of academic standards and/or quality. More information about reviewers and the membership of review teams is provided in Section 3 and in Annex 6.

28   QAA recruits reviewers by inviting nominations from providers, from recognised students' unions, or by self-nomination. The selection criteria for review team members are given in Annex 6. QAA makes every effort to ensure that the cohort of reviewers appropriately reflects the diversity of the sector, including geographical location, size and type of providers, as well as reflecting those from diverse backgrounds.

29   Training for review team members is provided by QAA. Both new team members and those who have taken part in previous review methods are required to take part in training before they conduct a review. The purpose of the training is to ensure that all team members fully understand 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, and QAA's expectations of them. We also provide opportunities for continuing development of review team members and operate procedures for managing reviewers' performance. The latter incorporates the views of providers who have undergone review.

The role of students

30   Students are one of the main beneficiaries of Higher Education Review (Alternative Providers) and are at the heart of the review process. Review teams may therefore have student reviewers as members.

31   Students of the provider under review may also have input to the process by:

- nominating a lead student representative, who is involved throughout the review process
- preparing a student submission, which is a key part of the evidence for the initial analysis

- contributing their views directly for consideration during the initial analysis
- participating in meetings during the review visit
- assisting the provider in drawing up and implementing the action plan after the review.

More information about the role of students is given in Section 3 and in Annex 5.

Facilitators

32   Providers are invited to nominate a facilitator. In summary, the facilitator will carry out the following key roles:

- liaise with the QAA Officer throughout the review process to facilitate the organisation and smooth running of the review
- during the review visit, provide the review team with advice and guidance on the provider's structures, policies, priorities and procedures
- during the review visit, meet the QAA Officer and the lead student representative (and possibly also members of the review team) outside the formal meetings to provide or seek further clarification about particular questions or issues.

33   The facilitator will help to provide a constructive interaction between all participants in the review process. The development of an effective working relationship between QAA and the provider through such liaison should help to avoid any misunderstanding by the provider of what QAA requires, or by QAA of the nature of the provider or the scope of

 its provision. More detailed information about the role of the facilitator is given in Annex 4.

Lead student representatives

34   Where possible, there should also be a lead student representative from the provider undergoing review. This role is voluntary. The lead student representative will normally carry out the following key roles:

- liaise with the facilitator throughout the process to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body
- organise or oversee the writing of the student submission
- assist in the selection of students to meet the review team
- ensure continuity of activity throughout the review process
- facilitate comments from the student body on the draft review report
- work with the provider in the development of its action plan.

35   A QAA Officer will provide further advice for both facilitators and lead student representatives in the build up to their reviews.

The role of degree-awarding bodies and other awarding organisations

36   Providers may wish for their degree-awarding bodies or other awarding organisations to be involved in the review process by assisting, for example, with the preparation of the self-evaluation document or by attending review visits. The extent of a degree-awarding body's or awarding organisation's involvement should be decided in discussion between the partners.

37   Review teams will be pleased to meet the representatives of degree-awarding bodies or awarding organisations during review visits, and occasionally may encourage them to attend particular meetings, should they regard it as likely to aid their understanding of the provider's responsibilities. However, degree-awarding bodies or awarding organisations are not obliged to attend these events, since QAA has no desire to make unreasonable requests for their involvement in a process that focuses on the responsibilities of the provider under review. The role of degree-awarding bodies and awarding organisations in the review will be discussed at the preparatory meeting (see Section 3).

38   It is the responsibility of providers to keep their degree-awarding bodies or awarding organisations informed of the progress of the review and to make any requests for support. The only correspondence QAA will copy to degree-awarding bodies or awarding organisations is that associated with the draft and final reports. Where relevant, QAA may also share information with Ofqual.[4]

Managing higher education provision with others

39   The Quality Code, Core practices S3 and Q8 'Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure/that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them' apply to any form of collaboration between providers of higher education.[5] The parameters of the review of arrangements for working with others will vary according to whether the partners, delivery organisations or support providers in question are also reviewed by QAA. Where they are subject to QAA review, in any form, the parameters of the review of the provider making the awards will be confined to the management of the arrangement by that provider, and to the setting and maintenance of academic standards.

40   Where partners, delivery organisations or support providers are not subject to QAA review, the review of arrangements for working together will consider both areas:

academic standards and the quality of learning opportunities. This may involve review teams meeting staff and students from partners, delivery organisations or support providers in person, or by video or teleconference.

41   Please see Annex 9 for further guidance about the application of Core practices S3 and Q8.

Section 2: The interval between reviews

42   The interval between reviews for alternative providers requiring educational oversight, and/or specific course designation, in NI, Scotland and Wales, from QAA is normally four years. Following the first review, providers will submit an annual return and may receive annual monitoring visits/desk-based analyses each year before the next full review. Desk-based analysis cannot occur in consecutive years. Providers who do not pass the monitoring process may request a further review in order to maintain educational oversight, and/or specific course designation, in NI, Scotland and Wales. Further guidance

---

[4] QAA and Ofqual have an agreement that includes a commitment to sharing information about the educational oversight of alternative higher education providers. The agreement makes provision for QAA to share information with Ofqual that is relevant to maintaining standards and confidence in qualifications that are regulated by Ofqual, or qualifications offered by the awarding organisations that Ofqual regulates.

[5] Core practices S3 and Q8, available at: www.qaa.ac.uk/quality-code

on the annual monitoring process is published separately on the QAA website.

Section 3: The review process in detail

43   This part of the handbook explains the activities that need to be carried out to prepare for and take part in the review of quality assurance arrangements. It is aimed primarily at providers. In this part of the handbook, 'we' refers to QAA and 'you' to the provider undergoing review.

44   The standard timelines are given below. Please note that there may be unavoidable instances when the activities in the timetable need to take place over a shorter time period. The timeline for the period after the review visit is given in Section 4.

Working weeks	Activity
Approx -24	(New Provider submits application form) - Provider begins reviewing handbook and preparing for review - Provider nominates facilitator and lead student representative - Provider begins to access online briefing material (see paragraph 45) - QAA informs provider of dates of review visit and size of review team
Approx -20	QAA informs provider of membership of review team and name of QAA Officer coordinating the review
Approx -18	Preparatory meeting between QAA Officer and provider
-18	- Providers requiring educational oversight submit FSMG documentation and pay FSMG fee (exact date to be specified depending on the circumstances of the review) - Providers pay review fee
-12	- Provider uploads self-evaluation and supporting evidence to QAA's electronic folder - Lead student representative uploads student submission - Review team begins an initial analysis
-9	QAA Officer informs provider of any requests for additional documentary evidence
-6	Provider uploads additional evidence (if required)
-4	Team holds first team meeting to discuss the initial analysis and agree the duration of, and programme for, the review visit
Approx -4	QAA Officer informs provider of: - the duration of the review visit - the team's main lines of enquiry - who the team wishes to meet - any further requests for documentary evidence
0	Review visit

First contact with QAA

45   The first contact that you will have about your review is likely to be soon after your application for educational oversight, or specific course designation, in NI, Scotland and Wales, is received, or as soon as possible after it becomes clear from your annual monitoring return that you require a full review. We will write to tell you the dates of the review visit and the size of the review team.

46   We suggest that from this point you begin to use the online review briefing material available on QAA's website. This material includes details of the review process; roles of key players; guidance on the preparation of the self-evaluation document and the student submission; and guidance on other documentation required, all of which can be found in the annexes to this Handbook. There is Guidance for Facilitators and for Lead Student Representatives, including the Survival Guide for Lead Student Representatives (Alternative Providers).[6] Once you know the date of your review, we will expect you to disseminate this information to your students and tell them how they can engage with the process through the student submission.

Setting the size and membership of the review team

47   The size of the review team is correlated to the scale and complexity of the provision under review. This is not because large and complex provision takes more time for review teams to understand and review large and complex provision than provision which is small or less complex.

48   Identifying the scale of the provision under review is a simple, formulaic process involving the application of thresholds to three quantitative measures. These measures are:

- the total number of higher education students (headcount)
- the number of postgraduate research students as a proportion of the total number of higher education students
- the number of different degree-awarding bodies and other awarding organisations with which the provider engages.

49   The size of the team is determined incrementally by establishing a base size according to the total number of higher education students and then adding additional reviewers depending on the other three measures, as described in the table below. The team will consist of a maximum of five reviewers.

1	Total number of students (headcount) in provision which is within the scope of Higher Education Review (Alternative Providers) (see paragraphs 18-19)	<100	2 reviewers
		100-999	3 reviewers
		≥1,000	4 reviewers
2	Postgraduate research students (headcount) as a proportion of measure 1	<10%	0 reviewers
		≥10%	+1 reviewers
3	Number of different degree-awarding bodies and other awarding organisations	<5	0 reviewers
		≥5	+1 reviewers

---

[6] Further information and resources are available on the QAA website: Higher Education Review (Alternative Providers)

50   QAA will determine the size of the review team based on the information in your application form or most recent review or monitoring report. Once the size of the review team has been set at this stage, it will not normally be changed to reflect any possible changes in the scale and complexity of the provision before the review visit.

51   At the same time as we inform you of the size of the team, we will also tell you its membership. We will tell you which organisations the members of the review team work for or where they study, and whether they have declared any other interests to us (such as external examinerships or membership of a governing body of another provider). We will ask you to let us know of any potential conflicts of interest that members of the team might have with your organisation and may make adjustments in light of that.

52   About the same time as we tell you the size and membership of the team, we will also confirm with you the name of the QAA Officer who will be coordinating your review. You are welcome to 'phone or email your QAA Officer, or visit him or her at QAA if you need to understand the review process better. The QAA Officer can provide advice about the review process but cannot act as a consultant for your preparation for review, nor comment on whether the processes that you have for quality assurance are appropriate or fit for purpose: that is the job of the review team.

53   Finally, for this stage of the process, we will ask you to nominate your facilitator and lead student representative. We realise that it might be too early to know the name of the lead student representative. Until this is confirmed, if we need to contact the student representative body then we will contact the President of the students' union (or the equivalent). If at this stage it seems unlikely that the students' union or equivalent will be able to nominate a lead student representative, or if there is no representative body, we may need to consider an alternative way of allowing students to contribute their views.

54   A QAA Officer will provide advice and guidance for facilitators and lead student representatives on their roles and responsibilities.

Preparatory meeting - 18 weeks prior to the review visit

55   The preparatory meeting will take place approximately 18 weeks before the review visit. It can take the form of a visit to your premises or may be conducted virtually. At the preparatory meeting, the QAA Officer coordinating the review will discuss the structure of the review as a whole. The purpose of the meeting will be:

- to answer any questions about the review
- to discuss the information to be provided to the review team, including the self-evaluation document (SED) and the student submission
- to discuss the information QAA has assembled from other sources
- to confirm the practical arrangements for the review visit.

56   The meeting should, therefore, involve those who are most immediately involved with the production of the SED and the student submission. In general, attendance by other staff should be confined to those with responsibility for the operational arrangements for the review; the preparatory meeting is not an opportunity for the QAA Officer to brief a large number of staff about the review process. The facilitator and lead student representative should attend. The QAA Officer can give you further guidance about who should participate in the meeting.

57   The discussion about the SED will be particularly important. The usefulness of the SED to the review team will be one of the main factors in determining the length of your review visit. If the SED is reflective and well targeted to the areas of the review and the

evidence carefully chosen, the greater is the likelihood that the team will be able to verify your organisation's approaches and gather evidence of its own quickly and effectively. The same is true of the quality of accompanying documentation that you provide. It is also important that the SED makes reference to any nationally benchmarked datasets that are produced for or about your organisation. Further guidance about the structure and content of the SED is given in Annex 3.

58   The preparatory meeting also provides an opportunity to discuss information for the initial analysis which we have assembled from sources available directly to us. Again, more detail about what this may comprise is provided in Annex 3. You will have an opportunity at this meeting to raise any concerns about this other information.

59   Finally, the preparatory meeting will include discussion about the student submission. Student representatives will need to have familiarised themselves with the online briefing materials (see paragraph 45), principally the *Survival Guide for Lead Student Representatives (Alternative Providers)*, before the preparatory meeting, and to have contacted the QAA Officer if additional clarification is needed. Discussion will include the scope and purpose of the student submission and any topics beyond the standard template for the student submission that the student representatives consider appropriate. It will also provide an important opportunity to liaise with the lead student representative about how students will be selected to meet the team. We envisage the selection of students to be the responsibility of the lead student representative, but the lead student representative may choose to work in conjunction with the facilitator, or with other student colleagues, if they so wish. After the preparatory meeting, the QAA Officer will be available to help clarify the process further with either the facilitator or the lead student representative.

60   If by this stage it appears unlikely that the student body will be able to make a student submission, we will need to consider an alternative way of allowing students to contribute their views.

Uploading the self-evaluation document and student submission - 12 weeks before your review visit

61   You will need to upload your SED and the accompanying evidence 12 weeks before the review visit. The precise date for doing this will have been explained by your QAA Officer at the preparatory meeting.

Initial analysis and requests for additional information - nine weeks before your review visit

62   The review team will begin its initial analysis of all the information almost as soon as the SED and student submission are uploaded. Should the team identify any gaps in the information or require further evidence about the issues they are pursuing, they will inform the QAA Officer. The QAA Officer will then make a request to you for further information about nine weeks before the review visit. Requests for additional information will be strictly limited to what the team requires to complete the initial analysis and you are entitled to ask why the team has asked to see any of the information it has requested. You should provide the additional information requested at least six weeks before the review visit.

First team meeting - four weeks before your review visit

63   About four weeks before the review visit, the team will hold its first team meeting. The first team meeting, which takes place over one day and does not involve a visit to the provider, is the culmination of the initial analysis of the evidence provided. Its purposes are to allow the review team to:

- discuss its analysis of the documentary evidence
- decide on issues for further exploration at the review visit
- decide whether it requires any further documentary evidence
- agree on the duration of the review visit
- decide whom it wishes to meet at the review visit.

64   The review team will decide on the duration of the visit according to what the initial analysis reveals both about the provider's track record in managing quality and standards and the extent to which it meets the applicable Core and Common practices of the Quality Code. Where the initial analysis finds a strong track record and evidence that all or nearly all applicable Core and Common practices are met, the team will not require a long visit to the provider to finish its work. Where the initial analysis does not suggest a strong track record and/or indicates that several applicable Core and Common practices may not be met (or the evidence provided is insufficient to demonstrate that the provider is meeting its responsibilities effectively), the review team will need more time at the provider to talk to staff and students and analyse further evidence, in order to investigate its concerns thoroughly. A longer visit may also be required where the provider has particularly significant formal arrangements for working with others, which the review team needs to explore through a number of meetings with staff and/or students at partner organisations.[7]

65   The criteria that teams will use in deciding on the length of the visit are set out in the table below. In practice, it is unlikely that the findings of the initial analysis will be consistent with all the criteria listed within a particular category. For instance, a provider may have a strong track record in managing quality and/or standards, yet have significant formal arrangements for working with others which necessitate a longer review visit. Therefore, not all criteria have to be met to justify a review of a particular duration.

66   Review teams are also permitted to specify a shorter visit than the guidance indicates; this is most likely to occur where the initial analysis finds moderate or serious risks at a provider with few students and, therefore, limited scope for meetings. In any case, the duration of the review visit should not be regarded as a judgement about the provider's higher education provision; the judgements are only agreed at the end of the process.

67   The precise duration of the review visit will be determined by the review team within the parameters outlined below. Whether, for example, a review visit lasts three or four days is likely to depend on the scale and complexity of the higher education on offer and the number of applicable Core and Common practices which the initial analysis indicates may not be met. We envisage that one-day visits will only be used for providers that have a strong track record and fewer than 50 higher education students.

---

[7] Not all Core practices in the Quality Code apply (or apply fully) to all providers. Please see Annex 2 for further information.

2 or 3 day visit	The provider has a strong track record in managing quality and standards, as evidenced by the outcomes of previous external review activities (such as QAA review) and has responded to those activities fully and effectively. There is evidence that all or nearly all applicable Core and Common practices are met. Core and Common practices which appear not to be met present low risks to the management of the higher education provision, in that they relate to: • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • completion of activity that is already underway. The need for any remedial action has been acknowledged by the provider and it has provided clear evidence of appropriate action being taken within a reasonable timescale.
3 or 4 day visit	The provider has a strong track record in managing quality and standards, as evidenced by the outcomes of previous external review activities (such as QAA review), but there is some evidence of it not responding to those activities fully and effectively. There is evidence that most applicable Core and Common practices are met. Core and Common practices which appear not to be met do not present serious risks, but may raise moderate risks in that they relate to: • weaknesses in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes • quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied. Plans that the provider presents for addressing identified problems are under-developed or not fully embedded in its operational planning.

4 or 5 day visit	The provider has particularly significant formal arrangements for working with others. The provider does not have a strong track record in managing quality and standards and/or has failed to take appropriate action in response to previous external review activities (such as QAA review).
	The evidence is **either** insufficient to indicate that most applicable Core and Common practices are met **or** indicates that several applicable Core and Common practices are not being met.
	In the case of the latter, the Core and Common practices not met present serious risks in that they relate to:
	• ineffective operation of parts of the provider's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to the provider's quality assurance • serious breaches by the provider of its own quality assurance procedures.
	Plans for addressing identified problems are not adequate to rectify the problems or there is very little or no evidence of progress.
	The provider has not recognised that it has major problems or has not planned significant action to address problems it has identified.

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

68   Within a week after the first team meeting, the QAA Officer will confirm in writing the arrangements for the review visit, including:

- its duration
- whom the review team wishes to meet
- whether the review team requires any further evidence
- the review team's main lines of enquiry.

69   Telling you about the review team's main lines of enquiry is meant to help you prepare for the review visit. The lines of enquiry will be based either on those applicable Core and Common practices which the initial analysis indicates are not being met, or on potential areas of good practice. **However, the lines of enquiry do not preclude the review team from investigating any other area or issue within the scope of the review during the review visit.**

70   Review visits will always take place within one working week and not straddle weekends. Therefore, a five-day review visit will always begin first thing on Monday morning. Shorter review visits may begin on a different day of the week. Your QAA Officer will discuss the arrangements for the review visit with you at the preparatory meeting and seek to identify the most convenient arrangements for a two, three or four-day visit, bearing in mind the need for the review team to meet students and staff.

The review visit - week 0

71   As near to the beginning of the review visit as possible, the review team will hold a short meeting with the head of the provider. This is the review team's meeting and the topics covered will vary from review to review, but the team is likely to be interested in the

provider's overall strategy for higher education, which will help to set the review in context.

72   Thereafter, the activity carried out at the visit will not be the same for every review but may include contact with staff (including staff from degree-awarding bodies and other awarding organisations where applicable), recent graduates, external examiners and employers. The review team will ensure that its programme includes meetings with a wide variety of students, to enable it to gain first-hand information on students' experience as learners and on their engagement with the provider's quality assurance and enhancement processes. The review team will be pleased to make use of video or teleconference facilities to meet people who may find it difficult to attend the provider's premises, such as distance-learning students or alumni.

73   Review activities will be carried out by at least two review team members. Where the team splits for an activity, there will be catch-up time afterwards so that all members of the team have a shared understanding of what has been found.

74   The review visit will include a final meeting between the review team and senior staff of the provider, the facilitator and the lead student representative. This will not be a feedback meeting but will be an opportunity for the team to summarise the major lines of enquiry and issues that it has pursued (and may still be pursuing). The intention will be to give the provider a final opportunity to offer clarification and/or present evidence that will help the team come to secure review findings.

75   Although the facilitator and lead student representative will not be present with the team for its private meetings, we do expect the team to have regular contact with the facilitator and lead student representative, perhaps at the beginning and/or end of the day, or when they are invited to clarify evidence or provide information. The facilitator and lead student representative can also suggest informal meetings if they want to alert the team to information which it might find useful.

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

- decide on the grades of the two judgements (based on the applicable Core practices for providers in England, and the Core and Common practices for those in Northern Ireland, Scotland and Wales)
- agree any features of good practice that it wishes to highlight
- agree any recommendations for action by the provider
- agree any affirmations of courses of action that the provider has already identified
- agree on the commentaries for the Common practices (for providers in England).

77   You can find more detail about the Core and Common practices that teams use to make judgements in Annex 2.

78   The QAA Officer will be present during the review visit and will chair the private meetings of the team. On the last day of the review, the QAA Officer will test the evidence base for the team's findings.

Contingency to extend the review visit

79   In exceptional circumstances, the review team may recommend to the QAA Officer that it cannot come to sound judgements within the scheduled review visit. This is most likely to occur where a review team arranges for a short review visit and subsequently finds serious problems that were not apparent from the initial analysis of the evidence provided. In such circumstances, QAA may ask to extend the review visit, or, if that is not

feasible, to arrange for the review team to return as soon as possible after the review visit finishes.

QAA Concerns Scheme

80   As well as undertaking reviews of alternative providers, QAA can also investigate concerns about a provider's academic standards and quality of provision. Where there is evidence of weaknesses that go beyond an isolated occurrence, and where the evidence suggests broader failings in the management of quality and standards, QAA can investigate. These concerns may be raised by students, staff, organisations, or anyone else. There are separate concerns schemes for England, Wales, Northern Ireland and Scotland. Details of these schemes can be found on the QAA website. For England, the concerns scheme applies to alternative providers that are unable to register with the Office for Students and are undergoing review and/or annual monitoring with QAA for educational oversight purposes.

81   With respect to providers in England, when a concern becomes known to QAA in the immediate build-up to a Higher Education Review (Alternative Providers) visit, we may investigate the concern within that review rather than conduct a separate investigation. If we choose to investigate through the review, we will pass the information and accompanying evidence to the reviewers. If the duration of the review visit has already been set at the first team meeting, the team may need to revise its decision. QAA may also add extra reviewers to the review team. We will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome.

82   Where a concern becomes known to QAA during a review visit, we may investigate the concern during the review visit and this could be grounds for extending the visit (see paragraph 78). If we choose to investigate the concern in this way, we will pass the information and accompanying evidence to the reviewers. We will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome. Alternatively, we may choose to investigate the concern after the review visit has ended and this may also affect the review outcome, and delay publication of the review report.

83   We may also use Higher Education Review (Alternative Providers) to follow up on a provider's response to the outcomes of a Concerns full investigation following the publication of the investigation report, or its response to Concerns initial inquiries. If we intend to use the review for this purpose, the QAA Officer will inform the provider and describe how the review is likely to be affected. It may, for instance, involve the submission by the provider of additional evidence, or an additional meeting at the review visit. The reviewers' view of the provider's response to the Concerns investigation may affect the review outcome.

84   QAA has separate and more detailed guidance on how it considers Concerns during reviews.[8]

Section 4: After the review visit

85   This part of the handbook describes what happens after the review visit has ended. The standard timeline for this part of the process is given below. Please note that the deadlines in this timeline may be extended by up to two weeks for reviews with a review

---

[8] Available at: www.qaa.ac.uk/reviewing-higher-education/QAA Concern Scheme

visit occurring fewer than 16 weeks before Christmas. The precise dates will be confirmed to you in writing by the QAA Officer.

Working weeks	Activity
Review visit +2 weeks	• QAA Officer sends key findings letter to provider (copied to the Home Office, and/or awarding bodies or organisations as relevant)
+6 weeks	• QAA sends draft review report to provider and lead student representative (copied to awarding bodies or organisations as relevant)
+ 9 weeks	• Provider and lead student representative give factual corrections (incorporating any comments from awarding bodies or organisations)
+12 weeks	• QAA publishes report
+22 weeks	• Provider publishes its action plan on its website

Reports

86   Two weeks after the end of the review, you will receive a letter setting out the provisional key findings. We will copy this letter to the Home Office for reviews of providers seeking educational oversight. We will also copy this letter to the relevant degree-awarding bodies or other awarding organisations.

87   After a further four weeks, you will receive the draft report for the findings, which will be copied to the relevant degree-awarding bodies or other awarding organisations as well. We will ask you to respond within three weeks, telling us of any factual errors or errors of interpretation in the report. Factual errors or errors of interpretation must relate to the period before or at the review visit; the review team will not consider amending the report to reflect changes or developments made by the provider after the review visit ended. We will also share the draft report with the lead student representative and invite his or her comments on it by the same deadline.

88   The review's findings (judgements, features of good practice, recommendations and affirmations) will be decided by the review team as peer reviewers. The QAA Officer will ensure that the findings are backed by adequate and identifiable evidence, and that the review report provides information in a succinct and readily accessible form. To this end, QAA will retain editorial responsibility for the final report and will moderate reports to promote consistency.

89   The report will be written as concisely as possible, while including enough detail to be of maximum use to the provider. The report will contain an executive summary to explain the findings to a lay audience.

90   The structure of the report will follow the structure recommended for the provider's self-evaluation document and the student submission. Its production will be coordinated by the QAA Officer.

91   Where the draft report contains judgements of 'commended' or 'meets UK expectations' in both areas, the report will be finalised and published three weeks later (that is, within 12 working weeks of the review visit). You will be notified of publication. When you

have engaged successfully[9] with QAA, through achieving a positive outcome in all judgement areas, you will be provided with the relevant information to enable you to use the relevant QAA Graphic.

Action planning and sign-off

92   After the report has been published, you will be expected to provide an action plan, signed off by the head of the provider, responding to the recommendations and affirmations, and giving any plans to capitalise on the identified good practice. You should either produce this jointly with student representatives, or representatives should be able to post their own commentary on the action plan. The QAA Officer will have discussed this process with you at the preparatory meeting. The action plan (and commentary, if produced) should be posted to your public website within one academic term or semester of the review report being published. A link to the report page on QAA's website should also be provided. You will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to your website. For guidance on preparing an action plan, please see Annex 10.

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

Process for unsatisfactory judgements

94   The judgements 'requires improvement to meet UK expectations' and 'does not meet UK expectations' are considered to be unsatisfactory. Where the second draft report (that is, the version of the report produced in light of the provider's comments on the first draft) contains unsatisfactory judgements in any of the two judgement areas, we will not publish that report but rather send it back to allow you to consider whether you wish to appeal the judgements. Any appeal should be made within one month[10] of dispatch of the second draft report and should be based on that second draft. An appeal based on a first draft report will not be considered. **QAA will not publish a report, meet a third-party request for disclosure of the report, or consider a provider's action plan while an appeal is pending or is under consideration.** Please refer to the procedure on appeals for further information.[11] A timeline for a review resulting in one or more unsatisfactory judgements is given below.

Working weeks	Activity
Review visit +2 weeks	• QAA Officer sends key findings letter to provider (copied to Home Office and/or awarding bodies or organisations as relevant)

---

[9] A successful engagement for a provider under Higher Education Review (AP), in terms of eligibility for the QAA Graphic, would be a judgement of **commended** or **meets UK expectations**.

[10] When the deadline for receipt of appeal falls on a non-working day, it will be amended to the next working day. Amendments will also be made to take account of bank holiday periods. Providers will be advised of the exact deadline for appeal when they are sent the second draft report.

[11] QAA appeals procedure, available at: www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint/complaints-about-qaa-and-appeals-against-decisions

+6 weeks	• QAA sends draft review report to provider and lead student representative (copied to awarding bodies or organisations as relevant)
+9 weeks	• Provider and lead student representative give factual corrections (incorporating any comments from awarding bodies or organisations)
+12 weeks	• QAA sends second draft to provider and lead student representative (copied to awarding bodies or organisations as relevant)
Approximately +16 weeks	• Deadline for provider to appeal the judgements

95   Where an unsatisfactory judgement is not appealed, the review report will be published within one week after the appeal deadline and you will be notified of publication. Where an appeal against an unsatisfactory judgement is unsuccessful, the report will be published within one week after the end of the appeal process and you will be notified of publication. Upon publication of your report, you will receive confirmation that you will not be eligible to use the QAA Graphic and will be asked to remove it from all your communications materials.

96   Please see the Tier 4 Sponsor Guidance published by UK Visas and Immigration[12] for the consequences of receiving a negative judgement (either 'requires improvement to meet UK expectations' or 'does not meet UK expectations').

97   You should prepare an action plan following a negative judgement in the same way as for a positive outcome (see paragraph 91), so that the review team can evaluate progress in any subsequent review.

Complaints and appeals

98   QAA has formal processes for receiving complaints and appeals. Details of these processes are available on the QAA website.[13]

---

[12] UK Government guidance on Tier 4 sponsorship, available at: www.gov.uk/government/publications/sponsor-a-tier-4-student-guidance-for-educators
[13] Complaints and appeals, available at: www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint/complaints-about-qaa-and-appeals-against-decisions.

Annex 1: Definitions of key terms

What do we mean by academic standards? Expectations for standards

The academic standards of courses meet the requirements of the relevant national qualifications framework.

The value of qualifications awarded to students at the point of qualification and over time is in line with sector-recognised standards.

Academic standards are the standards that individual degree-awarding bodies or awarding organisations set and maintain for the award of their academic credit or qualifications. These may exceed the threshold academic standards.

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

Threshold academic standards are distinct from the standards of performance that a student needs to demonstrate to achieve a particular classification of a qualification (for example, a first class honours degree classification in a particular subject or the award of Merit or Distinction in a master's degree). These standards of performance are the academic standards for which individual degree-awarding bodies are responsible.

Individual degree-awarding bodies or awarding organisations are responsible for ensuring that UK threshold academic standards are met in their awards by aligning programme learning outcomes with the relevant qualification descriptors in the national frameworks for higher education qualifications. They are also responsible for defining their own academic standards by setting the pass marks and determining the grading/marking schemes and any criteria for classification of qualifications that differentiate between levels of student achievement above and below the threshold academic standards.

Please also refer to the following QAA publications, which are referenced within the UK Quality Code:

- the UK national frameworks for higher education qualifications (The Framework for Higher Education Qualifications in England, Wales and Northern Ireland and The Framework for Qualifications of Higher Education Institutions in Scotland), that set out the different qualification levels and national expectations of standards of achievement
- guidance on qualification characteristics
- the Foundation Degree Qualification Benchmark
- The Higher Education Credit Framework for England: Guidance on Academic Credit Arrangements in Higher Education in England
- Subject Benchmark Statements which set out the nature and characteristics of degrees (generally bachelor's with honours) and the outcomes graduates are expected to achieve in specific subject areas.

Professional, statutory and regulatory bodies (PSRBs) are organisations that set the standards for, and regulate the standards of entry into, particular professions. Professional qualifications (as distinct from academic qualifications) are determined by PSRBs and they may stipulate academic requirements which must be met in order for an academic programme to be recognised as leading to, or providing exemption from part of, a professional qualification. Where degree-awarding bodies choose to offer programmes which lead to, or provide exemption from, specific professional qualifications, the requirements of the relevant PSRB will influence the design of academic programmes, but the responsibility for the academic standards remains with the degree-awarding body which is awarding the academic qualification. Where providers have PSRB accreditation for their programmes, review teams will explore how accreditation requirements are taken into account in the setting and maintaining of standards and the quality assurance of programmes. Review teams will also explore how accurately information about accredited status is conveyed to students.

Responsibilities of non degree-awarding bodies

Degree-awarding bodies often work with other providers (delivery organisations or support providers) that do not have degree awarding powers to deliver provision which leads to the award of a higher education qualification or academic credit of the degree-awarding body. Where this happens, degree-awarding bodies are responsible for setting the academic standards and are responsible for maintaining those academic standards regardless of where the learning opportunities are delivered or who provides them. Delivery organisations that work with degree-awarding bodies or awarding organisations are responsible for delivering modules or programmes of study and maintaining the academic standards of the degree-awarding body. The operational implementation of certain functions related to academic standards (for example, assessment) may be delegated to these delivery organisations which are then accountable to the degree-awarding body for discharging them appropriately and for operating in accordance with the academic frameworks and regulations approved by the relevant degree-awarding body. In some instances, the degree-awarding body may have approved separate academic frameworks and/or regulations for an individual delivery organisation. In these circumstances, the delivery organisation is responsible for contributing to the review of regulations and recommending changes for approval by the degree-awarding body.

A degree-awarding body's responsibility for the academic standards of all credit and qualifications awarded in its name is never delegated. Degree-awarding bodies are responsible for defining and recording, in a written agreement for each specific arrangement, the specific functions delegated to a delivery organisation and the individual and shared roles, responsibilities and obligations of each party. All delivery organisations or support providers that work with a degree-awarding body are required to engage with the Quality Code and to meet the relevant Core and Common practices as required (see also Annex 9).

It may be useful to consider the Quality Code's Advice and Guidance for Partnerships.

What do we mean by academic quality?

Expectations for quality

Courses are well-designed, provide a high-quality academic experience for all students and enable a student's achievement to be reliably assessed.

From admission through to completion, all students are provided with the support that they

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

What do we mean by good practice?

A feature of good practice is a process or way of working that, in the view of a QAA review team, makes a particularly positive contribution to the provider's assurance of its academic standards or the quality of the learning opportunities it provides for students.

What is an affirmation?

An affirmation is recognition of an action that is already taking place in a provider to improve a recognised weakness or inadequacy in the assurance of its academic standards or the quality of the learning opportunities it provides for students.

What is a recommendation?

Review teams make recommendations where they agree that a provider should consider changing a process or a procedure in order to: safeguard academic standards and assure the quality of the learning opportunities it provides for students.

Annex 2: Format and wording of judgements

There are two judgements in Higher Education Review (Alternative Providers), reflecting the two parts of the UK Quality Code for Higher Education ('Expectations for standards' and 'Expectations for quality').

Expectations: clearly and succinctly express the outcomes providers should achieve in setting and maintaining the standards of their awards, and for managing the quality of their provision.

Practices: representing effective ways of working that underpin the delivery of the expectations and will deliver positive outcomes for students. These include:

a.   Core practices that must be demonstrated by all UK higher education providers as part of assuring their standards and quality;

b.   Common practices that will be applied by providers in line with their missions, their regulatory context and the needs of their students. These are practices common to the underpinning of quality in all UK providers but are not regulatory requirements for providers in England.

The wording of the judgements is as follows:

1   The setting and or maintenance of the academic standards of awards offered on behalf of degree-awarding bodies and/or other awarding organisations...

2   The quality of student learning opportunities...

The judgement on academic standards has three possible grades: **meets UK expectations**, **requires improvement to meet UK expectations** and **does not meet UK expectations**. The judgement on learning opportunities has four possible grades: **is commended**, **meets UK expectations**, **requires improvement to meet UK expectations** and **does not meet UK expectations**. Review judgements may be differentiated so that different judgements may apply, for example, to undergraduate and postgraduate levels, or to the provision associated with different degree-awarding bodies or other awarding organisations.

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

…is or are commended	…meet(s) UK expectations	…require(s) improvement to meet UK expectations	…do(es) not meet UK expectations
All applicable Core and Common practices have been met.	All, or nearly all, applicable Core and Common practices have been met.	Most applicable Core and Common practices have been met.	Several applicable Core and Common practices have not been met or there are major gaps in one or more of the applicable Core and Common practices.
	Core and Common practices not met do not, individually or collectively, present any serious risks to the management of this area.	Core and Common practices not met do not present any serious risks. Some moderate risks may exist that, without action, could lead to serious problems over time with the management of this area.	Core and Common practices not met present serious risk(s), individually or collectively, to the management of this area, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.
• There are examples of good practice in this area and no recommendations for improvement. • The provider has plans to enhance this area further. • Student engagement in the management of this area is widespread and supported. • Managing the needs of students is a clear focus of the provider's strategies and policies in this area.	Any recommendations may relate, for example, to: • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • completion of activity that is already underway in a small number of areas that will allow the provider to meet the Core and Common practices more fully.	Any recommendations may relate, for example, to: • weakness in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes • quality assurance procedures which, while broadly adequate, have some shortcomings in terms of	Any recommendations may relate, for example, to: • ineffective operation of parts of the provider's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to the provider's quality assurance • breaches by the provider of its own quality assurance management procedures.

		the rigour with which they are applied • problems which are confined to a small part of the provision.	
	The need for action has been acknowledged by the provider in its review documentation or during the review, and it has provided clear evidence of appropriate action being taken within a reasonable timescale. There is evidence that the provider is fully aware of its responsibilities for assuring quality: previous responses to external review activities provide confidence that areas of weakness will be addressed promptly and professionally.	Plans that the provider presents for addressing identified problems before or at the review are under-developed or not fully embedded in the provider's operational planning. The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues. However, previous responses to external review activities suggest that it will take the required actions and provide evidence of action, as requested.	Plans for addressing identified problems that the provider may present before or at the review are not adequate to rectify the problems, or there is very little or no evidence of progress. The provider has not recognised that it has major problems, or has not planned significant action to address problems it has identified. The provider has limited understanding of the responsibilities associated with one or more key areas of the Core and Common practices, or may not be fully in control of all parts of the organisation. The provider has repeatedly or persistently failed to take appropriate action in response to external review activities.

When teams make their judgements, they will take into account whether the applicable Core and Common practices of the Quality Code have been met. The tables below present each Core and Common practice alongside links to associated guidance. The guiding principles in the associated documents are not intended to operate as checklists and reviewers will not use them in this way. Reviewers will appreciate that the precise details of how a Core and/or Common practice is being addressed will vary from provider to provider and, where applicable, according to providers' agreements with their degree-awarding bodies or other awarding organisations.

Not all Core and Common practices may apply (or apply fully) to all providers, which is why the judgement criteria above refer to 'applicable Core and Common practices'. Providers who do not provide research degree programmes, for example, are not expected to meet the Core practice on research degrees. Only the Core practices will be used as part of the judgements for providers in England, but a brief commentary on the Common practices will also be included.

Reviewers, in arriving at their judgements, will consider the relevant Core and Common practices in reaching their overall judgements.

Judgements about providers without degree awarding powers

The Core practices of the Quality Code apply to all providers undergoing Higher Education Review (Alternative Providers).
However, there is a distinction between higher education providers with degree awarding powers (who have responsibility for setting and maintaining the standards of qualifications), and providers without degree awarding powers (who contribute to maintaining the standards of the qualifications of the degree-awarding body). When reviewing non-degree awarding bodies, review teams will consider the way providers discharge the responsibilities they have to their degree-awarding bodies and/or other awarding organisations for the maintenance of academic standards, using the Standards section of the Quality Code as a framework for that consideration. Review teams will not consider how the degree-awarding bodies or awarding organisations manage their responsibilities for setting and maintaining those standards.

1   Standards

Core practices	UK Quality Code guidance (these are themed documents that relate across different Core and Common practices, not just where they are listed below) and other guidance material
S1) The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications frameworks.	UK Quality Code, Advice and Guidance: Assessment • National qualifications frameworks for higher education • Guidance on qualification characteristics • National credit frameworks for higher education • Subject Benchmark Statements QAA (2014) The Frameworks for HE Qualifications of UK Degree Awarding Bodies Master's Degree Characteristics Doctoral Degree Characteristics Higher Education Credit Framework for England: Guidance on Academic Credit Arrangements in Higher Education in England Subject Benchmark Statements
S2) The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.	UKSCQA statement of intent on degree classification (2019-20

S3) Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.	UK Quality Code, Advice and Guidance: Partnerships
S4) The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	UK Quality Code, Advice and Guidance: External Expertise

Common practices (Standards)

- The provider reviews its Core practices for standards regularly and uses the outcomes to drive improvement and enhancement.

2   Quality

Core practices	UK Quality Code guidance (these are themed documents that relate across different Core and Common practices, not just where they are listed below)
Q1) The provider has a reliable, fair and inclusive admissions system.	UK Quality Code, Advice and Guidance: Admissions, Recruitment and Widening access
Q2) The provider designs and/or delivers high-quality courses.	UK Quality Code, Advice and Guidance: Course Design and Development
Q3) The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	UK Quality Code, Advice and Guidance: Learning and Teaching
Q4) The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	UK Quality Code, Advice and Guidance: Enabling Student Achievement
Q5) The provider actively engages students, individually and collectively, in the quality of their educational experience.	UK Quality Code, Advice and Guidance: Student Engagement
Q6) The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.	UK Quality Code, Advice and Guidance: Concerns, Complaints and Appeals
Q7) Where the provider offers research degrees, it delivers these in appropriate and supportive research environments.	UK Quality Code, Advice and Guidance: Research Degrees
Q8) Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.	UK Quality Code, Advice and Guidance: Partnerships

Q9) The provider supports all students to achieve successful academic and professional outcomes.	UK Quality Code, Advice and Guidance: Enabling Student Achievement

Common practices (Quality)

- The provider reviews its Core practices for quality regularly and uses the outcomes to drive improvement and enhancement.
- The provider's approach to managing quality takes account of external expertise.
- The provider engages students individually and collectively in the development, assurance and enhancement of the quality of their educational experience.

Annex 3: Evidence base for Higher Education Review (Alternative Providers), including the self-evaluation document

The evidence base for Higher Education Review (Alternative Providers) is a combination of information collected by QAA, information given by the provider - including the self-evaluation document, and information provided by students. This annex deals with the first two of these; information from students is covered in Annex 5.

Information collected by QAA

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

- the most recent QAA review reports about the provider and the organisations with whom it delivers learning opportunities
- the most recent published professional, statutory and regulatory body (PSRB) reports about the provider and the organisations with whom it delivers learning opportunities
- the most recent reports of other quality assurance bodies, including international organisations, about the provider and/or organisations with whom it delivers learning opportunities
- the most recent Ofsted inspection reports about the provider and organisations with whom it delivers learning opportunities
- the most recent Education and Skills Funding Agency audit reports about the provider and organisations with whom it delivers learning opportunities.

Self-evaluation document

The self-evaluation document (SED) has three main functions:

- to give the review team an overview of your organisation, including its track record in managing quality and standards, and details of any relationships with degree-awarding bodies or awarding organisations and of the external reference points (other than the Quality Code) that you are required to consider
- to describe to the review team your approach to assuring the academic standards and quality of that provision
- to explain to the review team how you know that approach is effective in meeting the applicable Core and Common practices of the Quality Code (and other external reference points, where applicable), and how it could be further improved.

Thus, the SED has both descriptive and evaluative purposes.

The most useful format for the SED is under the two judgement headings for the review. Further guidance is given below.

It is vital that the SED identifies the evidence that illustrates or substantiates the narrative. It is not the responsibility of the review team to seek out this evidence. The selection of evidence is at your discretion and we would encourage you to be discerning in that selection, limiting the evidence to that which is clearly germane to the SED. It is quite acceptable - indeed it is to be expected - that you will reference the same key pieces of evidence in several different parts of the SED. The review team will, however, find it difficult to complete the review without access to the following sets of information. You may, therefore, find it easiest to reference this information from the SED, rather than provide it separately later on

in the process.

- Agreements with degree-awarding bodies and/or awarding organisations, where applicable.
- Your policy, procedures and guidance on quality assurance and enhancement (this may be in the form of a manual or code of practice).
- A diagram of the structure of the main bodies (deliberative and management) which are responsible for the assurance of quality and standards. This should indicate both central and local (that is, school/faculty or similar) bodies.
- Minutes of central quality assurance bodies for the two academic years prior to the review.
- Annual overview reports (for example, on external examining or annual monitoring) where these have a bearing on the assurance of quality and standards for the two years prior to the review.
- Last three years of student performance data (enrolment, retention, completion and achievement data), and staffing numbers (an Excel template is available on request).

How the self-evaluation document is used

The SED is used throughout the review process. During the initial analysis it is part of the information base which helps to determine the duration of the review visit. The reviewers will be looking for indications that:

- you systematically monitor and reflect on the effectiveness of your engagement with the applicable Core and Common practices of the Quality Code
- monitoring and self-reflection use management information and comparisons against previous performance and national and international benchmarks, where available and applicable
- monitoring and self-reflection are inclusive of students (and other stakeholders where relevant)
- monitoring and self-reflection lead to the identification of strengths and areas for improvement, and subsequently to changes in your procedures or practices.

Reviewers will also expect the SED to consider the effectiveness of the provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

Where the SED indicates that the provider is capable of, and systematically engaged in, this process of self-reflection and evaluation, the reviewers are likely to have a higher level of confidence in it, and thus to agree on a shorter review visit, notwithstanding what other sources of evidence may indicate.

The SED continues to be used by the reviewers during the review visit, both as an information source and a way of navigating the supporting evidence.

Suggested structure of the self-evaluation document

Section 1: Brief description

- mission
- major changes since the last QAA review
- number of students across programmes
- key challenges the provider faces
- strategic aims or priorities
- implications of changes, challenges and strategic aims for safeguarding academic standards and the quality of students' learning opportunities
- details of the external reference points, other than the Quality Code, which the provider is required to consider (for example, the requirements of PSRBs and qualification frameworks other than the FHEQ, such as the Regulated Qualifications Framework, the Scottish Qualifications and Credit Framework, the Credit and Qualifications Framework for Wales, and the European Qualifications Framework)
- where applicable, details of the provider's responsibilities for its higher education provision.

For providers without degree awarding powers, the final bullet point is particularly important. Given that reviews of such providers are concerned with the way in which they discharge their responsibilities, it is difficult to overstate the importance of giving the review team a clear understanding of what those responsibilities are.

This description should be underpinned by:

- the submission of a completed 'Responsibilities checklist' for each partnership with a degree-awarding body or awarding organisation (see Annex 7) - Pearson has prepared a standard checklist for its programmes (see Annex 7)
- the provision of the underlying agreements with degree-awarding bodies or awarding organisations, which should reflect Core practices S3 and Q8 regarding the existence of agreements setting out the rights and obligations of both parties.

To help support the review, please provide a list all higher education programmes currently offered, with the number of students currently studying on each programme (at the point of submission of the SED).

Programme title	Awarding body	Qualification level and duration	Current number of students (headcount)	Current number of students (FTE)
Example: HND Business Studies	Pearson	5	25	

Section 2: Your track record in managing quality and standards

Briefly describe your track record in managing quality and standards by reference to the outcomes of previous external review activities and your responses to those activities. Describe how the recommendations from the last QAA review(s) (where applicable) have been addressed, and how good practice identified has been built on. Refer to any action plans that have been produced as a result of review(s).

Please also provide a commentary on the student performance data (enrolment, retention, completion and achievement).

Although the outcomes of previous review activities are likely to be part of the information QAA will collect, it is still worth referencing these outcomes as evidence in this section of the SED in case QAA cannot access them.

Section 3: Setting and maintaining academic standards

The Expectations and associated Core and Common practices for Standards in the Quality Code apply in this area. **You should comment on each Core and Common practice separately** (where applicable, within the context of your agreements with degree- awarding bodies and other awarding organisations). Although the Common practices do not form part of the formal judgements for providers in England, the team produce a commentary on these and therefore it is still relevant to include text relating to the common practice in standards. Please see Annex 2 for a list of the Core and Common practices in this judgement area.

You should reference the evidence that you use to assure yourself that these Core and Common practices are being met and that you are managing the area effectively, as well as any relevant benchmarked datasets. **The evidence for this section should include a representative sample of the reports of external examiners/verifiers, programme approvals and periodic reviews, as well as your organisation's response to those reports, where applicable.**

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

Section 4: Assuring and enhancing academic quality

The Expectations and associated Core and Common practices for Quality in the Quality Code apply in this area. **You should comment on each Core and Common practice separately** (where applicable, within the context of your agreements with degree awarding bodies or awarding organisations). Although the common practices do not form part of the formal judgements for providers in England, the team produce a commentary on these and therefore it is still relevant to include text relating to the common practices. Please see Annex 2 for a list of the Core and Common practices in this judgement area.
You should reference the evidence that your organisation uses to assure itself that these Core and Common practices are being met and that you are managing the area effectively, as well as any relevant benchmarked datasets.

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

Technical requirements for the SED and supporting evidence

You will need to upload your SED and the accompanying evidence 12 weeks before the review visit. The precise date for doing this will be explained by your QAA Officer at the preparatory meeting. We will also explain by letter how the SED and supporting evidence should be uploaded. The key technical points you will need to consider as you put the SED and supporting evidence together are as follows:

- include page and paragraph numbers in your self-evaluation document
- use separate files for your evidence documentation and do not collate them into a single PDF document
- number your files in a three-digit, linear sequence, starting with 001 for the self-evaluation document and 002 for the student submission
- use a flat structure for your submission and supporting evidence (that is, all files together, with **no subfolders or zipped files**) with documents clearly labelled
- only use alphanumeric characters (a-z and 0-9) and spaces for file names - no other punctuation marks are allowed
- keep file names as short as possible (128 characters maximum).

If you need technical assistance with uploading files, please contact the OneDesk on 02829 331111, or email onedesk@m5servicedesk.ac.uk. Please note that the OneDesk operates from Monday to Friday between 9.00 and 17.00.

Other information given by the provider

The review team has three main opportunities to ask for additional evidence from the provider: before the First Team Meeting; between the First Team Meeting and the review visit; and at the review visit itself. Further details are provided in Section 3 of this handbook.

The types and amount of additional information requested by the review team will vary from review to review and according to several factors including the size of the provision under review and the issues which the review team considers to arise from the SED and student submission.

In some cases, review teams may wish to see a sample of student work. Review teams will only ask for samples of student work when this is the most appropriate evidence to follow up an issue, or if it is the only form of evidence which will answer a particular concern. If a provider is not in a position to provide assessed student work (for example, because records retention policies mean that work has been destroyed or returned to students) then the team will explore the issue using other evidence. It is likely that the team will explain the issue and ask a provider: 'Given that this issue could arise at any time in the academic year, what evidence would you use to investigate it, if you do not have records of student work?'. The team would then explore that evidence instead. Such explorations could involve meeting boards of examiners, having contact with external examiners, or meeting students involved.

If a team considered that the provider could not furnish evidence (of whatever kind) that it has processes to effectively deal with such concerns, then that in itself could lead to an unsatisfactory judgement.

Whether you need to provide assessed student work and/or evaluations (or, indeed, arrange contacts with external examiners, graduates or employers) will be confirmed after the First Team Meeting. The QAA Officer will let you know the sample of programmes from which you should assemble it. Normally the sample would be up to four programmes. For each

programme you should normally expect to be asked to provide a sample of the work of the most recently assessed cohort that includes:

- a range of levels and years of study
- a range of modules, units or courses
- a representative range of attainment/marks
- a range of assessment methods (for example, continuous assessments/coursework; practical/laboratory work and projects; videotapes and artefacts; and examination scripts, essays and dissertations).

Marking and feedback sheets, and assessment criteria should accompany the samples. The point of looking at student work is to see that the policies and procedures which the institution owns centrally are followed at the local level. Review teams will not be repeating the role of the examiner.

The QAA Officer will discuss with you the precise amount and kind of assessed work that the team needs to see.

Annex 4: The role of the facilitator

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

The role of the facilitator is to:

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

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

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

The facilitator should develop a working relationship with the lead student representative that is appropriate to the provider and to the organisation of the student body. It is anticipated that the lead student representative will be involved in the oversight and possibly the preparation of the student submission, and with selecting students to meet the review team during the review visit.

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

Appointment

The person appointed as facilitator must possess:

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

Protocols

Throughout the review, the role of the facilitator is to help the review team come to a clear and accurate understanding of the structures, policies, priorities and procedures of the provider. The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with the QAA Officer and the lead student representative. The facilitator should not act as an advocate for the provider. However, the facilitator may legitimately:

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

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

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

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

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

Annex 5: Student engagement with Higher Education Review (Alternative Providers)

Students are one of the main beneficiaries of Higher Education Review (Alternative Providers) and are, therefore, central to the process of review. In every review there are many opportunities for students to inform and contribute to the review team's activities, as follows.

The lead student representative

The role of the lead student representative (LSR) is designed to allow student representatives to play a central part in the organisation of the review. The LSR will normally oversee the production of the student submission. If possible, we would like to work with the LSR to select the students that the review team will meet. We know that it might not be possible to designate the LSR for a particular review very early in the process.

It is up to the student representative body to decide who should take on the role of the LSR. We recognise that this might be a challenge in itself but suggest that the LSR might be an officer from the students' union, an appropriate member of a similar student representative body, a student drawn from the provider's established procedures for course representation, the Education Officer, or equivalent. Where there is no student representative body in existence, we would suggest that providers seek volunteers from within the student body to fulfil this role. The LSR cannot be a member of staff.

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

In all cases, we would expect the provider to provide as much operational and logistical support to the LSR as is feasible in undertaking their role and, in particular, to ensure that any relevant information or data held by the provider is shared with the LSR to ensure that the student submission is well informed, and evidence based.

The LSR should normally be responsible for:

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

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

Student submission

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

Format, length and content

The student submission may take a variety of forms, for example video, interviews, focus group presentations, podcast, or a written student submission. The submission should be concise and should provide an explanation of the sources of evidence that informed its comments and conclusions. If the submission is not in written form, review teams find transcripts helpful in locating evidence.

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

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

You are also encouraged to investigate and make use of national datasets that provide robust and comparable information about the provider when putting together the student submission. Sources such as the National Student Survey might be useful and there might be information on completion rates and graduate outcomes and destinations that you may wish to comment on in your student submission. Such datasets might be good sources of evidence for a point you wish to make.

When gathering evidence for and structuring the student submission, it will be helpful if you take account of the advice given to providers for constructing the self-evaluation document (see Annex 3).

You might particularly wish to focus on students' views on:

- how effectively the provider sets and maintains the academic standards of its awards (or maintains the academic standards of the awards set by its degree-awarding bodies or other awarding organisations)
- how effectively the provider manages the quality of students' learning opportunities.

Reviewers will also be interested to know students' views on the effectiveness of their provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

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

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

Submission delivery date

The student submission should be posted to the QAA secure electronic site 12 weeks before the review visit. QAA will confirm the precise date in correspondence with the LSR.

Sharing the student submission with the provider

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

Continuity

Higher Education Review (Alternative Providers) occurs over a period of several months. It is likely that both the provider and its students will have been preparing well before the start of the review and will continue to be involved in action planning afterwards. QAA expects providers to ensure that students are fully informed and involved in the process throughout. We expect that the student representative body and the provider will wish to develop a means for regularly exchanging information about quality assurance and enhancement, not only so that student representatives are kept informed about the review process, but also to support general engagement with the quality assurance processes of the provider.

Once the review is over, QAA will invite the LSR to provide comments on the factual accuracy of the draft report.

The provider is required to produce an action plan to respond to the review's findings. It is expected that the student representative body will have input in the drawing up of that action plan, and in its annual update.

Annex 6: Appointment, training and management of reviewers

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

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

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

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

Selection criteria

The essential criteria for staff reviewers are as follows:

- experience in managing and assuring academic standards and the quality of higher education provision in a senior academic or professional support capacity at organisational and/or faculty or school level
- good oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for staff reviewers are:

- experience of participating as a chair, panel member, assessor or equivalent in the periodic review process of their own and/or other providers
- experience of assessing the achievements of students on higher education programmes at their own provider and/or other providers (for example as an external examiner).

The essential selection criteria for student reviewers are as follows:

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

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

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

Successful nominees are inducted and trained by QAA so that they are familiar with the aims, objectives and procedures of the review process, and their own role. Nominees are only appointed as reviewers once they have completed their training to the satisfaction of QAA.

Contract management

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

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

The QAA Officer coordinating the review also provides feedback on each reviewer. We share the feedback generated with reviewers at regular intervals, to allow them to understand, and reflect on, the views of their peers. The feedback is anonymous; those receiving the feedback cannot see who has provided it.

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

Annex 7: Responsibilities checklists for providers without degree awarding powers

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

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

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

Name of awarding body or organisation				
Area or function	**Provider**	**Awarding body/ organisation**	**Shared**	**Notes**
Use of external expertise in maintaining academic standards				
Course design and/or delivery				
Setting assessments				
First marking of student work				
Moderation or second marking of student work				
Giving feedback to students on their work				
Student recruitment				
Student admissions				
Widening access				

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

Annex 8: A guidance note on maintaining academic standards for higher education providers without degree awarding powers

Responsibilities of non degree-awarding bodies

Degree-awarding bodies often work with other providers (delivery organisations or support providers) that do not have degree awarding powers to deliver provision which leads to the award of a higher education qualification or academic credit of the degree-awarding body.

Where this happens, degree-awarding bodies are responsible for setting the academic standards and are responsible for maintaining those academic standards regardless of where the learning opportunities are delivered or who provides them. Delivery organisations that work with degree-awarding bodies are responsible for delivering modules or programmes of study and maintaining the academic standards of the degree-awarding body.

The operational implementation of certain functions related to academic standards (for example, assessment) may be delegated to these delivery organisations which are then accountable to the degree-awarding body for discharging them appropriately and for operating in accordance with the academic frameworks and regulations approved by the relevant degree-awarding body (see the Core and Common practices relating to Standards in the UK Quality Code and the associated guidance, for example, on assessment). In some instances, the degree-awarding body may have approved separate academic frameworks and/or regulations for an individual delivery organisation. In these circumstances, the delivery organisation is responsible for contributing to the review of regulations and recommending changes for approval by the degree-awarding body.

A degree-awarding body's responsibility for the academic standards of all credit and qualifications awarded in its name is never delegated. Degree-awarding bodies are responsible for defining and recording, in a written agreement for each specific arrangement, the specific functions delegated to a delivery organisation and the individual and shared roles, responsibilities and obligations of each party. Please refer to Core practices S3 and Q8: 'Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure/that the academic experience is high-quality irrespective of where or how courses are delivered or who delivers them'. All delivery organisations or support providers that work with a degree-awarding body are required to engage with the Quality Code and to meet the relevant Expectations and applicable Core and Common practices.

Please see below for a series of questions which non-degree-awarding bodies could use to reflect on their responsibilities for helping to maintain academic standards:

- What degree-awarding bodies and/or other awarding bodies are you working with?
- What modules or programmes of study are you delivering for each of these?
- What is your understanding of the responsibilities you have been allocated by each degree-awarding body and/or other awarding body for helping to set and/or maintain the academic standards of their awards?
- What is your understanding of the responsibilities of the degree-awarding body or other awarding organisation in setting and maintaining academic standards?
- Which internal and external reference points are relevant to setting and maintaining the academic standards of the provision you are delivering? What use do you make of these reference points?
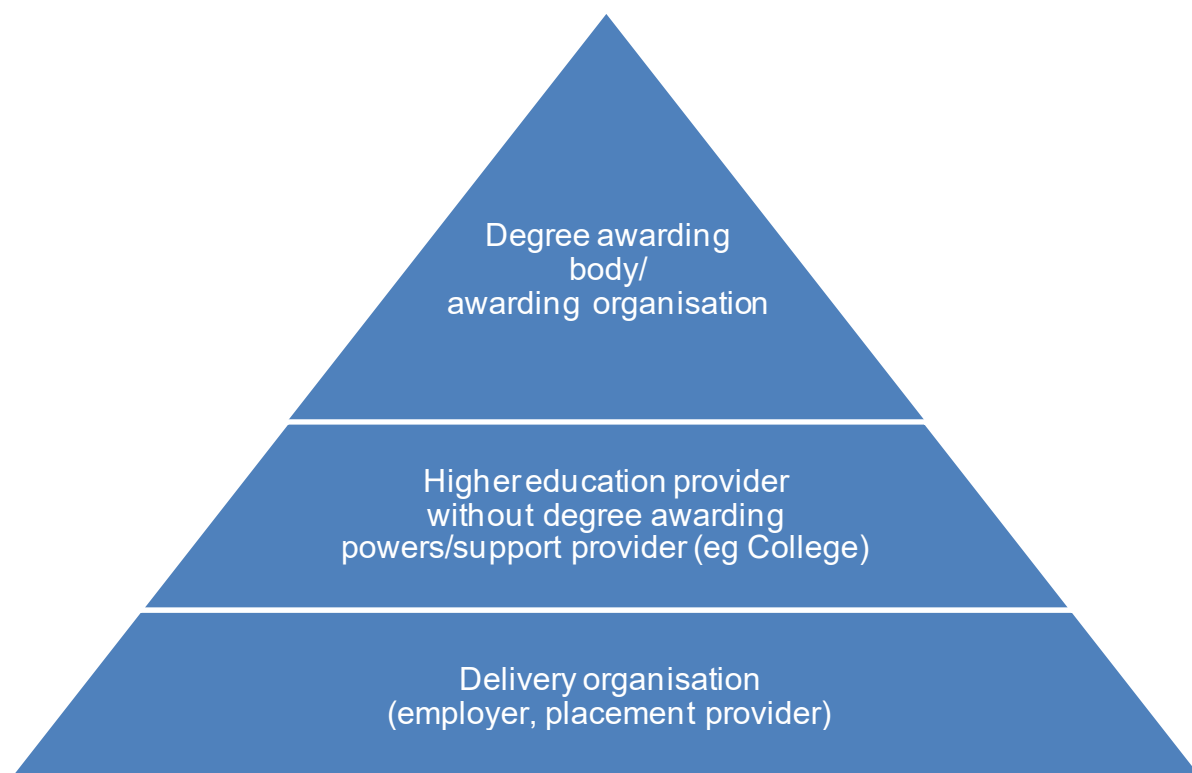- In what ways are you involved in recruitment, selection and admissions of students?

In programme design, development and approval? In assessment of students?

- In engaging with external experts including external examiners? In programme monitoring and review? How do these activities contribute to helping to set and maintain academic standards?

- How do you ensure that your staff understand and carry out their responsibilities for helping to set and/or maintain academic standards?

- How do you engage with the academic framework and regulations of each degree-awarding body and/or other awarding organisation? If you are working with multiple bodies and/or if you have a regulatory framework of your own, how do you manage differences in what is required?

- What arrangements are in place for you to report back to the degree-awarding bodies and/or other awarding bodies on how effectively you have carried out your responsibilities? How well are these arrangements working at your end?

- What gives you confidence in the academic standards of the provision you deliver?

Annex 9: Guidance note for HER (AP) reviewers on the application of Core practices where providers work in partnership with other organisations in higher education providers without degree awarding powers

Core practice S3: Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them

Core practice Q8: Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.

For providers without degree awarding powers, these Core practices are about the provider managing its relationship with other organisations to whom it has delegated responsibilities (for example, a college delegating responsibilities to an employer). It is not about the way in which providers manage their part of the relationship with organisations who delegate responsibilities to them (such as degree awarding bodies). In other words, if we think of these relationships hierarchically with the awarding body at the top, in the case of non-degree-awarding powers providers, these Core practices look down and not up.

In essence, these Core practices link to what is expected of UK degree-awarding bodies managing arrangements for student learning to be delivered or supported by an organisation other than themselves (a delivery organisation or support provider). However, it also applies to higher education providers without degree-awarding powers (DAPs) that arrange the delivery or support of learning by a third party (by agreement with the degree awarding body).

These Core practices apply to higher education providers without degree-awarding powers (DAPs) that arrange the delivery or support of learning by a third party (by agreement with the degree awarding body). For example, further education colleges may provide placement opportunities and/or Foundation Degrees that include work-based learning delivered or supported by other organisations. Although the focus of these Core practices is on how such arrangements are effectively managed and overseen by the degree-awarding body, they also apply to higher education providers without DAPs arranging provision by a third party. Ensuring that robust processes are in place to secure standards of the awards and the quality of student learning opportunities, irrespective of where these take place or who provides them, is pivotal.
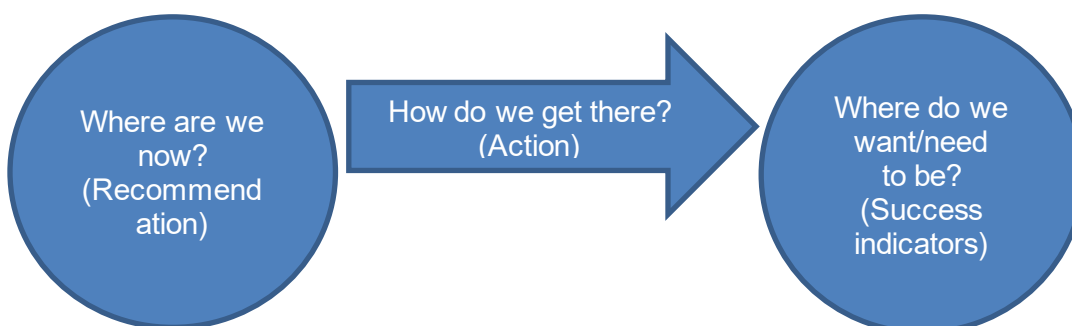
Annex 10: Guidance on producing an action plan

Following the Higher Education Review (Alternative Providers) review, the provider should develop an action plan in response to the findings of the report. The action plan is intended to support the provider in the continuing development of its higher education provision by describing how it intends to take the findings of the HER (AP) forward. Through its publication, the action plan constitutes a public record of the provider's commitment to take forward the findings of HER (AP), and so will promote greater confidence among students and other external stakeholders about the quality assurance of higher education at the provider.

This action plan should be produced jointly with student representatives, or representatives should be able to post their own commentary on the action plan. It should be signed off by the head of the provider and be published on the provider's website. A link to the report page on QAA's website should also be provided. Each provider will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to the provider's website.

We do not specify a template for the action plan because we recognise that each provider will have its own; however, an example template is attached with an explanation of what is required in each column.

Completing the action plan

Before completing the action plan template, it might be useful to consider beginning with the end in mind. What would success look like? What will be different as a result of the actions taken?

Where are we now? (Recommendation) → How do we get there? (Action) → Where do we want/need to be? (Success indicators)

For example:

Recommendation	Success indicators
Develop and embed a robust system for programme design and approval	Effective processes are in place to approve and periodically review the validity and relevance of programmes. All programmes are approved and validated prior to students beginning their course of study.

Actions can then be developed that will lead to the success indicators.

The template

The column headings in the action plan template are:

Column 1: Good practice, recommendations and affirmations
This column should repeat precisely the wording of the good practice, recommendations and affirmations identified in the Key Findings section of the report.

Column 2: Actions to be taken
The provider should state how it proposes to address each of the features of good practice, recommendations and affirmations in this column. Actions should be 'SMART' (specific, measurable, achievable, realistic and time-bound).

Examples:

1 Recommendations	2 Actions to be taken to meet success indicators	Success indicators
Develop and embed a robust system for programme design and approval	In consultation with Academic Board, Senior Management Team and awarding bodies develop new system for programme design and approval. Ensure all programmes are approved before students are enrolled. No new programmes to run without validation.	Effective processes are in place to approve and periodically review the validity and relevance of programmes. All programmes are approved and validated prior to students beginning their course of study.
Introduce a more reliable method for the systematic collection of data on student retention, academic standing and achievement	Develop and implement new system of data compilation and analysis. Reflection on data during annual monitoring process (at annual monitoring validation panels) informs strategic and operational management decisions. Annual data returns produced and shared with college staff. Includes section on previous year's actions and responses to actions.	Coherent, comprehensive and accurate student data on retention, academic standing and achievement. Annual monitoring process systematically takes due account of relevant data. Student retention 85% or higher.

Column 3: Date for completion (see Action plan example)
The provider should specify dates for when the actions proposed in the previous column will be completed within the timescale specified by the review team. The more specific the

action, the easier it will be to set a realistic target date. Ensure there is a specific target date for each milestone or subsidiary action. Avoid using 'ongoing', as it cannot be measured.

For example:

- 17 September 20XX
- 4 January 20XX, 8 February 20XX, 8 March 20XX
- second week of every term starting January 20XX

Column 4: Action by (see Action plan example)
State the role or job title of the specific person or committee who is responsible for carrying out the action and who is to be accountable for this. Do not include individuals' names.

Column 5: Success indicators (see Action plan example)
The provider should identify how it will know - and how it will demonstrate - that a recommendation or affirmation has been successfully addressed, or feature of good practice appropriately disseminated. If there is a specific action and a clear date for completion, it will be easier to identify suitable success indicators. The provider's responsibilities to its awarding bodies/organisations should be considered when developing the success indicators.

It may be helpful to consider the following questions.

- What will be different as a result of the action(s) taken?
- What will success look like?
- How can success be measured?

Column 6: Progress (see Action plan example)
This column should be updated after each internal review of progress. Regular updating should assist with preparations for any future monitoring or review. Examples of evidence in support of progress made may include:

- external verifier reports
- end-of-term course feedback
- quarterly academic board meeting minutes
- student learning journals
- teaching and learning policy and completed teaching observation reports
- annual monitoring reports.

Some final points for consideration
- Do the actions provide a sufficient framework for the provider to move forward in a structured and timely way?
- Can progress be monitored and evaluated?
- Does the action plan show someone external to the provider what evidence could be used to confirm that the actions have been achieved and their effectiveness evaluated?

Action plan example

1 Findings	2 Actions to be taken	3 Date for completion	4 Action by	5 Success indicators	6 Progress (add date of review)
Good practice					
List features of good practice					
Recommendations					
• develop and embed a robust system for programme design and approval	In consultation with Academic Board, Senior Management Team and awarding bodies, develop new system for programme design and approval. Ensure all programmes are approved before students are enrolled. No new programmes to run without validation.	September 20XX September 20XX	SMT/Academic Board Heads of Department/ Academic Board	Effective processes are in place to approve and periodically review the validity and relevance of programmes. All programmes are approved and validated prior to students beginning their course of study.	A draft procedure for programme design and approval has been produced by Senior Management Team and will be submitted to Academic Board in June 20XX
• introduce a more reliable method for the systematic collection of data on student retention,	Develop and implement new system of data compilation and analysis.	October 20XX to be implemented by Dec 20XX	Director of Studies and Information Services Manager	Coherent, comprehensive and accurate student data on retention, academic standing and achievement.	Information Services Manager has developed new process, to be

academic standing and achievement	Review of data during annual monitoring process (at annual monitoring validation panels) informs strategic and operational management decisions.	From January 20XX, third month of each term	Heads of School	Annual monitoring process systematically takes due account of relevant data.	discussed at SMT in April 20XX
	Annual data reports produced and shared with college staff.	Annually from August 20XX	Senior Management Team	Student retention at 85% or higher; achievement at 80%.	
	Includes section on previous year's actions and responses to actions.	Annually from September 20XX	Director of Studies	Data report which is fit for purpose	

Updated September 2022