



This review is  
ESG compliant

# Quality Enhancement Review Handbook

September 2025

This document is  
available in English  
and Welsh

| Action                                                                                                                             | Date           | Responsibilities             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|
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### **Compliance with the ESG**

The Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) provide the framework for internal and external quality assurance in the European Higher Education Area. QAA's review methods are [compliant with these standards](#), as are the [reports we publish](#). More information is available on our [website](#).

## Introduction and context

1 The Quality Enhancement Review (QER) Handbook sets out the review method applied to regulated higher education providers in Wales from 2024-25 to 2028-29. In reviewing and revising the QER handbook of 2020, QAA has been mindful of the developments in external quality review methods in Scotland and Northern Ireland. QAA will continue to explore common approaches to quality across the three nations where it is possible and desirable and consider how enhancement activity for providers in Wales might be supported through joint working with providers in Scotland, Northern Ireland and England, where this would add value. In doing so, QAA recognises the distinct policy and regulatory context in Wales, and the role of Medr in shaping a uniquely Welsh approach to quality and enhancement within the broader UK and international frameworks.

2 Quality Enhancement Review (QER) provides a distinctive approach to external institutional review. It was reviewed and developed in 2022-23 by QAA in partnership with providers in Wales and Universities Wales to meet both the requirements of the Higher Education Funding Council for Wales (HEFCW), which, in August 2024, has subsequently been replaced by Medr, the new Commission for Tertiary Education and Research in Wales, and to address the particular context of the Welsh higher education sector. It draws upon the experience of external review in Wales and on QAA's experience of methods used in other parts of the UK and beyond. It supports QAA in its work on behalf of UK higher education to protect the global reputation of UK higher education.

3 Under the Higher Education (Wales) Act 2015<sup>1</sup>, Medr, the Commission for Tertiary Education and Research, operational from August 2024, inherits HEFCW's duties including the transfer of responsibilities for the assessment of education quality provided by regulated institutions in Wales. Medr is required to assess, or make arrangements to assess, the quality of education and external quality assessment<sup>2</sup> as one element of Medr's Quality Assessment Framework for Wales (QAF)<sup>3</sup>.

4 QAA's work and review methods are informed by the fundamental values of the European Higher Education Area and Bologna process. This means a commitment to the fundamental values of: institutional autonomy; academic freedom and integrity; participation of students and staff in higher education governance; and public responsibility for and of higher education. QAA's approach and methods are designed to meet the standards and reflect the guidelines set out in the Standards and Guidelines for Quality Assurance in the European Higher Education Area. QAA seeks to encourage engagement with other Bologna expectations including means to enable student mobility.<sup>4</sup>

## QER and the Quality Assessment Framework for Wales (QAF)

5 The QAF was reviewed by HEFCW, the predecessor to Medr, and, along with revised guidance on external quality assurance review, was published in March 2022 and subsequently updated in September 2024 for implementation from August 2025<sup>5</sup>. This Handbook takes account of the updated QAF and the developments in other reference points, including the UK Quality Code for Higher Education, June 2024 (the Quality Code), and the introduction of new and revised Characteristics Statements. The current review and revision of the methodology is important to reflect continuing wider change in both the QAF and QER method. Where there are new or revised reference points, providers will be given at least 12 months to take these into account as part of their review. Medr are retaining a rolling cycle of reviews which means that changes to external quality review may be

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<sup>1</sup> Higher Education (Wales) Act 2015: [www.legislation.gov.uk/anaw/2015/1/pdfs/anaw\\_20150001\\_en.pdf](http://www.legislation.gov.uk/anaw/2015/1/pdfs/anaw_20150001_en.pdf)

<sup>2</sup> [External Quality Review 2022](#)

<sup>3</sup> [Quality Assessment Framework for Wales](#)

<sup>4</sup> [Bologna Process and European Higher Education Area](#)

<sup>5</sup> <https://www.medr.cymru/wp-content/uploads/2024/09/External-quality-review-Mar2022-English.pdf>

introduced at any time. Providers will be given at least 12 months' notice in advance of their review.

6 Institutions in Wales wishing to remain regulated are normally required to undertake an external quality assurance review from QAA at least every five years.<sup>6</sup> The current method is the QER which, importantly, provides quality assurance and supports quality enhancement. Significant changes to provision may require an earlier, full or partial (see Annex 1 and Annex 10) review or a review of a specific aspect(s) of an institution's provision.<sup>7</sup> This will be determined by Medr on a risk-based basis, which will include consideration of: the outcomes of Medr's annual Provider Risk Assessment process; the governing body annual assurance statements regarding quality; Fee and Access Plans; concerns raised regarding standards and quality; and Medr's other engagements with institutions. These will be considered in the context of the institution's own quality processes. Where a provider has undergone substantial structural change (such as a merger, the establishment of a new campus, or a significant increase in partnership provision), a review of the whole new institution would normally be carried out at the earliest date when any constituent part was due a review.

7 The QER method provides the required assessment of higher education providers against the [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(2015\)](#) (ESG)<sup>8</sup> and the baseline requirements for the QAF for Wales. QAA is registered on the European Quality Assurance Register (EQAR) and QER is recognised by EQAR as a review activity within the scope of the ESG. Furthermore, QAA understands the context of higher education in Wales and maintains appropriate Welsh language capacity and commitment to meet the required Welsh Language Standards.<sup>9</sup> In the process of revising the QER Handbook, QAA has given further consideration to how the review process can provide and promote more inclusive opportunities to use the Welsh language.

## **Comparability of Quality Enhancement Review in the UK and internationally**

8 Although QER is particular to the higher education sector in Wales, it provides opportunities for comparability between methods and providers. Comparability with the rest of the UK is provided through a range of mechanisms, including:

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

9 International comparability is provided through:

- QAA's place on the EQAR and as a full member of the European Association for Quality Assurance in Higher Education (ENQA)
- providers' use of international reference points in formulating and evaluating strategy and practice, including the ESG<sup>10</sup>
- broad comparability of outcomes with those in QAA's international review methods
- engagement of QAA officers with networks and agencies working in other countries

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<sup>6</sup> As part of the move to a five-year cycle, Medr will confirm the timing of a fallow year to allow providers to participate in joint quality activity across Wales, Scotland and Northern Ireland.

<sup>7</sup> Partial or early full reviews may be commissioned by the governing body independently or following a request from Medr (see and Annex 1 and Annex 10 of this Handbook).

<sup>8</sup> European Standards and Guidelines, available at: [www.engaq.eu/wp-content/uploads/2015/11/ESG\\_2015.pdf](http://www.engaq.eu/wp-content/uploads/2015/11/ESG_2015.pdf)

<sup>9</sup> [www.qaa.ac.uk/about-us/our-main-areas-of-work/our-work-in-wales](http://www.qaa.ac.uk/about-us/our-main-areas-of-work/our-work-in-wales)

<sup>10</sup> This confirms that QAA meets Part 3 of the ESG, and that its methods align with Part 2 and test providers' alignment with Part 1.

- where applicable, the use of specialist reviewers as part of the review team.

## **Aims and objectives of Quality Enhancement Review**

10 The overall aim of QER is to inform a provider's governing body, students, Medr and the wider public on whether the provider is meeting baseline requirements for Wales, UK comparability, and alignment with European Higher Education Area (EHEA) expectations in:

- how it sets and maintains academic standards
- how it maintains a high-quality academic experience and excellent outcomes for students
- supporting continuous improvement of student outcomes and the enhancement of the student learning experience.

Thus, QER has both an assurance and an enhancement function, encouraging continuous improvement.

11 QER has a range of objectives.

In terms of assurance it:

- contributes to Medr's statutory responsibilities for the quality assessment of education provided by and/or on behalf of regulated institutions
- provides a partnership between the institution and QAA, and supports transparency with Medr
- aims to minimise the burden on providers and maximise the use of existing documentation
- provides a suite of assurances, differentiated commendations and recommendations for governing bodies
- acts as a basis for ensuring action is taken if the management of academic standards or the quality of provision is found not to meet threshold requirements or has significant weaknesses
- ensures that students are partners with both the provider and QAA at all stages of the process.

As a tailored method it:

- provides a review structured around the strategic priorities of the provider and the nature of its student body - and how the two interrelate to define the provider's priorities for enhancing the student learning experience
- provides a clear statement on the provider's strategic approach to the enhancement of the student learning experience
- is efficient, cost-effective and flexible, maximising the benefits of constructive engagement in review and minimising the burden on students and higher education providers
- ensures the Welsh language is treated no less favourably than the English language.

In support of quality enhancement and student engagement it:

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

## **Judgements and reference points**

12 In QER, the review team will make two separate judgements on whether the institution meets:

- the requirements of the ESG Part 1 for internal quality assurance
- the relevant requirements of the baseline standards for the Quality Assessment Framework in Wales (see paragraphs 21 and 22).

The ESG and the agreed baseline regulatory requirements form the key reference points for review, reflecting expectations of the EHEA, and thus help ensure review outcomes are recognised across and beyond the UK. Details on each judgement is provided in Annex 2.

## **Key developments in Quality Enhancement Review**

13 Review of the QER method ensures that:

- the approach considers the context and mission of the provider as an autonomous body with its own strategic priorities and character using negotiated elements better to meet the particular needs of individual providers
- it seeks to confirm achievement of baseline requirements and minimise the burden of documentation on providers and student bodies by using live and existing documentation
- there is transparent sharing of information between the Medr, QAA and the provider
- it places greater emphasis on a culture of enhancement, continuous improvement, and the provider's strategic approach to enhancement
- it considers the impact of initiatives in practice on the whole student learning experience.

14 The method is based on the policy context of Wales and the needs of the higher education sector and students in Wales. The approach is designed to confirm, rather than reappraise, that the provider meets baseline requirements and expectations. The provider will summarise what has changed since its previous review and demonstrate through evidence the effectiveness of changes.

15 The starting point for each QER is the nature of the provider: its size and scale, the nature and range of its provision, the nature of its student population, and its strategic direction, particularly in relation to sustained enhancement of the student experience. The approach aims to take full advantage of peer review by enabling constructive dialogue between the review team and the provider during the review. In addition, the approach aims to take full advantage of live and existing documentation to lessen the administrative burden on the provider and students. It also enables QER to be used to appraise and explore how a provider is responding to policy drivers from the Welsh Government as appropriate. Thus, QER enables providers to maximise the value of the exercise for their institution, building on

and acknowledging the importance placed on evidence-based self-analysis. QAA will seek to deliver additional value to the higher education sector in Wales by analysing institutional priorities and producing good practice case studies that emerge from QER reports to support sector-wide learning and enhancement.

16 In line with the QAF, the method is designed to be flexible so that governing bodies, if they wish, can place a particular emphasis on the process in light of their mission and strategy.<sup>11</sup> It is designed to provide the benefits of external review for both established providers with a track record and those beginning to develop their record; it is designed to be adaptable to suit both large universities and further education providers that deliver higher education as only one element of their portfolio.

17 Changes introduced through the revised QER enable providers to tailor and contextualise the review to their needs and to place a greater focus on enhancement beyond the underpinning assurance requirements. The method encourages critical self-analysis and discussion of how providers use information and feedback to shape their strategic plans to enhance the student learning experience. It places strong emphasis on constructive dialogue with peer reviewers around areas of strength and areas of challenge. QER will champion student engagement at all stages. Review teams will explore the role of students and student views in creating the priorities and plans for enhancement within the provider, and their involvement in preparing the Self-Analysis (SA) for the review, and their input to the provider's action plans, including monitoring.

18 Practical changes from the previous method include:

- the information requested as the basis for the review has been further streamlined and now only consists of a Self-Analysis (SA) and an Evidence Base (see Annex 6)
- a focus on live documentation produced as part of the provider's own quality procedures, including information directly provided by Medr
- discussions about the scope and enhancement priorities of the review at an early stage with the QAA Officer responsible for the review
- an Evidence Base to provide reviewers with access to key evidence
- a greater focus on the future and on enhancement (see Section 2)
- a one-day First Team Meeting
- a Key Outcomes letter two weeks after the visit
- one Review Report suitable for the provider and a more general audience
- the opportunity to request a 'specialist' reviewer.

19 Flexibility is provided through:

- the opportunity to identify particular areas of enhancement
- the size and composition of the QER team which can be varied to fit the institutional context with three to five reviewers, always including a student reviewer; one review team member may be a specialist reviewer
- the duration and scope of the Review Visit can be adjusted
- the opportunity to agree the way in which the students contribute to the material for the review (see Section 3)
- the opportunity for early and for partial reviews

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<sup>11</sup> Negotiated and additional elements of review may incur additional costs.

- the opportunity for the Institutional Facilitator and Lead Student Representative to provide an update at the First Team Meeting
- the option to hold staff and student meetings online as part of the visit, including joint student staff meetings.

## Section 1: External reference points and scope of Quality Enhancement Review

### External reference points

20 As part of identifying its strategic approach to the management of academic standards, academic quality and quality enhancement, and evaluating its current policy and practice, the provider will make use of a variety of external reference points. There are a number of specific key reference points, common to all providers in Wales, against which higher education providers will be reviewed. These include the relevant baseline regulatory requirements from the QAF, which includes the *Credit and Qualifications Framework for Wales* and the requirements of the Welsh Language Standards. Some reference points will also be UK-wide - such as the UK Quality Code for Higher Education; and others will be international - such as the ESG Part 1. Providers have flexibility in identifying the full suite of reference points that are relevant to their strategic vision, context and student population.

21 From August 2025, the relevant regulatory requirements are:

- that the academic standards of courses meet the requirements of the relevant national qualifications framework, which, in Wales, are *The Frameworks for Higher Education Qualifications of Degree-Awarding Bodies (2024)* and the *Credit and Qualifications Framework for Wales*
- the Sector-Agreed Principles of the UK Quality Code for Higher Education (June 2024), in relation to both English and Welsh medium provision of the institution, together with the Characteristics Statements and Subject Benchmark Statements where relevant.

22 The other baseline regulatory requirements of the QAF - such as financial sustainability, management and governance requirements - are checked directly by Medr and do not form part of the method. However, any public information relating to other regulatory requirements, such as professional, statutory and regulatory body (PSRB) reports, will inform the context for the review and may shape the provider's approach to its management of quality and standards.

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

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

24 Such reference points may include a range of documents produced by QAA such as Characteristics Statements, Subject Benchmark Statements, the Guidelines for Higher Education Providers on Effective Practice in Examining and Assessing in Welsh within Wales, and the Quality Code Advice and Guidance. Most institutions will also make use of reference points published by PSRBs.

## Scope of Quality Enhancement Review

25 The scope of QER includes all of the provider's higher education provision - that is, programmes of study leading ultimately to awards or credit at Level 4-8 of the FHEQ. This includes integrated foundation-year programmes designed to enable entry to specified degree programme(s) and higher-level apprenticeships that lead to awards on the FHEQ.<sup>12</sup> Thus, it is not limited to Medr -regulated or funded provision. The scope will also include any embedded international pathway college where the university has overall responsibility for the awards. Awarding bodies retain responsibility for all awards made in their name.

26 QER is concerned with the learning experience of all higher education students irrespective of their level, mode, language or location of study. This will include:

- undergraduate and postgraduate students
- taught and research students
- full-time and part-time students, including those involved in credit-bearing continuing professional development
- campus-based, work-based, distance learning and online students, including students in international partner institutions and apprentices
- students entering the provider through the full variety of routes and pathways
- home, European and international students, irrespective of funding.

27 The scope of QER includes collaborative provision wherever and however it is delivered, such as through a further education college, a branch campus, or employer organisation, be it franchised or validated, and delivered in the UK or internationally. Responsibility for the academic standards of awards offered through such arrangements remains unambiguously with the awarding body or awarding organisation. Where provision is made in conjunction with an overseas partner, the review will focus on the arrangements the awarding provider in Wales has in place to manage the quality of the student learning experience and the academic standards of its awards.

28 QER of degree-awarding providers will take into consideration the outcomes of QAA reviews of validated partners. Outcomes of 'meets requirements with conditions' or 'does not meet requirements' (or equivalent judgements where other review methods are used) in reviews of validated partners will be considered to reflect on the management of the partnership by the validating partner. Such an outcome may trigger a concerns investigation, or be followed up in the forthcoming review of the validating partner if the timescales are reasonable to do so.

29 Eligible providers in Wales will continue to participate in the review of their transnational education (TNE) in a UK-wide Quality Evaluation and Enhancement of UK-TNE (QE-TNE) Scheme,<sup>13</sup> and related activity organised by QAA from time-to-time where it applies to their provision. Where appropriate, the outcomes from that work will inform QER reviews. If the QER review identifies practice that will require further examination outside the QE-TNE process, the matter will be referred to the relevant regulator/funder and/or to the next QAA review of the provider in line with what has been agreed with the relevant authority in each of the UK's home nations.

30 As well as undertaking QERs, a concern about academic standards and/or the quality of the student experience at a regulated institution can be referred by Medr to QAA for investigation. QAA has a separate Concerns Investigation Process for this purpose. Where

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<sup>12</sup> It may be necessary to use other external reference points in addition to the Quality Code to set academic standards for the foundation year element. If the foundation year element is free-standing and does not have a direct relationship with a specified higher education programme, it is not covered by the Quality Code but may be subject to other regulatory requirements.

<sup>13</sup> [www.qaa.ac.uk/international/transnational-education/quality-evaluation-and-enhancement-of-uk-tne](http://www.qaa.ac.uk/international/transnational-education/quality-evaluation-and-enhancement-of-uk-tne)

there is a concern that requires investigation in the run-up to a QER, rather than conducting a separate investigation, Medr may ask QAA to incorporate the investigation within the QER. For further details about how a concern and follow-up to a concern would be incorporated within a QER, see Annex 14.

31 QER is output driven and has a focus on the student learning experience. QER considers how effectively a provider responds to the nature of its student population by taking account of:

- the learning opportunities the provider makes available for its students together with the support provided to enable them to take fullest advantage of those learning opportunities
- the extent to which the provider engages students in the management and enhancement of quality, and so enables them to participate in the effective management and enhancement of the student learning experience
- the arrangements for identifying and responding to the diversity of students and their needs, thereby enhancing their student journey, and how this relates to its mission or strategic objectives.

32 To address this scope, the Review Report of a QER is structured under the following headings:

- i Contextual information about the provider, student population and review
- ii Review judgements and findings
- iii Statement on the provider's strategic approach to enhancement
- iv Commentary on the provider's support and enhancement of the student learning experience
- v Academic standards and quality processes
- vi Collaborative provision (where appropriate).

33 It is recommended that the Self-Analysis (SA) follows the same structure. Further guidance on the SA can be found in Annex 6 and details of the Review Report in Annex 7.

## Section 2: Enhancement in Quality Enhancement Review

### Defining and understanding enhancement

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

35 QER teams consider how providers use the information and evidence available to shape their strategic approach to enhancement and are particularly interested in the provider's strategic intentions and its plans in light of its current and planned future student profile (taking account of the full diversity of the student population, location, modes and levels of study). QER explores the impact of the provider's strategic approach to planned changes and to quality enhancement, including how it may be affected by any changes in the student population.

36 The importance of anchoring enhancement within institutional strategies and priorities should be reflected in the SA, especially the principal sections on enhancing the student learning experience and supporting enhancement in learning and teaching (see Annexes 6 and 7).

### A self-analytical approach

37 Enhancement involves evaluation and strategic intention, and it is expected that the provider will have a clear strategic vision and leadership for enhancement and the changes it seeks to bring about. Enhancement activity should be **focused, targeted and measurable, and involve intention and evaluation**. It is expected that any enhancement activity will be informed by a culture that promotes evaluative practice in quality assurance processes, with the provider's evaluation of the effectiveness of its implementation of earlier plans, current strengths and areas for development. The provider's approach to critical self-analysis will form a significant focus in QER, since this is how a provider can demonstrate that it has a reflective quality culture that evaluates and builds on its strengths, and identifies and addresses potential risks to quality or academic standards. In focusing on enhancement, providers identify ways in which the student learning experience is being, or could be, improved. Enhancement involves purposeful striving to deliver and maintain excellence and to enable innovation. This could involve exploring responses to national economic, regional and community needs, to the implementation of policies such as the creation of a tertiary education system or the emphasis on civic mission, sustainability and wellbeing.

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

39 QER offers the opportunity for the review to place more focus on enhancement while also ensuring that the baseline requirements are confirmed. The provider should begin its

preparation with a holistic evaluation of its strategy, policy and practice in relation to quality assurance and enhancement, and move on to identify the priority enhancement areas for the review. It should reflect on its response to the last QAA review. The identification of the areas of enhancement put forward for the review - known as enhancement priorities in the review - should involve students. They will be strategic priorities of the institution and their inclusion supported with evidence. The provider should not, however, neglect the requirement to ensure that both judgement areas are adequately covered in its Self-Analysis and the Evidence Base it provides. Each relevant heading of the Review Report should be addressed. The narrative should be forward thinking as well as reflective of outcomes and the impact of enhancement actions already taken.

40 The provider will summarise for the review team, in its SA, its approach to enhancement, and plans and evaluation of its activities. This should be concise, evidenced, reconfirm the relevant baseline requirements (see Section 3) and include the changes introduced to support enhancement. QAA expects that providers undertake evaluative activity on an ongoing and routine basis so that supporting evidence will not involve the development of new documents. QER will explore the range and overall effectiveness of all ongoing and routine evaluative activities.

## **Student engagement in enhancement**

41 Student partnership is a principle of the QAF, and the effectiveness of working in partnership with students in quality assurance and quality enhancement is a significant focus of QER. Partnership implies an equal relationship as far as it is possible, based on mutual respect, between the student and the provider, working towards shared goals and respecting the different skills, knowledge, expertise and capability that both students and the provider have. In quality enhancement, it has become established practice that students should be partners in the formulation, implementation, operation and evaluation of a provider's approach.

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

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

## Section 3: Quality Enhancement Review method

### Introduction

44 This section identifies the stages of the method, the key participants in QER and the advance material submitted by the provider to QAA.

45 The first contact that the provider will have with QAA about its review normally occurs 12 months before the start of the Review Visit. QAA will ask the provider for information to help schedule the review, including dates of the academic year and major exam periods. This will enable QAA to confirm the dates and schedule for the review activities. The stages are as follows:

- initial contact by QAA at 12 months prior to the visit
- Method Briefing
- Preparatory Meeting and discussion of information provided by Medr and areas of enhancement that will form the enhancement priorities for review (six months prior to visit)
- preparation and submission of the Self-Analysis, Evidence Base and student contribution
- First Team Meeting
- Review Visit
- published report.

46 The provider will discuss at the Preparatory Meeting its proposed enhancement priorities and any areas of challenge identified by itself, or by Medr. They will form part of the focus of the review and be discussed with the QAA Officer managing the review. This will enable QAA to tailor the review to the individual needs and priorities of the provider. The provider should select enhancement priorities that demonstrate its approach to planning, implementing and evaluating enhancement initiatives. This will enable the provider to demonstrate its strategic approach to the management and enhancement of learning opportunities. Typically, the three or four priorities selected by the provider for the review will reflect priorities at different stages of development and achievement and, hence, student involvement in all stages of the process. Some enhancement priorities will be wide ranging and may encompass a number of related initiatives equivalent to a variety of priorities for the purposes of the review.

47 Enhancement priorities are those identified by the provider which will be of benefit to them as areas for exploration and discussion in the review. Case studies could include: an area of challenge and how it is being addressed; a particular area of activity, such as work-based learning or personal tutoring; investment in a change initiative; or an example of exemplary, effective practice. They should demonstrate the strategic approach of the provider to the growth of an enhancement culture. Typically, three or four priority areas would be put forward, dependent on the size and complexity of the provision. The priority initiatives could be at various stages of development, from initial plans to mature initiatives completed and evaluated.

48 In planning, conducting and reporting on reviews in Wales, QAA is committed to treating the Welsh and English languages as equal, and considering the requirements and expectations of its Welsh language standards. QAA will recruit and deploy bilingual reviewers to support the Welsh language and make use of simultaneous translation. For further information, see Annex 3.

### 3a: Key participants

49 The key participants in the review process are the QAA Officer, reviewers, the Institutional Facilitator (Facilitator) and the Lead Student Representative (LSR). These are all well-established roles within QAA review methods and details of these roles can be found at Annex 4. Throughout the process, the QAA Officer is the key contact for the Facilitator and LSR and is available to offer advice and guidance as appropriate.

#### The review team

##### Allocating reviewers to teams

50 In QER, the precise composition of the review team is flexible and should address the nature of the provider and the scope of the review, in line with contextualisation and discussion with the provider.

51 QAA reviewers have current or recent senior-level expertise, and experience in the management and/or delivery of higher education provision, which may include the management and/or administration of quality assurance. Student reviewers are recruited from among students or sabbatical officers who have experience of contributing, as a representative of student interests, to the management of academic standards and quality.

52 The review team is normally between three and, a maximum of, five reviewers depending on the size and complexity of the institution. At least one reviewer is, or has been, a member of academic staff at another provider in the UK, one will have knowledge and experience of the Welsh higher education sector with an understanding of the role of the Welsh language, and at least one is a current or recent student. In reviews of higher education in further education colleges, at least one reviewer will have experience of working in the higher education in further education sector.<sup>14</sup> Normally, at least one reviewer will be able to conduct business through the medium of Welsh. Collectively, the review team will have experience of working and reviewing similar providers. The composition of each review team will be tailored to the characteristics of the provider under review to ensure the team have the relevant knowledge and experience to undertake the review. This will take into consideration factors such as, the type of provider, type of provision, and size and type of collaborative provision. For providers with transnational education, the review team will always include a reviewer with significant expertise of quality assurance of this type of provision.

53 A specialist reviewer may replace one member of the team, as appropriate, and will be a full member. For example, where requested, a background in higher education professional support services.

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

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<sup>14</sup> Circumstances beyond QAA's control, such as reviewer illness, may alter the planned composition of a review team.

55 Following discussion with QAA, providers can opt to request any of the following additional members of their review team:

- a specialist reviewer or a specialist student reviewer
- a reviewer with expertise in Welsh medium education
- additional UK-based academic reviewers or professional support staff reviewers.

56 All QAA Officers are required to undertake training for QER. A QAA Officer will coordinate the review, support the review team and act as the primary point of contact between the review team and the provider.

### **Selection criteria for reviewers**

57 Every higher education provider in Wales is encouraged to nominate at least one candidate for each role. QAA considers nominations from all UK higher education providers for reviewers and student reviewers. QAA encourages applications from Welsh speakers and learners for all reviewer roles.

58 Specialist reviewers are drawn from an appropriate area of expertise to support the review. In addition, QAA seeks nominations through its contact with providers and relevant organisations in other countries. Reviewers with expertise in Welsh medium education may be selected where required.

59 All members of review teams are selected by QAA according to the criteria outlined in Annex 8. Reviewer recruitment is undertaken periodically, at which point a more detailed job description and person specification are published.

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

### **Reviewer training**

61 All QER reviewers, including those trained in other review methods, are required to undertake specific training for QER. QAA expects reviewers to participate in continuing development and reviewer events as appropriate. QAA may target training and continuing development to specific groups of reviewers - such as the student reviewers or specialist reviewers.

## **3b: The evidence base for the review**

62 The evidence base for the review is made up of the following components: a self-analysis prepared by the provider which is supported by contextual information (approximately 15-20 items of information) and other supporting evidence (a maximum of 100 items of evidence); information from Medr; and a student contribution from the student body. Documents submitted by the provider and student body are required by the review team 12 weeks before the Review Visit and may be submitted in Welsh and/or English. The information provided by Medr to QAA will be submitted prior to the Preparatory Meeting. A list of the information provided to QAA by Medr will be given to the provider.

### **Self-Analysis (SA)**

63 The SA is a key document and reference point produced by the provider. It forms the basis of the review team's understanding of the provider's approach to confirming how it continues to manage academic standards and quality of provision, how it manages change and how, within the specific context and characteristics of the institution, this contributes to

the enhancement of the student learning experience. It will also be supported by information provided by Medr. The SA is supported by contextual information from the provider to help the team to understand the particular context, mission and priorities of the institution, and evidence that focuses on the assurance element of the review and confirms the provider meets the relevant baseline requirements.

64 A key component of the SA will be to set out its approach to quality enhancement, to evaluate its priorities for enhancement and to present a number of enhancement priorities as part of the review, which demonstrates the provider's strategic approach to enhancing the student academic experience. Case studies should be used to illustrate enhancement priorities. As quality assurance and quality enhancement can be considered as integral parts of the same process, it would be expected that enhancement priorities are referenced and contextualised within the overall structure of the document, and act as a demonstration of the provider's capacity for self-reflection and critical evaluation, including reflection on its response to its previous QAA reviews.

65 The SA should cover current strategic initiatives, areas of change and challenge - particularly in relation to enhancement, and areas of good practice. This should include information to confirm that the baseline requirements are continuing to be met.

66 The SA should mirror the headings of the Review Report and, as a guide, the SA should normally be no more than 20 pages in length and include only evidence that is relevant to support the text. A maximum number of 100 items of supporting evidence for the SA may be provided. While the SA is prepared specifically for the review by the institution, the evidence used to support the review should, as far as possible, be existing or live documentation (referenced within the SA by hyperlink). All evidence should be accessible to the review team throughout the review process, from the submission of the Self-Analysis through to the final stages in the report production.

67 References to the evidence will guide the review team to the basis of the analysis. The evidence cited in the SA should be specific and targeted. The aim is to enable the review team to understand and affirm the information, evaluation and conclusions in the SA. This approach will make it easier for the review team to understand the provider's systems and gather information quickly and effectively. The SA should include information that contextualises its provision, and be evaluative and as concise as possible (paragraphs 79-81).

68 QAA expects providers to involve students in preparing the SA, and to identify the nature and impact of that involvement within the text of the SA. The student contribution (paragraph 72) could be combined within the SA.

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

## **Student contribution**

70 QAA is committed to encouraging and enabling active student participation and engagement in QER. The student contribution to QER takes a number of forms: a contribution to the information base through a student submission or through involvement in the provider's SA; contribution at the review visit by meeting the review team; and the Lead Student Representative (see Annex 4). The student contribution to the review should help the review team to understand what it is like to be a student at the provider under review, and how students are engaged in decision-making, quality assurance and quality enhancement processes at the provider. Information provided by students in advance - a student submission where this is possible - is of particular value to reviews as it provides teams with insight into the nature of the student experience and their participation in the management of the quality of their learning. QAA welcomes contributions in both Welsh and English.

71 QAA expects providers and their students to work in partnership in their joint preparation for review. Students will therefore normally be fully involved in the preparation of the SA and engage relevant staff in the preparation of any student contribution. Only students can choose how they contribute to the review and there are a variety of ways they might do this in the preparatory stages of QER. This could be through a supplementary or separate submission, student-led case studies, a series of commentaries or vignettes, or a video/podcast (for further examples see the *Student Guide for QAA Reviews in Wales*). If students wish to provide a written submission it should be no longer than 5000 words in length. Alternatively, the provider and student body can produce a joint SA. In this case, it will need to be clearly signed off by a representative of the student body as representing their intended contribution.

72 QAA review teams expect to meet students and their representatives during review visits. At least one meeting with students will be confidential but **other meetings may be joint events to allow students and staff to inform the team of their engagement in enhancement activities and to elaborate on the case studies put forward for the review**. Students may wish to prepare a presentation to the review team to explain their input. The specific opportunities and processes for the wider engagement and involvement of students in QER is covered in Annex 5. Students may wish to give a joint presentation with staff where this would demonstrate collaboration in an enhancement priority.

73 QAA appreciates the burden placed on student bodies and individual students in producing a separate submission; therefore, QAA encourages the use of existing datasets and other data available from the provider. A student body may wish in its submission to focus on use of existing annual quality reports that it has produced, supported by an update and/or commentary. QAA can help direct students to available data as part of the preparatory stages of a review.

74 Students can provide an oral update to their contribution at the First Team Meeting. Further guidance is provided in Annex 5.

## The supporting evidence

75 The supporting evidence aims to focus the assurance elements of the review on confirming that providers meet the relevant baseline requirements (the definition of 'confirmation' is included in Annex 1). In respect of the assurance aspect of review, teams are interested in what has changed since the previous QAA review as this allows them to focus on those changes and to confirm that unchanged practice remains effective and fit-for-purpose. This may involve links to specific policies and procedures, and any necessary commentary. It would tend to include a note of the date when policies were last approved or revised and the next planned review. The data should show that an institution can answer basic assurance questions - be it those from its governing body, from a QAA review team, from Medr or from a PSRB. As far as possible, the information requested in the Evidence Base will be consistent for each institution. Further details of the required information are included in paragraphs 78-81.

76 Where there is no or little change, a team will primarily be confirming that continuing quality arrangements remain robust. Where there have been changes, it will want to look in more depth at the rationale for change and the evaluation of the effectiveness and impact of changes in practice.

77 The provider submits an Evidence Base 12 weeks before the Review Visit. This gives the review team direct access to information about the provider's key processes for securing academic standards and assuring quality. It enables the review team to see how the provider's key processes function in practice and supports the team's ability to confirm/reconfirm maintenance of quality assurance in line with baseline standards. Having

this information at this stage allows more time during the Review Visits for discussions relating to quality enhancement.

78 The Evidence Base is intended to provide the main sources of evidence; thus, much of the evidence used in the SA will be cross-referenced to the evidence there. The precise suite of information to be included in the Evidence Base will reflect the content of the SA. It is likely also to form the evidence base for the student contribution with discussion of the student body's annual quality reports. The information should confirm that the provider has assured itself that it meets the baseline requirements, such as evidence of the monitoring of the action plans from quality assurance reports. Information related to individual programmes may be included if it identifies successful management of an area of concern and the action taken to ensure the maintenance of quality in line with baseline requirements. QAA encourages the use of specific minutes that make reference to items discussed, to support the maintenance of quality assurance. Complete sets of minutes are not always required. Aligned appropriately to commentaries within the SA, the information provides the review team with links to documents that cover the following:

### **Contextual information**

79 The precise nature and constitution of the contextual information reflects the context of the individual institution. It provides the team with the necessary background rationale for the approaches and practices related to quality assurance and quality enhancement. It also helps to frame the review team's analysis and understanding of the operation of the provider's management of their quality and enhancement. The information should include:

- the provider's mission and strategic plans
- an organisational diagram of the deliberative and management structure to illustrate how responsibilities for the assurance of quality and standards are organised - this should indicate both central and local (that is, school/faculty or similar) bodies/levels
- student recruitment, retention and achievement (past three years and current full-time equivalent (FTE) numbers at time of the review) including undergraduate, postgraduate and international (full-time and part-time), and those with protected characteristics where applicable
- information on FTE staffing (full-time, part-time teaching, support, administration)
- a list of current programmes and attached student numbers, including both English and Welsh medium provision
- details of the involvement of students in the deliberative and management structures of the institution
- procedures and guidance on quality assurance and enhancement (this may be in the form of an academic manual or regulations, or code of practice)
- the provider's mapping of its policies and practices to current baseline requirements
- charters, relationship/partnership agreements and agreements with degree-awarding bodies and/or awarding organisations, where applicable
- a current register of collaborative provision
- a list of programmes that are accredited by a PSRB, the PSRB in question, date of last visit and accreditation status
- the number and types of placements
- the number and types of employers involved in work-based learning.

## Examples of evidence

80 Evidence to support the SA will be varied according to the nature of the institution and the stage of the enhancement priorities identified as part of the review. As discussed in paragraphs 76-79, much of the information will affirm the quality assurance aspects of the review. Further evidence will support the progress being made by the institution to plan, implement and evaluate actions with respect to the quality enhancement aspects of the review. The provider may also wish to highlight future developments following reflection on the current enhancement priorities. It would be helpful for the provider to highlight to the review team the following with reference to enhancement:

- specific minutes that make reference to the planning, implementation and/or the evaluation of its enhancement priorities
- involvement of students in planning
- details of the implementation of the enhancement priority/ies
- discussion of the challenges posed by the introduction of the priority
- evaluation of the benefits to the student learning experience.

## Shared documents from Medr

81 The documents provided for the review by Medr are listed below.

- outcomes of relevant aspects of the Provider risk assessment process
- triennial quality assurance visit reports
- annual assurance statements relating to quality
- Quality Committee (QC) institution-specific recommendations, from consideration of data and intelligence
- Medr's analysis of Higher Education Statistics Agency (HESA) data, National Student Survey (NSS) data, and related data
- information on complaints or allegations received by Medr.

Medr will share the documentation with QAA prior to the Preparatory Meeting, and will share the list of documentation with the provider.<sup>15</sup>

## Additional document requests

82 The review team may request additional documentation if they identify any gaps or require further information to help them reach a conclusion about quality assurance and/or quality enhancement. Requests for additional information will be strictly limited to what the team requires to complete their analysis and understanding. The QAA Officer will scrutinise all requests for additional evidence to ensure it is needed by the team to complete its understanding. The request will specify the purpose of the additional information required. Providers can ask for clarification so that the most relevant pieces of information are provided. Requests for further information will be made immediately after the First Team Meeting, six weeks prior to the Review Visit (Annex 9).

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<sup>15</sup> Some of these documents may not apply where the provider is not subject to the particular requirements of Medr - for example, in the case of The Open University.

## **3c: The method process**

### **Method briefing**

83 A method briefing for members of staff and student representatives involved in planning the QER will take place at an appropriate time each year of the review cycle. The briefing may take place as a webinar or in person.

### **Initial QAA contact**

84 QAA will contact the provider 12 months prior to the visit. It will provide the institution with the opportunity to explore with QAA the required scope of QER and how it would like to contextualise and tailor the review considering its mission, student profile and strategic priorities. This includes an initial discussion on the possible areas of enhancement for the review, and the insights these would provide in evaluating the provider's strategy, policy and practice. The initial contact is also the first opportunity for the provider to indicate, if they wish, any elements of the review, or indeed the whole review, to be conducted in Welsh, and if they would want a specialist and/or additional reviewer included as part of the review team. QAA will explore the provider's preferred dates for the Preparatory Meeting, First Team Meeting and Review Visit.

### **The Preparatory Meeting**

85 The Preparatory Meeting is normally convened six months before the review visit and may take place at the provider or online. It enables QAA to provide a detailed discussion on the method and associated logistical requirements with the Facilitator and LSR, and administrators supporting both in their roles. The QAA Officer will seek to answer questions about methodology, and confirm what information needs to be made available using hyperlinks. The meeting will also include a discussion on the identification of the areas of enhancement for the Review, and cover the purpose of the advance material, including the SA, Evidence Base and student contribution.

86 The meeting will include a discussion with the LSR and student representatives about their intended contribution to the review.

87 At the Preparatory Meeting, QAA will discuss the information shared by Medr, how the SA, Evidence Base and the student contribution will be available to the review team through secure electronic means. This enables reviewers to undertake their analyses and preparations for the First Team Meeting.

### **First Team Meeting**

88 The First Team Meeting involves the whole review team and the QAA Officer meeting for one day, online or face-to-face, six weeks prior to the visit. The focus is to explore the scope of the review, specifically to determine whether the reviewers think it necessary to consider any matters that the provider has not included in the material provided and identify any potential Lines of Enquiry. Lines of Enquiry are based on those areas where the team is unable to confirm that the provider has met/is continuing to meet the baseline requirements, potential practices for commendation or to clarify the provider's strategic approach to enhancement. It will also enable the team to identify any extra documentation needed and draw up a programme for the Review Visit. At the end of the meeting, it should be possible for the team to confirm that quality assurance meets baseline requirements, or if it does not, to request further information and appraise those areas that the team is unable to confirm (the definition of 'appraisal' is included at Annex 1).

89 The First Team Meeting will include one meeting with Medr, and one meeting with the Facilitator and the LSR to clarify the focal points of the visit, provide an update to the SA or any other matters arising from the team's initial analysis of the documentation.

### **Confirmation of the Review Visit schedule**

90 Within no more than five working days after the First Team Meeting, the QAA Officer will provide the Review Visit schedule to the provider, alongside a note of the Lines of Enquiry to be explored during the main Review Visit, and a list of any further documentation the team would like to access. The Facilitator will need to arrange meetings with those whom the review team wishes to meet. For meetings with staff and students, the review team will wish to meet with both Welsh and English speakers and simultaneous translation will be made available as appropriate. The QAA Officer will liaise with the LSR to ensure that the student groups the team wishes to meet will be available.

91 Certain meetings are normally conducted online for reasons of accessibility; for instance, meetings with collaborative partners. QAA wishes to reduce further its carbon footprint where possible and is open to discussion/negotiation with providers regarding a possible combination of face-to-face, online and hybrid meetings during the visit. This will provide more opportunities for inclusive participation in reviews.

### **The Review Visit**

92 The main Review Visit will last between three and five days, depending on the size and complexity of the provision, and any quality assurance themes emerging from the SA and First Team Meeting. During the Review Visit, the review team will continue to consider documentary evidence and hold meetings with a variety of staff and students who represent the whole student body. The focus of these meetings will be on the enhancement element of the review, although it may be necessary to hold specific meetings to further appraise any outstanding queries relating to quality assurance.

93 The Review Visit will address the matters raised by the SA and supporting evidence. The range of meetings will depend on the provider's identified strategic priorities and may include quality assurance (if applicable) and quality enhancement. The Review Visit will therefore not be the same for every review.

94 The review team will have regular contact with the Facilitator and LSR during each day of the visit to enable them to clarify evidence, themes or provide information. QAA will be mindful to keep requests to a minimum. The Facilitator and LSR can also suggest additional meetings if they want to alert the team to information that might be useful.

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

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

97 On the final day of the visit, the review team and the QAA Officer hold a private meeting to agree:

- the preliminary judgements
- the Draft Key Outcomes Letter

- an outline of the commentary on each section of the report
- statement(s) on the provider's approach to strategic enhancement
- the commended activity
- recommendations for action by the provider
- confirmation of the areas of ongoing development that the provider has identified.

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

99 At the end of the final day, the QAA Officer meets with the Facilitator and LSR to share advisory feedback on the review team's provisional findings.

100 Two weeks after the last day of the visit, the QAA Officer provides a letter outlining the key outcomes of the review. Five weeks after the last day of the Review Visit, QAA shares the draft review report with the provider and the LSR. It invites both parties to identify any factual inaccuracies within three weeks. The report will be finalised after consideration of any factual inaccuracies and published, in both Welsh and English, on the QAA website after a further three weeks. Annex 9 sets this out in tabular format.

## Section 4: Quality Enhancement Review: Outcomes

101 QER provides a suite of outcomes for individual providers and the Welsh higher education sector, including:

- a clear judgement on whether the provider meets the requirements of the ESG Part 1 for internal quality assurance and the relevant requirements of the baseline standards for the Quality Assessment Framework for Wales
- a clear statement on the provider's strategic approach to the enhancement of the student learning experience
- commendations, areas of ongoing development and recommendations
- the opportunity for each provider to receive evidence-based feedback on its approach to securing academic standards and enhancing the student learning experience
- an action plan will be produced 12 weeks after the publication of the review report to take forward items raised by the review.

102 The published report and action plan also provide an intelligence base on which to build a programme of development and enhancement activity across the higher education sector, including collaborative provision. This programme will be agreed between Medr, QAA, Universities Wales, ColegauCymru and the providers undergoing QER.

103 Review judgements are based on evidence and the balance of probability, supported by the sample of information available to the review team at the time of the review. Review teams make decisions from:

- reading and considering the provider's SA and Evidence Base, information received from Medr, student contribution, and any related specific material/references
- discussing topics with staff and students and other stakeholders in meetings during the Review Visit
- analysing and reflecting on those documents and discussions.

### Quality Enhancement Review judgements

104 The review team will make two separate judgements, on whether the institution meets:

- the requirements of the European Standards and Guidelines for internal quality assurance
- the relevant requirements of the baseline standards for the Quality Assessment Framework in Wales.

105 The ESG Part 1 and the agreed baseline regulatory requirements form the key reference points for the review, reflecting expectations of the European Higher Education Area and thus help ensure review outcomes are recognised across and beyond the UK.

106 Judgements will be expressed as one of the following:

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

Preliminary judgements and key findings are shared with Medr when the Key Outcomes letter is sent to the provider.

107 'Meets requirements' is a positive judgement and will likely be accompanied by a number of recommendations and commendations. With a positive judgement, the provider will normally be required to undergo an external review in the next five years.

108 With a judgement of 'meets requirements with conditions', the conditions (defined in Annex 1) attached to the judgement will clarify the issue(s) involved. Conditions are more substantial matters of concern and indicate follow-up action will be required to complete the review. Recommendations will identify practices and/or policies that require change to safeguard academic standards and assure quality, and provide detail of the actions required to address the conditions.

109 A judgement of 'does not meet requirements' will also be accompanied by conditions which will give a clear indication of where the institution needs to take action. Due to the serious risks associated with this judgement it is likely to result in a number of conditions.

110 Judgements of 'meets requirements with conditions' and 'does not meet requirements' do not preclude commendations and areas of ongoing development. These judgements will require follow-up action with QAA to complete the review. Where an institution meets requirements with conditions or does not meet requirements, it will trigger action by Medr alongside actions set out within this Handbook in Section 6.

## **Colleges and provision in those without degree awarding powers / full awarding powers**

111 Colleges with higher education provision deliver programmes in collaboration with awarding bodies or awarding organisations and typically only have responsibility for the maintenance of academic standards, instead of the setting and maintenance of academic standards. The review team will take this into account when making judgements, assessing the provider against only the applicable requirements. Similarly, for providers without research degree awarding powers, the review will focus on matters of quality assurance and enhancement for the postgraduate research student experience. The proforma provided in Annex 11 should be completed for each partnership, or cognate group of partnerships, and included in the evidence base for the review. The QAA Officer can clarify these matters with the provider at the Preparatory Meeting.

## **Differentiated judgements**

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

## **Statement on enhancement**

113 The review will include a statement on the provider's strategic approach to enhancement of the student academic experience and will specifically reference how the provider takes account of feedback and recommendations from the student body. Review teams will consider how providers use evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience. This will be informed by the enhancement priorities put forward for the review by the provider.

## Findings

114 Alongside the statements on the approach to enhancement, the review team will identify features of good practice as commendations. QAA will seek to promote commendations as good practice case studies.

115 The review team will identify area(s) of ongoing development to secure in full the actions being taken by the provider to address an identified weakness. For example, to address a recognised shortcoming or the roll-out of effective practice from one area across the institution.

116 Review teams will make recommendations for action in relation to quality assurance that will normally indicate the urgency with which the team thinks the provider should address the matter. For instance, the team may indicate that a provider addresses a recommendation within three months, or before the start of the next academic year, or before any further students are recruited to a programme. QAA expects providers to take note of these deadlines when they construct their action plan after the review.

117 The review team will highlight the opportunities for further enhancement activities arising from the provider's enhancement priorities and how the policies, practices and processes underpin the overall enhancement strategy. Comments are intended to be helpful to the provider in taking forward any enhancement activities. Normally, progress against the actions taken will be evaluated through an interim monitoring process within two years following the review (see Section 6).

118 Definitions are set out in Annex 1.

## Section 5: Reporting, complaints and appeals

119 The Key Outcomes letter is shared with the institution two weeks after the last day of the Review Visit to provide timely information to the institution. Each QER results in a detailed Review Report.

120 The QAA Officer will ensure that the review team supports its judgements and findings with adequate and identifiable evidence throughout the review and that the review report reflects the evidence base. Reviewers contribute draft text; however, QAA retains editorial responsibility for the final text of the report.

121 QAA internally moderates Key Outcomes Letters to ensure review teams consistently apply the method guidance on developing judgements, statements and findings, and that outcomes are consistent in their interpretation of the relevant requirements of the baseline standards and requirements of the ESG Part 1. Draft reports are second-read by a senior QAA Manager as a further check on the quality of the report.

### The Review Report

122 The Review Report will set out the evidence and conclusions of the review in more detail. It is written primarily for the provider to support it in following up the review. They may also be of interest to quality assurance professionals at other providers and key agencies within the sector. Review Reports:

- are structured around the headings set out in Annex 7
- include a statement of the review team's view in relation to each area, accompanied by an indication of the main supporting evidence for that view
- include an evaluation relating to each of the identified enhancement priorities
- highlight good practice and areas in which the provider is being asked to take action
- set out the basis for the review judgements.

123 QAA will seek to publish commendations as good practice case studies, but this is not a formal part of reporting on the review. QAA will undertake thematic analysis to draw out lessons from a suite of reviews. Common themes identified through this analysis can inform enhancement events and projects for the sector in Wales as a whole, together with cross-nation enhancement events and activities.

124 Five weeks after the Review Visit, QAA will send the draft Review Report to the provider an LSR for comment on factual accuracy. For further details about the stages of the report see Annex 9.

### The QAA Quality Mark

125 Providers with a judgement of 'meets requirements' in both judgement areas qualify for use of the QAA Quality Mark; this extends to providers that have had their judgement(s) upgraded. The Quality Mark is intended to assure the public that the provider has undergone a review and achieved a successful result through an independent quality assurance process. The provider may place the Quality Mark on the homepage of their website, and on other documents, as a public statement of the outcome of their review. QAA will send through an approved copy of the Quality Mark, together with terms and conditions of use.

### Complaints and appeals

126 QAA has formal processes for receiving complaints about its own operation and services (including delivery of its Welsh language standards) and appeals against

unsatisfactory judgements. The appeals process for QER is incorporated within QAA's Consolidated Appeals Procedure which can be found on the QAA website and details all procedures for submitting appeals including timelines. Appeals can be submitted in Welsh, English or bilingually. Further details of the QAA complaints and appeals procedure are included in Annex 12.

## **Monitoring and evaluation of the review method**

127 QAA is committed to continuous improvement through the monitoring and evaluation of its review methods. At the end of each review, evaluation forms are sent to providers, the review team and review officer in order to learn from effective practice and identify any operational shortcomings. QAA also conducts internal annual monitoring to ensure review methods are working effectively and improvements are made in a timely manner. At the point of major revision, QAA will conduct an end-of-cycle evaluation as part of a wider evaluation of the effectiveness of the method and the overall impact of the review method over time. Further details about the operation of the monitoring and evaluation process for QER can be found in Annex 13.

## Section 6: Action plan, sign-off, and follow-up including interim monitoring

### Action plan

128 The provider is required to publish an action plan no later than 12 weeks after the review report has been published which has been signed off by the head of the institution. QAA expects the action plan to have been developed with students. The action plan should address the recommendations and areas of ongoing development, and explain how the provider will capitalise on the commendations. Where the review has resulted in a judgement of 'meets requirements with conditions' and/or 'does not meet requirements', the action plan must be agreed with student representatives, QAA and Medr before it is published (see Table 3, Annex 9). Further details about Medr's expectations and requirements with regard to the action plans drawn up by providers where there is a negative outcome, are detailed in *Procedures for assessing the quality of education*.<sup>16</sup>

129 For all review outcomes, QAA expects providers to develop and update the action plan annually and jointly with student representatives until all actions are signed off as completed. The action plan is published on the provider's public website, with links to its report page on the QAA website; the provider should notify QAA, normally through the QAA Officer managing the review, that the action plan has been published.

### Judgements of 'meets requirements' in both judgement areas

130 No later than two years after a review, each provider will be subject to interim monitoring. Interim monitoring is an important element of external quality review as it provides assurance to Medr for its responsibilities as an educational oversight body for Student Sponsor arrangements required by the Home Office. It also provides a consistent follow-up process for considering the action taken by providers which is required by the ESG (Part 2).

131 Interim monitoring may take place face-to-face, online or hybrid. Where the provider has a satisfactory outcome - that is, meets the requirements in both judgement areas - interim monitoring would normally be incorporated within the annual liaison meeting between the provider and QAA. The provider will produce a short update report and a small review team (QAA Officer and one reviewer) will monitor the progress of the action plan. Where possible, the interim monitoring process will involve student representative(s). The outcome of the monitoring will be a short report to the provider and copied to Medr. Any areas for further consideration are highlighted to be reviewed at the next monitoring visit. The provider will then progress to a Liaison Meeting no later than four years after the Review. Any actions taken with respect of 'not making acceptable progress' will be a matter for Medr.

132 The Liaison Meeting will be conducted by a QAA Officer who meets with relevant people from the provider to confirm that all actions from the Review, including any outstanding areas identified through interim monitoring, have been signed off as complete. The meeting will also provide an opportunity to discuss preparations for future enhancement priorities to be considered in the next QER in the following year.

### Judgement of 'meets requirements with conditions' and/or 'does not meet requirements'

133 Within 12 months of publication of the review outcome, QAA will undertake a follow-up visit using peer reviewers to evaluate whether the actions taken in response to the

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<sup>16</sup> *Procedures for assessing the quality of education - (HEFCW circular W19/05HE) provide information on how Medr will fulfil its statutory duties relating to the quality of education.*

condition(s) attached to the unsatisfactory judgement(s) have addressed the deficiencies within the agreed timescales. This provides an opportunity for the judgement outcome to be revised and the review signed off as complete. The provider will produce a short update report supported by evidence that the actions have been completed, and a small review team (QAA Officer and reviewer(s)) will monitor the progress of the action plan. In line with Medr's *Procedures for assessing the quality of education*, the nature, timing and scope of the follow-up will be made proportionate to the issues identified in the review and this will be discussed with the provider and Medr.

134 For a regulated provider which delivers higher education with other awarding bodies, it would be expected to involve awarding partners in the follow-up process where one or more judgements are 'meets requirements with conditions' or 'does not meet requirements'. Where appropriate, regulated providers that work with external collaborative partners should involve their partners to ensure the quality of education of their partnerships is not put at risk.

135 The outcome of the follow-up visit will be a short report to the provider and Medr. Any areas for further consideration are highlighted and will be reviewed at the next review visit. If the provider has provided QAA with evidence that the action plan has been successfully implemented, QAA will upgrade the judgement(s) to 'meets requirements' and publish an amendment to the original report detailing the follow-up activity. Where the outcome of the follow-up visit identifies that the action plan has not been successfully implemented, QAA will maintain the original judgement(s) and publish an addendum to the original report. Any actions taken with respect of a 'not making acceptable progress' outcome will be a matter for Medr and marks the end of the follow-up activity by QAA. The provider will then come under Medr's *Statement of Intervention* procedures<sup>17</sup>.

136 Where the outcome of the follow-up visit is an upgrade to the judgement(s) from 'meets requirements with conditions' to 'meets requirements', the provider will progress to interim monitoring - either as part of an annual liaison meeting or as a separate visit (face-to-face or online) no later than two years after the Review (see paragraph 132). Following the interim monitoring process and report, the provider will progress to a Liaison Meeting no later than three years after the original review (see paragraph 133). For providers with an original judgement(s) of 'meets requirements with conditions', the provider will be required to undergo an external quality review within one year - that is, four years from their previous review, even where the judgement(s) have been upgraded through follow-up activity.

137 Where the outcome of the follow-up visit is an upgrade to the judgement(s) from 'does not meet requirements' to 'meets requirements', the provider will progress to a further external quality assurance review within two years of the previous review, without interim monitoring and a Liaison Meeting, in line with Medr's procedures for External Quality Review.

138 Providers have 12 months from publication of the original review to rectify the matters raised through the follow-up process and obtain a revised judgement. Should they not do so, or not succeed in doing so, they will not meet Medr's quality requirements for regulated institutions and may trigger a partial review by Medr.

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<sup>17</sup> <https://www.medr.cymru/en/monitoring-and-compliance/>

## Annex 1: Definition of key terms

### What do we mean by appraisal and reappraisal?

**Appraisal** is defined as the scrutiny and evaluation of evidence provided by the institution, supported by triangulation in meetings during the visit. **Reappraisal** will be required in instances where there has been a fundamental change in approach or processes in relation to quality assurance and risk management since the last review.

### What do we mean by confirmation?

**Confirmation** is defined as the verification of the validity of practice or continuing developmental practice, through submission of relevant evidence. Where there is little or no change between reviews, this allows **reconfirmation** of continuing and effective practice.

### What is enhancement?

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

### What is an enhancement priority in QER?

An enhancement priority is an area of strategic focus selected by the provider for the review which is of particular value or benefit to the provider. It may be an area of challenge that the provider is seeking to address; be an area where particular emphasis is being placed; reflect investment in a change initiative; or be an example of exemplary practice. This may include working with other providers and the wider sector on particular sector-wide enhancement themes. Enhancement priorities demonstrate the approach of the provider to the management and enhancement of its provision. Typically, three or four areas would be put forward. They may form a recurrent theme in the SA or may be a more detailed example or case study within a particular section.

Enhancement priorities should:

- be discussed with, and supported by, students/student representatives and agreed as key themes for students
- allow the evaluation of the provider's strategy, policy and practice more broadly, and its approach to assurance and enhancement
- draw on information and data about the nature and quality of the provision so that the provider can demonstrate the rationale behind their decisions in selecting the priorities
- support the ability of the review team to come to judgements or to form their view on the approach to enhancement.

While enhancement priorities may be about well-developed and established practice, the review team will still require the evidence needed to form their statement on the provider's strategic approach to enhancement and to gather evidence to cover all the headings of the Review Report that apply to the provider.

### **What is a commendation?**

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

### **What is an area of ongoing development?**

An area(s) of ongoing development is recognition of an action(s) initiated from the effective use of a provider's own quality procedures to secure in full the actions being taken to address an identified weakness.

### **What is a recommendation?**

Review teams make recommendations where they agree that a provider should consider changing a practice, policy or a process in order to: safeguard academic standards; and assure the quality of, or have the potential to improve and enhance, the learning opportunities it provides for students.

### **What is a condition?**

A condition is attached to an unsatisfactory judgement to identify the more substantial matter or matters of concern that form the focus for follow-up action that will be required to complete the review. Conditions will reflect recommendations that are considered to require urgent and serious action.

### **What is a partial review?**

A partial review may be requested by an institution or may be required by Medr. There will be a specific reason for a partial review. This may include substantive changes, be they planned or unplanned. Partial reviews offer the opportunity for a provider to gain an external peer evaluation of an agreed area (for example, the establishment of a new campus). Partial reviews follow the same broad format as full reviews, to a shorter timeframe. Partial reviews are peer reviews and result in a published report and action plan. See Annex 10 for a full description of the process.

## Annex 2: Judgement criteria

The criteria that review teams use to come to their judgements are set out below.

| ...meets requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ...meets requirements with conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ...does not meet requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All, or nearly all, applicable requirements and/or standards have been met.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Most applicable requirements and/or standards have been met.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Several applicable requirements and/or standards have not been met or there are major gaps in one or more of the applicable expectations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>Requirements and/or standards not met do not, individually or collectively, present any serious risks to the management of standards or quality.</p> <p>Recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> <li>• minor omissions or oversights</li> <li>• a need to amend or update approaches that will not result in major structural, operational or procedural change</li> <li>• completion of activity that is already underway in a small number of areas that will allow the provider to meet requirements more fully</li> <li>• the provider's approach to drive improvement and enhancement.</li> </ul> <p>In exceptional cases there could be a <b>differentiated judgement</b> identifying one area of significant concern needing priority action within an identified timescale.</p> | <p>Requirements and/or standards not met do not present any serious risks to standards or quality.</p> <p>Some moderate risks may exist that, without action, could lead to serious problems over time with the management of standards or quality.</p> <p>Recommendations may relate to:</p> <ul style="list-style-type: none"> <li>• shortcomings in the provider's approach to requirements and/or standards</li> <li>• underdevelopment of practices to drive improvement and enhancement</li> <li>• insufficient emphasis or priority given to assuring standards or quality</li> <li>• quality assurance procedures that, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied</li> <li>• problems that are confined to a small part of the provision.</li> </ul> | <p>Requirements and/or standards not met present serious risk(s), individually or collectively, to the management of standards or quality. The controls in place to mitigate the risk are inadequate. Consequences of inaction/insufficiently timely action in some areas may be severe.</p> <p>Recommendations may relate to:</p> <ul style="list-style-type: none"> <li>• ineffective approach to requirements and/or standards</li> <li>• ineffective practices to drive improvement and enhancement</li> <li>• significant gaps in policy, structures or procedures relating to the provider's assurance of quality or standards</li> <li>• breaches by the provider of its own quality assurance procedures.</li> </ul> |

| ...meets requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ...meets requirements with conditions                                                                                                                                                                                                                                                                                                                                                             | ...does not meet requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>There are examples of good practice, some of which will likely be identified as commendations.</p> <p>Student engagement is supported.</p> <p>Managing the needs of its students is a clear focus of the provider's strategies and policies.</p> <p>Processes help identify areas for development with the provider acknowledging the need for action in its review documentation or during the review.</p> <p>Evidence of appropriate action routinely being taken within a reasonable timescale, including in response to previous reviews.</p> <p>There is evidence that the provider is fully aware of its responsibilities for assuring quality and standards and alert to indicators that could signal when problems might develop.</p> | <p>Plans that the provider presents for addressing identified problems before or at the review may be underdeveloped or not fully embedded.</p> <p>Actions may not be appropriately prioritised with the risk that issues become more systematic or serious.</p> <p>The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues.</p> | <p>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 effective progress.</p> <p>The provider may have not recognised that it has major problems or has not planned appropriate action to address problems it has identified.</p> <p>The provider has limited understanding of the responsibilities associated with one or more key areas of the requirements and/or standards or may not be fully in control of all parts of the organisation.</p> <p>The provider may repeatedly or persistently fail to take appropriate action in response to external review activities.</p> |

## Annex 3: Welsh language

QAA is committed to treating the Welsh and English languages equally in our work in Wales, in line with the Welsh Language (Wales) Measure 2011. QAA has a Welsh language policy which sets out how QAA uses the Welsh language in its day-to-day business to deliver services, including the external review of academic standards and quality.

All documentation relating to the QER is produced in both languages, as are all review reports. For reviews of providers in Wales, we seek to recruit bilingual reviewers and review managers. Our recruitment process actively supports this objective.

In any review of higher education providers in Wales, we acknowledge the right of any person, including reviewers, to use the Welsh language. We will normally seek to agree the use of the translation facilities existing within a provider and will provide our own interpretation or translation facilities where that is not possible. QAA would normally meet the additional costs.

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

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

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

QAA will share the draft report in the language in which the review was conducted. The timescales set out in the Handbook acknowledge the need to ensure that the Welsh language is treated no less favourably than the English language. The final agreed version of the review report is translated into Welsh for all QER reviews.

QAA maintains a Welsh language helpline for individuals wishing to contact QAA by phone.

## **Annex 4: The roles of the QAA Officer, Reviewers, Institutional Facilitator and Lead Student Representative**

### **Introduction**

The roles of the QAA Officer, Reviewers, Institutional Facilitator and Lead Student Representative (LSR) are designed to support the review process and to improve the openness, transparency and communication between the review team, QAA and the provider under review.

### **The QAA Officer**

QAA appoints an Officer to coordinate and manage each review. All QAA Officers undertake training in QER. The Officer is a named member of QAA staff. The Officer will normally support the full review from the preparatory meeting to the publication of the provider's action plan following the review. They are responsible for establishing close and constructive working relationships with providers. The QAA Officer will be present throughout the QER visits but will not direct the team's deliberations or influence its conclusions and findings. The QAA Officer's overarching role is to ensure the integrity of the review in its implementation and the conduct of the review process according to this method handbook. A key element of their role is to ensure the conclusions of the review team are well-evidenced and robust. Their other roles are to:

- apply the Welsh Language Standards and understanding of the role of Welsh language in the review
- conduct the early stages including the initial preparatory meeting
- facilitate communication between Facilitator, LSR and the review team
- manage logistics
- edit the review report and coordinate its production
- liaise with the provider in relation to any follow-up activities
- conduct the interim monitoring process.

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

- liaising with the review team throughout the review and with the provider during the Review Visit
- ensuring the language preferences of the provider and individuals are taken into account in the review process
- facilitating the review team's identification and evaluation of the lines of enquiry to be explored during the review
- ensuring the team align the lines of enquiry and the Review Report headings (these are set out in Annex 7)
- working with the provider to ensure the review team has access to appropriate documents during the visits
- ensure that requests for additional documentation are necessary to clarify the lines of enquiry
- the planning and coordination of the review visit schedule (which may be physical, online, or a hybrid), and the team's preparation for meetings

- maintaining a record of the review team's decisions, any additional information provided during the visit, and its discussions with staff and students
- supporting the review team in identifying the evidence on which its views and conclusions are based
- ensuring the team's judgements are aligned to the judgement criteria for the method and informed by relevant external reference points
- editing and finalising the review report, ensuring the outcomes are in accordance with the review method and securely based on evidence
- assisting, as required, in the investigation of any appeal made by the provider following finalisation of the report.

## The Reviewers

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

All reviewers have responsibility for:

- reading and analysing the SA, the Evidence Base, and other evidence
- identifying additional evidence needed to ensure secure outcomes
- identifying and agreeing lines of enquiry
- participating in the review visits as a member of a team
- reaching and agreeing conclusions on the basis of the information gathered during the review
- agreeing the wording of the draft Key Outcomes Letter
- contributing to and commenting on the enhancement statements and overall Review Report
- preparing draft text to cover allotted sections of the Review Report
- supporting the QAA Officer in editing the review reports, providing additional information and evidence as necessary.

Student reviewers are equal members of the peer review team. The student reviewer brings a learner's perspective to the review. Their responsibilities during the review are likely to focus on those areas relating to the provider's management and enhancement of the student learning experience, and student engagement.

## The Institutional Facilitator

Providers are invited to nominate a single member of staff to facilitate the review by liaising closely with the QAA Officer to ensure the organisation and smooth running of the review process and to work closely and supportively with the LSR. Where necessary, the role can be shared with one other member of staff. The role of the Facilitator is intended to improve the flow of information between the team and the provider. The Facilitator should be a member of the provider's staff that can best fill the role described below; it is not necessary for the Facilitator to be a senior member of staff. During Review Visits, the Facilitator is expected to:

- provide the review team with advice and guidance on the provider's structures, policies, priorities and procedures
- meet the QAA Officer and the LSR, and other members of the review team, to provide or seek further clarification about particular questions or issues

- help to direct reviewers to information or locate the information they are seeking to help make the process as time efficient as possible
- advise the QAA Officer on Welsh language preferences for the conduct of the review.

The Facilitator helps to provide a constructive interaction between all participants in the review process. This promotes effective working relationships and helps to avoid any misunderstandings on either side, and lost time and effort, by directing reviewers to information or sourcing it as speedily as possible. QAA provides advice and guidance for Facilitators ahead of the review.

The role of the Facilitator is to:

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

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

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

The person appointed as Facilitator must possess:

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

## The Lead Student Representative

Students are among the main beneficiaries of QER and the student experience is at the heart of the review process. The student representative body will have a key role by supporting student engagement in the review and are invited to nominate a Lead Student Representative. The LSR is the main point of contact between QAA/the review team and students studying at the provider under review. The LSR will normally oversee the production of a student contribution, if they wish to submit one. If possible, QAA would like to work with the LSR to select the students that the review team will meet. We know that it might not be possible to designate the LSR very early in the process. However, it is important that QAA has a clear point of contact with a representative of the student body throughout the process.

It is up to the student representative body to decide who should take on the role of LSR. The person selected might be an elected officer from a students' union, a member of a similar student representative body or one of the course representatives. It is possible for two student representatives to share the LSR role and providers should keep the QAA Officer informed if that is the case.

Where no student representative body exists, the provider should seek a volunteer from the broader student body.

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

We recognise that it may not be possible to keep the same LSR for the estimated 12-month duration of the whole review process. We ask that the student representative body and the provider work together to ensure effective handover between LSRs and that QAA is kept informed of any changes to the LSR. When students' unions involve their staff in the review process to support the LSR, they can also provide continuity between, and handover to, new LSRs. The role of the LSR is voluntary.

Lead Student Representatives will normally:

- receive copies of key correspondence from QAA
- liaise with the Facilitator to ensure smooth communication between the student body and the provider
- meet with the QAA Officer at the First Team Meeting and provide a verbal update to the student submission
- disseminate information about the review to the student body
- organise or oversee the writing of any student contribution
- assist in the selection of students to meet the review team
- meet with and advise the review team during the visits, on request
- ensure continuity of activity throughout the review process
- attend the final meeting with key staff
- coordinate comments from the student body on the draft review report
- work with the provider in developing an action plan as a result of the review and its findings, and coordinate the students' input into the action plan.

If it is not possible for students to identify an LSR, QAA will still expect to meet students and student representatives at each key stage of the review process.

QAA provides training, advice and guidance for LSRs ahead of the review, which will include advice on the review process and the national context in which it takes place. It is expected that higher education providers support the LSR by helping them to understand the significance of their role and how the student contribution adds value to the review process. Higher education providers are also expected to give administrative and logistical support to the work of LSRs as appropriate.

## **Responsibilities of the Facilitator and LSR**

All roles require the individuals to observe objectively, to communicate clearly with the team, and to establish effective relationships with QAA and with each other. None should act as an advocate for the provider or a particular view. However, all may legitimately:

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

It is for the review team to decide how best to use any information provided by the Facilitator and LSR.

Neither the Facilitator nor the LSR is a member of the team and will not make judgements about the provision. The Facilitator is permitted to observe any of the team's meetings with the provider's staff but should not participate in discussion unless invited to do so by the review team. The Facilitator is not permitted to attend the team's meetings with students.

The LSR is permitted to observe any of the team's meetings with students, and the final meeting of the review. They are also permitted, with agreement, to attend the team's meetings with staff. Both the Facilitator and LSR are required to observe the same conventions of confidentiality as members of the review team. In particular, no information gained may be used in a manner that allows individuals to be identified and the confidentiality of written material produced by team members must be respected. Provided that appropriate confidentiality is observed, notes may be made on discussions with the team and reported back to other staff/students, in order to ensure that the provider has a good understanding of the matters raised. This can contribute to the effectiveness of the review, and to the subsequent enhancement of quality and standards.

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

## Annex 5: Student contribution to QER

### Introduction

Students are among the main beneficiaries of QER and are, therefore, central to the review process. In every review there are many opportunities for students to inform and contribute to the process. Students will be involved together with the institution in preparations for review and will produce material for it. The review team will meet a representative selection of students and will work with the LSR, and students will be involved in responding to the review as the institution develops and seeks to implement the resulting action plan.

All QER (and partial) review teams must include a student. An institution may ask for a specialist student reviewer as part of the review team. Student reviewers are full members of review teams, contributing in the same way as other members.

Institutions must support the participation of their students' union and/or representatives in the review, providing training, advice and access to information.

### Students' contribution to QER

A range of existing material produced by, or in conjunction with, students will form part of the evidence base for the review. This will include any annual quality reports for the institution's governing body produced by the students' union, alongside documents such as the Student Charter. It also includes evidence relating to past students such as public information from HESA or NSS outcomes.

Only students can choose how they contribute to the review and there are a variety of ways they might do this in the preparatory stages of QER:

- develop and submit a separate student contribution based on the same broad areas and headings as the Self-Analysis (SA) and to the same timescale
- provide a series of commentaries or vignettes as part of the SA
- develop a fully-integrated approach to the SA; a joint SA will need to be clearly signed off by a representative of the student body as representing their intended contribution
- agree one or more student-led case studies that are submitted alongside the SA
- produce podcasts of the learning experience
- submit photographic evidence to support their engagement in quality assurance and enhancement.

Students can use a combination of these ways of contributing if they prefer. Submissions can be made in a variety of formats including written, audio or video formats, or in a combination of formats.<sup>18</sup> However students contribute to these preparatory stages, QER assumes that providers engage students as partners in the process. Students can provide an oral update to their contribution at the First Team Meeting.

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

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<sup>18</sup> Please note electronic systems used to host review documents may limit the size of some audio and video files. This might mean an audio/video submission needs to be separated into smaller files. QAA will share guidance on audio/video files sizes and formats at the preparatory meeting.

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

Students may also have input to the process by:

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

We encourage the provider to support its students in engaging with evidence. QAA Scotland has published a *Student Guide to Using Evidence*<sup>19</sup> that students and their institutions may find helpful. Students may wish to comment on the outcomes of the National Student Survey for their institution, or on information on completion rates and graduate outcomes and destinations, or use this information to support a point they wish to make.

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

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

Any separate student contribution must include a statement of how it has been compiled and by whom, and the extent to which its contents have been shared with and endorsed by other students. How case studies are chosen, developed and shared with the wider student body should be clear. Case studies can be about particular local approaches that are valued by students or about wider enhancement initiatives that have had a beneficial impact on learning or support. With employability, for instance, students may present case studies on initiatives in particular subjects or on particular programmes that develop their employability skills - or might want to highlight how strategic changes introduced across the whole institution are helping to develop employability.

Any separate hyperlinked student contribution should be submitted to QAA 12 weeks before the Review Visit. The QAA Officer will confirm the precise date.

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<sup>19</sup> [www.enhancementthemes.ac.uk/docs/ethemes/evidence-for-enhancement/guide-to-using-evidence.pdf](http://www.enhancementthemes.ac.uk/docs/ethemes/evidence-for-enhancement/guide-to-using-evidence.pdf)

The Guide is a valuable resource, it is about the use of evidence, not only in Scotland. The individual sections can be downloaded as well as the whole guide.

## **Sharing the student contribution with the provider**

Given that the student contribution is such an important piece of evidence in the review process, its development will often have involved discussions with staff who may have supported students in its evolution. In the interests of transparency and fairness there is an expectation that it will be shared with the provider - at the latest when it is provided to QAA, 12 weeks prior to the review. Ideally, both the provider's SA and any student submission should reflect how providers and students routinely work together and the content of neither will be a surprise to the other.

## **Meetings with students as part of QER**

The review team will meet with students and student representative as part of QER. Student representatives will normally be part of each of the meetings or briefings in the preparatory part of the process. During the First Team Meeting, the team will meet with the LSR and in the main Review Visit, the review team will meet with a representative range of students. The LSR normally helps to select students to meet the team and to brief them on the nature of QER and their role within it.

During the review visits, at least one meeting with students will be confidential but other meetings may be joint events to allow students and staff to inform the team of their engagement in enhancement activities and to elaborate on the case studies put forward for the review. Students (and staff) may wish to prepare a presentation to the review team to explain their input.

## Annex 6: Content of the Self-Analysis

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

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

Because reviews are contextualised, it is understood that the priorities explored in each review will reflect the strategy, priorities, strengths and challenges of the provider concerned and the particular profile of its student body. QAA expects providers to address each of the five sections and subheadings of the Review Report, recognising that the volume and focus of the content provided by each provider will vary. In doing so, providers should also ensure that their SA addresses any priorities, expectations or metrics identified by Medr that go beyond those previously set by Medr, where applicable.

In the context of each of the Review Report headings, the SA should indicate:

- what is distinctive and what is typical about the provider
- what are the key areas of strength and challenge
- implications of changes, challenges and strategic aims for safeguarding academic standards and the quality of students' learning opportunities
- how the provider has evaluated its policy and practice, including the ways in which it uses data to inform its decision-making and identification of **enhancement priorities**, and current and future plans for development including how the provider intends to build on good practice and address areas for development
- give details of any relationships with degree-awarding bodies or awarding organisations and of the external reference points used (other than the baseline regulatory requirements - see Section 1).

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

### Evidence

QAA is interested in *how* providers use and respond to both qualitative and quantitative data in the management of academic standards and quality, and to inform its enhancement activities. This includes data that provides information about the quality of programmes - such as student satisfaction data - and progression statistics, achievement and employment information, as well as how a provider monitors and responds to the data relating to those with protected characteristics. The self-assessment should illustrate how the provider makes use of information and data within their quality processes and the learning resulting from its quality processes, and how it reflects upon them, explaining, contextualising and acting on the results. The provider should also highlight how they have responded to any Medr reports, requests and feedback.

Typically, QAA would expect to see data from sources, such as the National Student Survey, HESA routinely used within quality processes, and for consideration being given to how to

make best use of newer data sets, such as those on Longitudinal Educational Outcomes. Providers are encouraged to cite other relevant nationally or internationally benchmarked data where this is available and applicable.

Where applicable, the SA should provide a commentary on, and response to, data and evidence on the provider's postgraduate taught and postgraduate research students, with supporting references. Similarly, there should be commentaries on other clear groups of learners such as those with protected characteristics, distance learners or international students.

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

## **Sharing the Self-Analysis with students and the Lead Student Representative**

Given that the SA is such an important input into the review process, the SA will often be developed in conjunction with students. Where this is not the case, in the interests of transparency and fairness, it is expected that it will be shared with the student body through the LSR - at the latest when it is made available electronically to QAA. Ideally, both the provider's self-assessment and any student submission should reflect how providers and students routinely work together; the content of neither will be a surprise to the other.

## **Supporting evidence**

The evidence base for QER combines information collected by QAA, provided by Medr, and that given by the provider - including the SA, Evidence Base (see Section 3) and information provided by students. Reviewers may draw upon any evidence in the public arena; however, the principal source of information is that provided by the institution and its students and the evidence they have presented in support.

## **Information collected by QAA**

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

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

QAA will compile a list of this information prior to the Preparatory Meeting and share this at that meeting for reasons of transparency and to allow the provider to raise any concerns or to make suggestions. This enables the provider to take the opportunity in the Self-Analysis document to explain or contextualise any of this information.

## How the review team uses the Self-Analysis and other advance information

The review team uses the suite of advance information (the SA, Evidence Base, Medr information and student submission) throughout the review process as a starting point for understanding how the provider systematically monitors and reflects on how effectively it enhances the quality of learning opportunities. The team will look for indications that monitoring and reporting processes:

- draw on management information
- make comparisons against previous performance
- make comparisons against national and international benchmarks, where available and applicable
- draw on the views of students (and other stakeholders where relevant)
- lead to the identification of strengths and areas for improvement, and subsequently to enhancement priorities.

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

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

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

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

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

## Annex 7: Content of the Review Report

QER embraces all higher education award or credit-bearing provision (including some linked learning such as foundation years) wherever and however it is delivered. The provider's advance documentation should cover the full range of the provider's activity. This will include the various modes, locations and levels of study, full and part-time, on and off campus, flexible and distance learning, provision delivered in partnership (be it in workplace settings, within the UK or as transnational education), postgraduate taught and postgraduate research provision.

The SA and the Review Report may group material differently where this is the most effective way of communicating information or findings. For example, information on the postgraduate research student experience could be grouped together in a dedicated section or it could be a heading within a number of sections. If a different approach is taken for a clear reason, the content will, nevertheless, reflect the same topics.

Review Reports will be structured around the following headings:

- i Contextual information about the provider, student population and review
- ii Review judgements and findings
- iii Statement(s) on the provider's strategic approach to enhancement
- iv Commentary on the provider's support and enhancement of the student learning experience
- v Academic standards and quality processes
- vi Collaborative provision (where appropriate).

### **i Contextual information about the provider, student population and the review**

- Summary information about the provider, including strategic framework, organisational structure
- Composition, key trends and anticipated changes in the student population, including information on retention, progression and outcomes
- Commentary on how the provider supports national priorities
- Commentary on the preparation for the review, including how provider and students worked in partnership in review preparation
- Summary of the nature and rationale for the enhancement priorities identified for the review and in the Self-Analysis
- Summary of the provider's follow-up to the previous review
- Where relevant, details of the provider's responsibilities for the higher education it provides on behalf of the degree-awarding body/ies with which it works (**500-600 words**)

### **ii Review judgements and findings**

#### **Overarching judgement about the provider**

**[Name of provider] meets / meets requirements with conditions / does not meet** the requirements of the ESG Part 1 for internal quality assurance.

**[Name of provider] meets / meets requirements with conditions / does not meet** the relevant baseline requirements of the Quality Assessment Framework for Wales.

This is a positive/negative judgement, which means the provider has/does not have robust arrangements for securing academic standards, managing academic quality and for enhancing the quality of the student experience.

**'Meets requirements'** is a positive judgement and will likely be accompanied by a number of recommendations and commendations. With a judgement of 'meets requirements with conditions', the conditions attached to the judgement will clarify the issue(s) involved. Conditions are more substantial matters of concern and indicate follow-up action will be required to complete the review. Recommendations will identify practices and/or policies that require change to safeguard academic standards and assure quality, and provide detail of the actions required to address the conditions. A judgement of 'does not meet requirements' will also be accompanied by conditions which will give a clear indication of where the institution needs to take action. Due to the serious risks associated with this judgement, it is likely to result in a number of conditions.

**'Meets requirements with conditions'** and **'does not meet requirements'** do not preclude commendations and areas of ongoing development. These judgements will require follow-up action with QAA to complete the review. Where an institution meets requirements with conditions or does not meet requirements, it will trigger action by Medr alongside actions set out within this Handbook in Section 6.

### iii Statement on the provider's strategic approach to enhancement

The review will include a statement on the provider's strategic approach to enhancement of the student academic experience and will specifically reference how the provider takes account of feedback and recommendations from the student body. Review teams will consider how providers use evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience. This will be informed by the enhancement priorities put forward for the review by the provider and will include the consideration of the support provided to those taking courses through the medium of both English and Welsh.

For enhancement priorities that are in the **planning stage**, the team will comment on the strategic approach taken to enhance the student experience and the rationale identified by the provider in consultation with the student body that leads to the enhancement priority. Details of the planning of the priority and how the provider involved students will also be evaluated. **[500 words]**

Where an enhancement priority has reached the **implementation stage**, the team will evaluate and comment on the actions taken by the provider to ensure effective implementation of the priority and the changes in the student experience recognised as a result. If the actions are at an appropriate stage, the team will evaluate the result of the enhancement priority, particularly with reference to the benefits accrued to students as a result of the changes. It will be important to gather student views to help evaluate the impact of the enhancement. **[500-600 words]**

For those providers who are at an **advanced stage of implementing the enhancement priority**, the report will comment on the process of evaluation carried out and report on the results of that evaluation. Any changes made as a result of the evaluation and the impact on the quality of the student experience will be appraised, and the future progress and/or development of the enhancement priority identified. **[500-600 words]**

### iv Commentary on the provider's support and enhancement of the student learning experience [1000 words]

- Use of external reference points to support and enhance the student learning experience
- Views and feedback from students
- Developments to enhance learning and teaching arranged through partnerships with students
- Effectiveness of the teaching and learning strategy in improving the quality of learning opportunities
- Effectiveness and evaluation of initiatives to enhance learning and teaching
- Academic, pastoral and learning support for students
- Recruitment and training of staff including staff development
- Dissemination of good practice

**v Academic standards and quality processes [1500 words]**

- Developments in the provider's approach to managing quality and standards
- The use of quality processes to confirm the continued effectiveness of the provider's management of standards
- The use of quality processes to confirm the continued effectiveness of the provider's management of quality
- The contribution of the provider's quality processes to ensure improvement and enhancement of the student learning experience
- A summary of the effectiveness of the arrangements for securing academic standards

**vi Collaborative provision (if applicable) [750 words]**

- Information on the extent and nature of collaborative provision and plans for change (including work-based learning)
- Developments in the provider's approach to quality and standards
- The use of quality processes to confirm continued effectiveness of provider's management of collaborative provision
- A summary of the effectiveness of the approach to managing collaborative provision including arrangements for securing academic standards and enhancing the student learning experience

## Annex 8: Reviewer appointment and training

QER is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the provision, management and delivery of higher education; or students with experience in representing students' interests. QAA appoints reviewers using a job description and person specification published as part of the recruitment process. This section outlines the criteria sought in reviewers and is provided to guide potential reviewers of the qualities required and to give general confidence in the quality and calibre of QAA's reviewer pool.

QAA welcomes nominations from providers across the UK, with every provider in Wales encouraged to make at least one nomination from their own staff and student bodies to reviewer roles. Student representative bodies or higher education providers in Wales may nominate student reviewers. International reviewers are selected on the basis of nominations from Welsh higher education providers and from QAA's contacts with relevant providers and agencies in other countries. QAA makes every attempt to ensure that the total pool of QER reviewers reflects the characteristics of the Welsh higher education sector, including taking account of Welsh medium skills, and equality and diversity strands.

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

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

Reviewers are recruited through an open call and may be nominated by providers or self-nominate as set out below:

- Staff currently working for a provider must be nominated by their employer, as an indication of the employer's willingness to support their time commitment to the review process.<sup>20</sup>
- Former staff may self-nominate. To be eligible they must meet the selection criteria set out below and must demonstrate a continuing and meaningful engagement with the assurance of academic standards and quality beyond any involvement they may have with QAA. This could be through a consultancy role or a voluntary post, such as membership of a provider's governing body.
- 'Specialist' reviewers and 'specialist' student reviewers may be identified by the provider at the initial Liaison Meeting with QAA 12 months prior to the review. Student reviewers may be nominated by a provider or by a recognised students' union or equivalent, or may nominate themselves. They must be enrolled on a higher education programme or be a sabbatical officer of a recognised students' union at the time of nomination. They may continue as reviewers for up to three academic years after they finish their studies or term as a sabbatical officer.

### Qualities required in all reviewers

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<sup>20</sup> Given the time commitment and other contractual requirements, staff must have the support of their employer.

QAA expects all reviewers to demonstrate the ability to:

- understand a range of perspectives
- relate to a range of individuals, including students and senior managers
- lead discussions about strategic and operational approaches to the management of quality and academic standards in general, and the enhancement of the student learning experience in particular
- assimilate a large amount of disparate information and analyse it to form reliable, evidence-based conclusions
- maintain the confidentiality of sensitive matters
- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

Staff reviewers should possess:

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

Desirable abilities or experience for staff reviewers include:

- ability to read, and speak in, Welsh
- experience and knowledge of HE in FE
- experience of participating as Chair, panel member, assessor or equivalent in the periodic review process of their own provider and/or other providers
- experience of assessing the achievements of students on higher education programmes at their own provider and/or other providers (for example, as an external examiner).

In addition to the qualities required in all reviewers, international reviewers must have a standard of English appropriate to the role and are expected to demonstrate one or more of the following:

- current or recent (within three years) wide experience of academic management at the institutional level outside the UK, preferably relating to quality assurance and enhancement of the student learning experience
- current or recent (within three years) experience of external review of higher education institutions outside the UK, either as a panel member or through senior involvement with a quality assurance or enhancement organisation

- peer-acknowledged expertise in the development of good practice in learning and teaching, and the wider student experience (it is highly desirable to have such recognition at an international level).

An understanding of the distinctive features of the Welsh higher education system is desirable as is experience of an enhancement-led approach to external quality review. Training will, however, cover both.

The qualities sought in student reviewers (or international student reviewers) include:

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

The desirable selection criteria for student reviewers are:

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

In recruiting to our pool of reviewers, QAA seeks to ensure that it represents a wide range of providers and is broadly balanced in terms of discipline, geographical area, gender and ethnic background. QAA encourages applicants from a range of ethnic backgrounds, who are currently underrepresented in the reviewer pool. QAA welcomes applications in Welsh.

## Annex 9: Tables of the process with indicative timings

**NOTE: All weeks are working weeks and will be adjusted to take account of closure periods.**

This annex contains three tables: Table 1 sets out indicative timings in QER; Table 2 gives details of the nature of action planning, sign-off, follow-up and interim monitoring; Table 3 outlines the follow-up and timeline for judgements of 'meets requirements with conditions' or 'does not meet requirements'.

**Table 1: Indicative timings in QER**

Note: The timetable for partial reviews is set out in Annex 10.

| Timing                                                                | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Initial contact for QER</b><br>c. 12 months before start of review | <ul style="list-style-type: none"> <li>• QAA asks provider for preferred dates for First Team Meeting and Review Visit</li> <li>• Provider shares information on collaborative arrangements using the template in Annex 11</li> <li>• QAA confirms dates of Preparatory Meeting, for the provider to upload its documentation, First Team Meeting and Review Visit</li> <li>• Welsh medium requirements and preferences of the provider and individuals directly involved in the review discussed and recorded</li> <li>• Specialist reviewers requested</li> <li>• QAA identifies QAA Officer</li> <li>• Provider nominates their Facilitator and LSR</li> </ul>                                                                                                                                                                                                                                                   |
| <b>Method briefing</b><br>c. 12 months prior to review                | <ul style="list-style-type: none"> <li>• Initial detailed discussion of the overall approach to QER for the provider</li> <li>• Method briefings may combine a number of providers into a single meeting or webinar</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| c. 36 weeks before start of review                                    | <ul style="list-style-type: none"> <li>• QAA proposes members of the review team</li> <li>• QAA will invite providers to identify conflicts of interest with proposed team members before confirming a team</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Preparatory meeting</b><br>c. 6 months before start of review      | <p>Meeting conducted by the QAA Officer (either online or at the provider) to provide a detailed discussion on the method and associated logistical requirements (for example, hybrid elements to the review and the arrangements for accessing the evidence base) with the senior staff, Facilitator and LSR.</p> <p>QAA Officer discusses provider's intended selection of enhancement priorities for the review.</p> <p>The provider reports any major changes to collaborative arrangements.</p> <p>QAA shares details of information shared by Medr and potential themes for the review which may also come from:</p> <ul style="list-style-type: none"> <li>• previous review outcomes</li> <li>• the institution's strategy and priorities (for example, key changes in student population, mode of delivery)</li> <li>• the institution's analysis of its data</li> <li>• students' views/voice.</li> </ul> |

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Advance documentation</b><br>12 weeks prior to the Review Visit | The provider uploads its Self-Analysis and Evidence Base; students upload their contribution to the review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8 weeks prior to the Review Visit                                  | The QAA Officer provides a draft schedule for the First Team Meeting and shares with the provider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>First Team Meeting</b><br>6 weeks before Review Visit           | <p>The review team meet to agree Lines of Enquiry. The QAA Officer will lead the discussion based on the composite report of the individual team member's Review Findings Template to confirm the Lines of Enquiry; areas for further exploration; gaps in the evidence; and potential features of good practice.</p> <p>First Team Meeting is a single day/online or hybrid meeting with the provider, involving meetings with Medr, Facilitator and LSR.</p> <p>The purpose of this visit is to discuss the scope of the review, to seek to identify any matters, especially relating to the judgements, not sufficiently covered in the SA, make any document requests, and for the review team to plan for the review visit.</p> <p>The gap between the First Team Meeting and the Review Visit enables the provider to:</p> <ul style="list-style-type: none"> <li>• supply additional information should it be requested (to be provided within two weeks)</li> <li>• populate the meetings for the Review Visit</li> <li>• confirm Welsh language requirements for meetings.</li> </ul> <p>Thus, the outcome of the meeting is:</p> <ul style="list-style-type: none"> <li>• to agree the duration of the Review Visit</li> <li>• to draft the programme for the visit</li> <li>• identify the people to meet (academic and support staff, categories of students, number of student meetings, any other meetings - for example, employers, graduates, representatives from partner institutions (e.g. colleges or international)</li> <li>• to note any additional information the team would like to receive in advance of the Review Visit; the QAA Officer will need to be assured that any requests are necessary and reasonable.</li> <li>• to discuss online meeting protocols where required</li> <li>• to inform the Facilitator of the Lines of Enquiry to be pursued by the review team during the review visit with respect to appraising and confirming quality practices and understanding approaches to enhancement</li> <li>• to inform the Facilitator of any additional documentation requests, the date of the review visit and the duration, the schedule of meetings and any other requests relating to the visit (practical arrangements).</li> </ul> <p>QAA provides these outcomes to the provider within five working days after the First Team Meeting.</p> <p>In addition, the team will plan meeting agendas and will agree chairing duties for each meeting of the visit.</p> <p>For onsite reviews:</p> |

|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                              | <ul style="list-style-type: none"> <li>• accommodation and travel arrangements</li> <li>• meeting arrangements at venue with review team prior to visit.</li> </ul> <p>For online/hybrid reviews:</p> <ul style="list-style-type: none"> <li>• online meetings set up and invites circulated</li> <li>• ensure team have appropriate internet access and requirements</li> <li>• online protocols.</li> </ul>                                                                                                                                                                       |
| <b>Review Visit</b>                                                                          | <p>Up to five days at the provider.</p> <p>The review visit will involve meetings with staff, students and potentially with collaborative or awarding partners, employers, external examiners, or other key institutional stakeholders.</p> <p>There will be an advisory feedback meeting to share with the provider the team's provisional judgements before they depart.</p>                                                                                                                                                                                                      |
| 2 weeks after Review Visit                                                                   | <p>QAA informs provider and LSR of the provisional judgements and findings in a Key Outcomes Letter.</p> <p>Note: Preliminary outcomes are shared with Medr in confidence prior to publication to enable timely reporting to its Quality Committee.</p>                                                                                                                                                                                                                                                                                                                             |
| 5 weeks after Review Visit                                                                   | <p>Following moderation, QAA sends the draft Review Report to provider and LSR for comment on factual accuracy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 8 weeks after Review Visit                                                                   | <p>Provider and LSR supply any factual errors in the report to QAA.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Publication of Reports by QAA</b><br>10 weeks after Review Visit                          | <p>Following final editing and proofreading, QAA agrees press release with the provider and publishes the report in both Welsh and English.</p> <p>QAA sends information on use of its Quality Mark to applicable providers.</p>                                                                                                                                                                                                                                                                                                                                                    |
| <b>Publication of action plan by provider</b><br>12 weeks after publication of review report | <p>Provider publishes action plan. The action plan should be developed in consultation with its student body.</p> <p>Where providers receive a positive judgement in both judgement areas, QAA confirms publication and notes the review as complete.</p> <p>Action plans relating to unsatisfactory judgements must be agreed with QAA and Medr in advance of publication. The provider will need to take sufficient action within 12 months of the original review outcome to enable the judgements to be upgraded. Only when judgements are upgraded is the review complete.</p> |
| For 'meets requirements with conditions'                                                     | <p>Within 12 months: provider undergoes a follow-up meeting and submits evidence to QAA in time to enable the review outcome to be considered for upgrading to 'meets requirements' to complete the review.</p>                                                                                                                                                                                                                                                                                                                                                                     |

|                           |                                                                             |
|---------------------------|-----------------------------------------------------------------------------|
|                           |                                                                             |
| <b>Interim monitoring</b> | Within two years as part of the annual liaison meeting or a separate visit. |

**Table 2: In line with the risk-based approach of the QAF, the nature of action planning, sign off, follow-up and interim monitoring depends on outcomes as defined in the table below.**

| Judgements                                                        | Follow-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Interval before next review required                                                                                                      |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                   | Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Interim monitoring (QAA)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |
| Judgements of <b>'meets requirements'</b> in both judgement areas | <p>12 weeks after publication of review report - Provider publishes an action plan; QAA confirms publication and the review is signed off as complete.</p> <p>In line with its normal processes, the provider addresses review findings in collaboration with students, reporting annually to its committees and governing body.</p> <p>The published action plan is updated by the provider on an annual basis until all actions are signed off as completed.</p> <p>The review progresses to <b>interim monitoring</b> no later than two years after the original review.</p> | <p>A small review team will monitor the progress of the action plan within two years of the original review.</p> <p>The outcome is a short report to the provider and Medr. Any areas for further consideration are highlighted to be reviewed at the next review visit.</p> <p>No later than four years after the original review the provider has a <b>Liaison Meeting</b> to discuss preparation for enhancement priorities in the next QER in Year 5.</p> | Further external quality assurance review required at least every five years.                                                             |
| Any judgements of <b>'meets requirements with conditions'</b>     | <p>Note: Provider is subject to Medr's 'Procedures for assessing the quality of education'.<sup>21</sup></p> <p>Provider agrees a draft action plan with QAA, Medr and its students before publishing it. The action plan should be published no later than</p>                                                                                                                                                                                                                                                                                                                 | <p>A small review team will monitor the progress of the action plan within two years of the original review in <b>interim monitoring</b>.</p> <p>The outcome of the monitoring visit will be a short report to the provider and copied to Medr.</p>                                                                                                                                                                                                           | Further external quality assurance review required within four years, even if the judgement has been upgraded through follow-up activity. |

<sup>21</sup> *Procedures for assessing the quality of education - (HEFCW circular W19/05HE) provide information on how Medr will fulfil its statutory duties relating to the quality of education*

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                          |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | <p>12 weeks after publication of the Review Report.</p> <p>QAA will evaluate through a peer <b>follow-up visit</b> whether the action plan has been implemented within 12 months of the publication of the review outcome.</p> <p>The outcome of the follow-up visit will be a short report to the provider and Medr.</p> <p>If the institution has provided QAA with evidence that the action plan has been successfully implemented, QAA will upgrade the judgement(s) to '<b>meets requirements</b>' and publish an update report, copied to Medr, detailing the follow-up activity. The provider will then progress to interim monitoring within two years of the original review.</p> <p>If the action plan has not been successfully implemented, QAA will maintain the original judgement(s) and publish a short report copied to Medr detailing the follow-up activity. '.<sup>22</sup></p> <p>The published action plan is updated by the provider on an annual basis until all actions are signed off as completed.</p> | <p>Any areas for further consideration are highlighted to be reviewed at the next review.</p> <p>The provider will then progress to a <b>Liaison Meeting</b> no later than three years after completion of the original review.</p> <p>A Liaison Meeting will further discuss progress of the action plan in Year 3.</p> |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

<sup>22</sup> <https://www.medr.cymru/en/monitoring-and-compliance/>

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                        |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Any judgements of <b>'does not meet requirements'</b></p> | <p>Note: Provider is subject to Medr's 'Procedures for assessing the quality of education'.<sup>23</sup></p> <p>Provider agrees an action plan with QAA, Medr's and its students before publishing it. The action plan should be published within 12 weeks of the publication of the review report.</p> <p>QAA will evaluate through a peer <b>follow-up visit</b> whether the action plan has been implemented within 12 months of the publication of the review outcome.</p> <p>If the institution has provided QAA with evidence that the action plan has been successfully implemented, QAA will upgrade the judgement(s) to <b>'meets requirements'</b> and publish an update report, copied to Medr, detailing the follow-up activity. Any areas for further consideration are highlighted to be reviewed at the next external quality assurance review within two years of the original review.</p> <p>If the action plan has not been successfully implemented, QAA will maintain the original judgement(s). QAA will publish a short report detailing the follow-up activity. This marks the end of the follow-up activity by QAA and the provider</p> |  | <p>Further external quality assurance review required within two years of the original review, even if the judgement has been upgraded through follow-up activity.</p> |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

<sup>23</sup> *Procedures for assessing the quality of education - (HEFCW circular W19/05HE) provide information on how Medr will fulfil its statutory duties relating to the quality of education*

|  |                                                                                                                                                                                                               |  |  |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|  | <p>will then be subject to Medr's 'Statement of Intervention'.<sup>24</sup></p> <p>The published action plan is updated by the provider on an annual basis until all actions are signed off as completed.</p> |  |  |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

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<sup>24</sup> <https://www.medr.cymru/en/monitoring-and-compliance/>

**Table 3: Follow up and timeline for judgements of 'meets requirements with conditions' or 'does not meet requirements'**

Action plans developed in response to judgements of 'meets requirements with conditions' or 'does not meet requirements' must be agreed with QAA and Medr in advance. The QAA Officer will seek to ensure that the action plan provides an adequate basis for the provider to be able to achieve the necessary progress within 12 months. The provider should draw up the action plan jointly with partners and student representatives.

| Working weeks                  | Activity                                                                                                                                                                                                        |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| -5 weeks                       | Draft report shared for factual accuracy                                                                                                                                                                        |
| 0                              | QAA publishes review report                                                                                                                                                                                     |
| +10 weeks                      | Draft action plan shared and discussed with Medr and QAA Officer                                                                                                                                                |
| +12 weeks                      | Provider publishes action plan                                                                                                                                                                                  |
| +10 months                     | QAA plans follow-up visit in terms of the number of reviewers and duration of visit                                                                                                                             |
| +11 months                     | Provider submits updated action plan and evidence of progress to review team                                                                                                                                    |
| +12 months                     | Review team conducts follow-up visit to provider to triangulate action plan and evidence by meeting students and staff. The team holds a private meeting at the end of its visit to reconsider the judgement(s) |
| +2 weeks after follow-up visit | QAA Officer forwards draft report to provider for comments                                                                                                                                                      |
| +4 weeks after follow-up visit | Provider submits comments on draft report                                                                                                                                                                       |
| By +8 weeks                    | QAA addresses any matters of factual inaccuracy, finalises, translates and publishes the follow-up report                                                                                                       |

| Outcome                                                                                                                                                                                                                                                                                                                                 | Activity                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Where a positive outcome is obtained - no later than 2 years after the original review                                                                                                                                                                                                                                                  | Provider undergoes interim monitoring as part of the annual liaison meeting or a separate visit                                                        |
| Where a positive outcome is obtained following interim monitoring, the provider will progress to a <b>Liaison Meeting</b> no later than three years after the original review.                                                                                                                                                          | QAA Officer conducts a Liaison Meeting with the provider, followed by a Quality Enhancement Review no later than three years after the original review |
| Where the outcome of the follow-up visit identifies that the action plan has not been successfully implemented, QAA will maintain the original judgement(s) and publish a short report detailing the follow-up activity. The provider will then progress to a further quality assurance review within two years of the original review. | Quality Enhancement Review                                                                                                                             |

If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for the review team to consider whether the judgement(s) should be upgraded to 'meets requirements'.

If the team agrees that the judgement(s) can be upgraded to 'meets requirements', the change in judgement will be recorded in a short, published report on the QAA website and the review regarded as complete (the need for a shorter period before the following QER remains). The provider will then progress to a further external quality assurance review within two years.

If the review team finds that insufficient progress has been made in dealing with the review findings, the provider will be subject to Medr's 'Statement of Intervention'.<sup>25</sup>

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<sup>25</sup> <https://www.medr.cymru/en/monitoring-and-compliance/>

## Annex 10: Partial review process

### Introduction

Regulated higher education providers in Wales might be required to undergo a partial or earlier QER in order to meet the requirements of Medr Fee and Access Plans. In line with a risk-based approach, Medr will assess plans and annual returns from providers to determine whether any significant changes to a provider's provision should require either an earlier full or partial review. Changes that may trigger a partial review include significant changes to student numbers, types of provision, collaborative provision, and substantial complaints about standards and quality. Further information is available from Medr. Medr would normally write to the provider outlining its reasons for requesting the provider to undergo a partial review and its expected timescale. In commissioning the review, the provider would be expected to share this letter with QAA.

The partial review process will be responsive and flexible to meet the circumstances of any given review (for example, the reasons for requiring a partial review). This annex sets out a framework for a partial review.

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

- the timeline for the review process is shortened
- a single report will be published, focused on the provision identified for review and the provider's management of this provision
- there are no Method Briefings
- there is not the same need for the Facilitator and LSR roles, but equivalent key contacts are beneficial
- the Preparatory Meeting might be held by video or teleconference
- there is no First Team Meeting although the review team will have a scheduled meeting in advance of the Review Visit to agree lines of enquiry
- the length of the Review Visit is determined in advance by QAA.

QAA and the provider will agree indicative terms of reference for the partial review which will be confirmed with Medr as meeting its purposes. Given the bespoke nature of the process, precise details will vary. Providers will be required to produce a concise, evidenced, Self-Analysis addressing the specified areas mirroring the relevant headings from the Review Report. Where relevant, students may also voluntarily offer a student submission. Providers should draw on the guidance in this Handbook covering the Self-Analysis and Evidence Base in producing the documentation to guide and support the partial review.

Partial reviews may need to cover most of the headings in the Review Report - for example, a branch campus or complete mode of delivery, such as postgraduate research or distance learning, or may only need to cover an agreed subset.

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

The outcomes of the partial review will result in judgements specific to the provision under review and a published review report. The judgements and the judgement criteria are the same as for a full review, other than they may be specific to an area of provision or be specific to a subset of the ESG standards or baseline requirements. The partial Review Report will be a much shorter version of the full Review Report, following the same

headings *as they apply to the particular provision under the review*. The Report will only cover the applicable headings. As with full reviews, the institution should publish its action plan in response. Where the judgement is 'meets requirements', the review is complete once QAA has confirmed that the provider has published its action plan. A successful partial review will not reset the interval before the provider's next full review.

Judgements of 'meets requirements with conditions' or 'does not meet requirements' are subject to the same process described in Section 4 and summarised in Annex 9.

## Indicative timeline for a Quality Enhancement Review partial review

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

| Working weeks                                                                      | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Following notification to QAA from the provider that they require a partial review | <p>Preparatory meeting:</p> <ul style="list-style-type: none"> <li>• Discussion between QAA Officer, Medr and provider to establish scope of the partial review</li> <li>• Welsh medium requirements agreed and language preferences of individuals directly involved in the review recorded</li> </ul> <p>Following the meeting:</p> <ul style="list-style-type: none"> <li>• QAA confirms areas to be reviewed (the terms of reference), scope of the advance material, size and duration of the visit, and agrees dates for the visit</li> <li>• QAA subsequently notifies provider of QAA Officer and team</li> </ul> <p>Provider:</p> <ul style="list-style-type: none"> <li>• Prepares the documentation for the review</li> <li>• Where relevant and possible, providers are asked to facilitate the production of a student submission, which may be submitted up to -2 weeks</li> </ul> |
| -8 weeks                                                                           | <ul style="list-style-type: none"> <li>• Provider uploads Self-Analysis and supporting evidence, and team begins documentary analysis</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -5 weeks                                                                           | <ul style="list-style-type: none"> <li>• Team requests additional evidence (if required) and proposes a schedule for the visit, including who to meet</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -2 weeks                                                                           | <ul style="list-style-type: none"> <li>• Provider submits additional evidence (and student submission if available)</li> <li>• Provider confirms Welsh language requirements for meetings</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| As agreed with team                                                                | <ul style="list-style-type: none"> <li>• Team hold pre-visit meeting</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 0 weeks                                                                            | <ul style="list-style-type: none"> <li>• Partial Review Visit to the provider</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| +2 weeks                                                                           | <ul style="list-style-type: none"> <li>• QAA informs provider and Medr of provisional judgements and findings</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| +5 weeks                                                                           | <ul style="list-style-type: none"> <li>• QAA sends the Review Report to provider for comments on factual accuracy</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| +8 weeks                                                                           | <ul style="list-style-type: none"> <li>• Provider identifies factual errors; QAA finalises report</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| +10 weeks                                                                          | <ul style="list-style-type: none"> <li>• QAA translates and publishes report</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| +22 weeks                                                                          | <ul style="list-style-type: none"> <li>• Provider publishes action plan</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

In addition, governing bodies may voluntarily commission partial reviews. The engagement with external peers that review offers may help providers evaluate progress for a specific area of their activity. A provider may commission a partial review in the same way it might

other external evaluations. In such cases, the terms of reference and outcomes are agreed with the provider and may be advisory with the report submitted to the institution.

## Annex 11: Collaborative provision responsibilities record

A number of providers in Wales, such as colleges, deliver higher education in partnership with an awarding body or organisation. The degree-awarding bodies in Wales work in collaboration with colleges, other providers and partners in Wales, in England and outside the UK to deliver their awards. The proforma below, if completed for each partnership or cognate group of partnerships, will help ensure that the QAA review team has a clear understanding of the intended delineation of responsibilities. The proforma may be included in the Evidence Base sent to QAA for the review.

|                                   |  |
|-----------------------------------|--|
| <b>Delivery partner/provider</b>  |  |
| <b>Awarding body/organisation</b> |  |

Please identify management responsibilities (or responsibilities for implementation within partnership agreements) using the checklist below. Where the provider is fully responsible (implementation is fully devolved), please mark the **delivery partner** column; where the awarding body/organisation has full responsibility, mark the **awarding body/organisation** column; where responsibility is shared or the provider implements under awarding body/organisation direction, mark the **shared** column, providing explanatory notes as required. Please give **documentary reference(s)** that show how this is managed or implemented.

| <b>Area</b>                                  | <b>Delivery partner</b> | <b>Awarding body/organisation</b> | <b>Shared</b> | <b>Documentary reference(s)</b> |
|----------------------------------------------|-------------------------|-----------------------------------|---------------|---------------------------------|
| Programme development and approval           |                         |                                   |               |                                 |
| Modifications to programmes                  |                         |                                   |               |                                 |
| Setting assessments                          |                         |                                   |               |                                 |
| First marking of student work                |                         |                                   |               |                                 |
| Moderation or second marking of student work |                         |                                   |               |                                 |
| Giving feedback to students on their work    |                         |                                   |               |                                 |
| Student recruitment                          |                         |                                   |               |                                 |

|                                                                                       |  |  |  |  |
|---------------------------------------------------------------------------------------|--|--|--|--|
| Student admission thresholds or criteria                                              |  |  |  |  |
| Selection or approval of teaching staff                                               |  |  |  |  |
| Production of student handbook or equivalent                                          |  |  |  |  |
| Learning resources (including library resources)                                      |  |  |  |  |
| Student support                                                                       |  |  |  |  |
| Student representation and engagement                                                 |  |  |  |  |
| Responding to external examiner reports                                               |  |  |  |  |
| Annual monitoring                                                                     |  |  |  |  |
| Periodic review                                                                       |  |  |  |  |
| Student complaints                                                                    |  |  |  |  |
| Student appeals                                                                       |  |  |  |  |
| Managing relationships with other partner organisations (such as placement providers) |  |  |  |  |
| Production of definitive programme information                                        |  |  |  |  |
| Enhancement                                                                           |  |  |  |  |

## **Annex 12: Appeals and complaints**

### **Appeals and complaints**

Appeals and formal complaints procedures are designed to ensure that there is no conflict of interest throughout and both are handled by QAA's Governance Team to avoid any conflict of interest. No one involved will have had previous involvement with the matter.

### **Appeals**

An appeal is a challenge by an institution to the outcome of a QAA review or to another decision made by QAA.

QAA has a consolidated appeals procedure. This is available on QAA's public website.

A number of methods have tailored appeals procedures where a regulator requires specific elements that differ from the consolidated procedure. These are available on the same page of QAA's public website. Where there is no specific procedure, the consolidated procedure applies.

The appeal procedures state when an appeal can be made, the deadline by which an appeal must be made to be valid, what is an appealable judgement and the grounds for appeal. The procedures set out the process, timescales and potential outcomes.

### **Complaints**

A complaint is an expression of an individual's dissatisfaction with their experience of dealing with QAA. This can include a complaint about QAA's delivery of its Welsh Language Standards. Complaints may be on behalf of the individual's institution.

Please note that if a formal complaint is received at the same time as an appeal, the complaint is stayed until the appeal has been concluded.

In common with most complaints procedures, QAA would encourage anyone dissatisfied with its service to first speak to the person that they have been dealing with at QAA, so that they can try to assist and to find a resolution. If you then wish to pursue a complaint you should refer to QAA's Complaints Handling Procedure which is available on its public website. This details who you should contact and how your complaint will be handled, indicative timescales and outcomes.

## **Annex 13: Monitoring and evaluation of the review method**

### **Purpose and principles of monitoring and evaluation**

QAA monitors and evaluates the operation of QER on an ongoing basis and undertakes regular evaluation of the effectiveness of the method. This is intended to encompass all stages of the review process, support QAA in delivering the method effectively, and inform the ongoing development of the method in the wider context of the QAF and ESG.

QAA designs its monitoring and evaluation activity to:

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

### **Monitoring and evaluation**

QAA invites all those engaging in QER to be involved in the monitoring process: the provider, LSR, reviewers and the QAA Officer responsible for managing the review. QAA seeks feedback through monitoring questionnaires, which it asks all participants in QER to complete once the review report has been finalised. QAA encourages all parties to take part in the process. The questionnaires seek comment on operational aspects of the review as well as broader questions relating to the effectiveness of the method. It is also an opportunity to comment on the use of Welsh language in the review. Reviewers are invited to reflect on and evaluate their own performance which is used to inform individual development plans and to identify training and other support needs for reviewers.

Building on information gathered in monitoring, QAA evaluates the effectiveness of QER in achieving its objectives as an enhancement-led review method within the wider perspective of the QAF and ESG on an annual basis. It will update and modify the handbook and other guidance in response to ensure that QER remains a responsive method that meets sector needs. An additional benefit of annual monitoring is the identification of weaknesses and strengths that can be used to inform the Membership services activity of QAA.

At the end of the cycle, QAA will conduct a wider evaluation on the effectiveness and impact of the review method over time. QAA will invite providers, student bodies and reviewers to take part. This enables QAA to reflect on how the method has delivered its objectives and helps to inform the next iteration of the external review and consultation on the development of the subsequent method.

## **Annex 14: Concerns investigations incorporated within QER**

As well as undertaking Quality Enhancement Reviews, a concern about academic standards and/or the quality of the student experience at a regulated institution can be referred by Medr to QAA for investigation. QAA has a separate Concerns Investigation Process for this purpose. Where there is a concern that requires investigation, in the run up to a QER, rather than conducting a separate investigation, Medr may ask QAA to incorporate the investigation within the QER.

Depending on the nature of the concern, QAA may add extra reviewers to the review team and may extend the number of days of the review visit so that sufficient time can be given to the investigation. If the duration of the review visit has already been decided (for instance, at the First Team Meeting), the team may need to revise its decision.

QAA will agree the scope of the investigation with Medr and develop an investigation plan in the same manner as a standard Concerns Investigation Process. The investigation plan would be shared with the review team. An outline of the investigation plan detailing the nature of the concern and areas under investigation will be sent to the provider. The review team may make a separate request for additional information if it is not feasible to do so as part of the QER timeline, but no later than two weeks before the site visit. Where a concern is investigated as part of a QER, the investigation will be conducted as part of onsite engagement with the provider. The team may need to revise their meeting schedule and the list of key staff to meet on the visit.

The reporting of the concern will be incorporated within the QER review report and contribute evidence to the team's judgements and findings. It is possible that the investigation of the concern may lead to recommendations and may have an impact on judgement areas.

In the instance where an investigation is referred to QAA after the review visit has ended, which may affect the review outcome, QAA may decide to delay publication of the report while it conducts a separate concerns investigation. QAA will determine whether the concerns have already been captured by the review team in their report, or whether they represent new issues of which the team was unaware.

Medr may also request QAA to follow up on a provider's response to the outcomes of an earlier concerns investigation through the QER review process. It may, for instance, involve the submission by the provider of additional evidence, and/or additional meetings at the review visit. The review process will provide advice to Medr on whether the action plan has been successfully completed. If this is the case, QAA will agree with Medr how the review is likely to be affected.

If the QER review identifies practice that will require further examination outside the QE-TNE process, the matter will be referred to the relevant regulator/funder and/or to the next QAA review of the provider in line with what has been agreed with the relevant authority in each of the UK's home nations

## Annex 15: Data protection

QAA complies with the General Data Protection Regulation (GDPR) (EU) 2016/679, the *Data Protection Act 2018*, and any other applicable Data Protection legislation in relation to personal data. QAA only processes personal data for the purposes of conducting its review activities and, in this case, ensuring data shall only be accessible to those who require access to carry the requirements of QER. This may include a concerns investigation should Medr refer a case to QAA for inclusion in the review.

QAA is committed to ensuring and maintaining the security and confidentiality of personal and/or special category data, and all members of staff are responsible for handling data in accordance with QAA's Data Protection Policy so that personal and special category information is processed compliantly. All QAA staff and reviewers undergo GDPR training on an annual basis. How QAA gathers and processes personal information, the individual's rights and QAA's obligations are set out in [QAA's Privacy Notice](#). There is a Data Protection Incident Reporting Policy and procedure for reporting, assessing and managing incidents.

QAA stores personal data and non-personal data securely and ensures the data is only accessible to those who require access to it to carry out the QER. No data or information extracted from it will be passed to any party unless agreed in writing. All data or all copies or extracts made from it will either be returned by QAA to the provider, or, in the case of data from Medr, back to Medr, destroyed on request by the provider or Medr, or destroyed in line with QAA's records retention policy. All review supporting materials are deleted on the date of publication of the report.

## Annex 16: Equality, diversity and inclusion

### Equality, diversity and inclusion at QAA in general

Equality, diversity and inclusion (EDI) are important to QAA. QAA recognises the positive benefits of equality, diversity and inclusion and is committed to providing opportunities which embrace diversity and promote equality and inclusivity. QAA's commitment is captured in an Equality, Diversity and Inclusion Policy and related policies, such as that on Dignity at Work, and reinforced by QAA's values. EDI training is mandatory for all members of staff.

EDI informs QAA's work with its members - for instance, thematic activity on inclusive learning communities and work in developing the UK's Standards and Frameworks. EDI is, for example, considered by the teams revising the UK's Subject Benchmark Statements.

### Equality, diversity and inclusion in reviews

In a number of European Higher Education Area (EHEA) nations, the external quality assurance agency has a significant role to play in exploring matters of discrimination and intolerance or ensuring ethical behaviour. Thus, the ESG contains a number of references to guarding against discrimination or intolerance (1.1 and 3.6), attending to diversity, developing respect (1.3) and ethical behaviour (3.6).

Equality and diversity have a lower profile in external quality reviews in the UK because of legislation such as Public Sector Equality Duties, the *Equality Act* (2010), employment practices, equality monitoring, equality and diversity training and awareness. Various forms of external monitoring and reporting by other public bodies cover expectations in this respect for higher education providers. Furthermore, providers are supported in developing good practices by the Equality, Diversity and Inclusion Directorate within Advance HE and by sector-wide and sector-led work on matters such as fair admissions. Higher education regulators and funders monitor and analyse performance against equality and diversity indicators.

EDI training is part of the approach to reviewer training, both as part of generic training and in looking at matters such as guarding against bias in the conduct of reviews.

Across its methods, QAA places particular emphasis on *how* providers respond to and support the diversity of their student body and enable all their students to fulfil their potential. This informs the way in which reviews are conducted and review teams will comment on examples of good practice or make recommendations for action.

## **Annex 17: Conflicts of interest**

### **Conflicts of interest in reviews**

QAA works to maintain the highest possible standard of integrity in the conduct of its work. Alongside the ways in which QAA ensures that there is no conflict in the handling of appeals and complaints, QAA seeks to ensure that there are no conflicts of interest in the conduct of reviews and has a policy on Conflict of Interest. The policy recognises the range of potential conflicts (including direct and indirect, actual and perceived). QAA staff and reviewers are responsible for declaring conflicts of interest as soon as they are aware of them. Given the size, complexity and dynamic nature of the higher education sector, new conflicts may emerge - for instance, a job opportunity may emerge for a reviewer. QAA and review staff must be actively vigilant against any perception of conflict or bias.

Before review teams are finalised, proposed names will be checked with a provider to ensure that they do not know of any conflict. Individual reviewers will not always be aware of institutional-level conflicts - for example, discussions with a collaborative partner.

## Annex 18: References

[Baseline regulatory requirements](#) - UK Standing Committee for Quality Assessment

[Bologna Process](#) - European University Association

[Credit and Qualifications Framework for Wales \(CQFW\)](#)

[The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies](#) (2024)

[Guidelines for Higher Education Providers on Effective Practice in Examining and Assessing in Welsh within Wales](#) (2019) - QAA

[Higher Education \(Wales\) Act 2015](#) - TSO (The Stationary Office)

Medr – quality: <https://www.medr.cymru/en/quality/>

Medr – Statement of Intervention: <https://www.medr.cymru/en/regulation/>

[Quality Assessment Framework for Higher Education in Wales](#) (2024) - Medr

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