Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA

October 2019
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Introduction

1 The Quality Assurance Agency for Higher Education (QAA) is the body designated by the Secretary of State to perform the quality and standards assessment functions required by the Higher Education and Research Act 2017. Degree awarding powers (DAPs) assessment is the process QAA uses to provide advice to the Office for Students (OfS) about the quality of and the standards applied to higher education provided by an applicant for a DAPs authorisation.

2 This guidance document is intended for existing and new providers of higher education in England that wish to apply to the OfS for authorisation for DAPs from October 2018. It describes the main features of the different DAPs assessments. There are also annexes explaining in more detail:

- definitions of key terms
- the external experts and specialist advisers who will take part in the process
- the roles of those involved in DAPs assessments and protocols to be followed
- the unique identifiers by which providers and external experts can commonly refer to each DAPs criterion and evidence requirement
- the evidence that will be collected for DAPs assessments
- the monitoring and assessment activity during New DAPs probationary period
- the assessment activity during Full DAPs scrutiny period.

3 This document should be read in conjunction with the regulatory advice published by the OfS which sets out how a provider should apply for DAPs and the way in which the OfS will make decisions about authorisation for DAPs.

Types of degree awarding powers

4 The OfS may authorise providers to grant different types of degrees. Providers can apply to the OfS for authorisation to grant:

- foundation degrees only (up to and including level 5 of FHEQ (The Framework for Higher Education Qualifications of UK Degree-Awarding Bodies))
- awards up to, and including, bachelor’s degrees (up to and including level 6 of the FHEQ)
- all taught awards (up to and including level 7 of the FHEQ)
- research awards (research master’s degrees at level 7 and doctoral degrees at level 8 of the FHEQ).

5 Providers may apply for these authorisations on a subject-specific basis or covering all subjects. Providers authorised to grant taught awards of any description will be authorised to grant all taught awards that fall within the definition set out in section 42(3) of the Higher Education and Research Act 2017.

Types of DAPs authorisations

6 The OfS may grant a New DAPs authorisation to a provider that has been delivering higher education for less than three years. It may grant a Full DAPs authorisation to a provider that has been delivering higher education for three or more years. In each case, the authorisation will normally be time-limited for three years.

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1 A provider that has been delivering higher education for three years or more can also apply for New DAPs.
Purpose and key features of DAPs assessments

7 The purpose of DAPs assessments is to provide advice to the OfS about whether a provider applying for a DAPs authorisation meets the OfS's DAPs criteria and whether the provider has the ability to:

- provide, and maintain the provision of, higher education of an appropriate quality
- apply, and maintain the application of, appropriate standards to that higher education.

8 The key features of DAPs assessments are designed to align to the OfS's overall approach to regulation. In summary, DAPs assessments will:

- focus on assessing the things that matter to students and include views of students throughout the assessment process
- assess providers against the outcomes-focused, revised DAPs criteria
- be a clear and transparent process for providers
- limit the regulatory burden on providers by restricting requests for information and observation to the evidence necessary to support robust judgements
- be applied consistently and rigorously, but also flexibly and proportionately - allowing high-quality providers to engage in a way which suits their own circumstances
- remove unnecessary barriers to entry for new providers.

Pre-application briefing

9 QAA will contribute to briefing events organised by the OfS. The purpose of QAA’s involvement is to provide information about the assessments that QAA will undertake to enable providers to make high quality submissions, which are aligned to the application requirements.

Expert assessment

10 DAPs assessments will be conducted by teams of QAA-appointed external experts. Experts will have experience of higher education and knowledge relevant to those areas they are responsible for assessing. They will also understand the OfS's regulatory framework for higher education in England, and the way in which DAPs assessments are designed to deliver the OfS's approach to regulation in practice. They will be able to assimilate and evaluate different kinds of evidence. They are appointed by QAA according to the criteria in Annex 2.

11 The size and composition of each assessment team will be tailored to the characteristics of the provider being assessed, taking into consideration factors such as the number of students, type of provision, type of provider and type of DAPs sought. Typically, the team will include members with expertise in academic and professional support services, in exercising degree awarding powers and in representing the interests of students.

12 The OfS will contribute to training provided by QAA for experts. Both new experts and those involved in other QAA review methods will be required to take part in training before they conduct an assessment. The purpose of the training is to ensure that all team members fully understand and are familiar with:

- the aims and objectives of the different DAPs assessment methods
- all the procedures and techniques involved, including interrogating and cross-checking evidence, and making consistent, outcomes-focused findings
• their own roles and tasks, and QAA's expectations of them
• the OfS's approach to regulation.

13 A QAA officer will coordinate the assessment for each provider, support the team of experts and act as the primary point of contact with the provider. Providers will also be invited to nominate a facilitator who will coordinate the assessment on behalf of the provider. Further information about the roles and responsibilities of the QAA officer and provider facilitator is given in Annex 3.

Specialist advice

14 QAA will also make use of specialist advisers during assessments, including subject specialists - academics with expertise in the subject areas in which the provider offers courses. The role of the specialist adviser will be to analyse specific aspects of provision and give additional advice to the assessment team about whether the provider meets the DAPs criteria in those areas, and whether and how that should be further explored.

15 Subject specialist advice will be sought for DAPs assessments during the desk-based assessment stage. The subject specialist may accompany the assessment team on visits to the provider and may undertake observations of certain activities at the provider, for example assessment boards. The decision about whether a subject specialist attends a visit will depend on any points arising from the desk-based assessment of documentary evidence which require further exploration or assessment at the provider.

16 Assessments for research DAPs will always involve seeking specialist advice from UK Research and Innovation (UKRI). For other DAPs assessments we envisage that the use of additional advisers will be exceptional, where the provider has, and/or its provision has, particularly unusual or distinctive characteristics, or where the team's initial assessment raises particular issues which were not apparent at the beginning of the process when the team was composed.

17 Providers will be notified of all specialist advisers in advance, in order that they may raise any conflicts of interest or duty.

Assessment against the criteria for DAPs

18 The OfS's criteria for authorisation for degree awarding powers are designed to ensure that a provider with DAPs has demonstrated a firm guardianship of academic standards, a firm and systematic approach to the assurance of the quality of the higher education that it provides, and the capacity to contribute to the continued good standing of English higher education.

19 The overarching criterion for the authorisation for DAPs is:

<table>
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<th>For New degree awarding powers</th>
<th>An emerging self-critical, cohesive academic community with a clear commitment to the assurance of standards supported by effective (in prospect) quality systems.</th>
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<tbody>
<tr>
<td>For Full degree awarding powers</td>
<td>A self-critical, cohesive academic community with a proven commitment to the assurance of standards supported by effective quality systems.</td>
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Guidance on the underpinning criteria for the authorisation for DAPs is set out in Annex C of the OfS's regulatory framework for higher education in England (the regulatory framework). To support clarity of communication between providers and QAA, the DAPs criteria and evidence requirements from the OfS's regulatory framework have been given unique identifiers and are reproduced in this document at Annex 4.

The DAPs criteria are the reference point for the QAA's assessment process and teams will assess providers against these criteria. QAA's advice to the OfS will relate to whether the relevant DAPs criteria have been met.

The way in which the DAPs criteria are applied will vary depending on the type of authorisation the provider is seeking. For example, the New DAPs test will confirm whether the standards set for the provider's courses are at an appropriate level and assess whether the detailed criteria are met in prospect, and whether the provider's New DAPs plan demonstrates how the criteria will be met in practice by the end of the probationary period. For Full DAPs, the assessment will look at whether the criteria are met in practice at the time of application.

DAPs assessments follow a tailored scrutiny process in which both the provider's submission of evidence and the scrutiny itself are focused on the subject(s) or level(s) for which powers are sought. Some DAPs criteria and outcomes - for example, those relating to academic governance - apply in the same way regardless of the type of powers applied for. For other criteria focusing on staff expertise and learning resources, providers only need to demonstrate that they meet the requirements in the relevant subject(s) or level(s). The assessment process is proportionate to the size, complexity and nature of provision offered by providers seeking DAPs. An applicant with existing degree awarding powers seeking additional subject(s) or level(s) must, however, provide evidence that it continues to meet the criteria for the powers it has been exercising.

Further details of how the DAPs criteria are applied are given under each type of DAPs assessment.

Student engagement

Where there are students at the provider that is being assessed, they will have the opportunity to contribute evidence by participating in meetings with the assessment team. The experts will also ask to see evidence of student engagement and gather students' views about various aspects of their educational experience as this relates to the DAPs criteria.

Advice to the OfS

The outcome of QAA's assessment is advice on quality and standards to the OfS. The Advisory Committee on Degree Awarding Powers (ACDAP), a sub-committee of QAA's Board of Directors, formulates and confirms this advice on the basis of the assessment team's report. QAA's advice includes whether the provider has met or not met each of the DAPs criteria, as set out in the OfS's regulatory framework, and the reasons supporting these conclusions. Further information about the content of QAA's advice to the OfS is given under the description of each type of DAPs assessment.

Reports of DAPs assessments will be published on the QAA website after the OfS has reached its final decision about the provider's DAPs application.
Assessment for New degree awarding powers (New DAPs)

28 This section describes the method QAA will use to provide advice to the OfS on applicants seeking New DAPs, including advice on progression to Full DAPs at the end of the three-year probationary period.

29 The OfS will accept applications for New DAPs from a provider that has been delivering higher education for less than three years. A provider that has a three-year track record may also apply for New DAPs if it wishes to do so.

30 Providers can apply for a New DAPs authorisation to award foundation degrees, awards up to and including bachelor’s degrees and all taught awards. Such applications are assessed against the overarching criterion and DAPs criteria A-E as set out in Annex C of the OfS’s regulatory framework.

Application to the OfS

31 Applications for New DAPs must be submitted directly to the OfS. The OfS regulatory advice document - How to apply for degree awarding powers - sets out the eligibility and application requirements for New DAPs.

32 When the OfS is satisfied that a New DAPs application meets its requirements, it will ask the QAA to undertake an initial assessment. This is called the ‘New DAPs test’. Figure 1 provides a summary of the main stages for the New DAPs test.

33 The OfS will provide to QAA the relevant documents from the provider’s application for DAPs. The provider must be ready to submit its New DAPs plan and supporting evidence to QAA as soon as the OfS has referred the provider for the New DAPs test. Further information on the New DAPs plan and the supporting evidence is provided below.

34 QAA will contact the provider to begin preparing for the assessment. The preparations will comprise:

- an individual briefing to help the provider prepare for its DAPs assessment and allow it to ask questions and receive further information about the process
- a discussion about the timeline for the assessment, including the date by which the provider should upload its New DAPs plan and supporting evidence.
Main stages for New DAPs test

Application for New DAPs submitted to OfS

- OfS considers applicant to be suitable for New DAPs test
- OfS requests QAA to undertake New DAPs test

OR

- OfS does not consider applicant to be suitable for New DAPs test
- OfS informs applicant

QAA contacts provider to make arrangements for New DAPs test

Provider submits New DAPs plan and supporting documentation

QAA assessment team checks the submission is complete, requests a sample of evidence and analyses submission in preparation for assessment visit

New DAPs test visit to provider (one or two days)

Provider receives draft report for factual accuracy check and amended report for comments

Final report and provider’s comments considered by ACDAP

QAA gives advice to OfS

- QAA advises OfS that provider is ready now

OR

- QAA advises OfS that provider is not ready

OFS makes decision

Application successful
- New DAPs authorisation granted and provider enters three-year probationary period

OR

Application unsuccessful
- New DAPs authorisation not granted

QAA publishes New DAPs test report
New DAPs plan

35 The purpose of the New DAPs plan and its supporting evidence is to enable QAA to assess whether the provider is able to meet the criteria set out in Annex C of the regulatory framework for higher education in England by the end of the probationary period, and whether it has arrangements that can take effect from the moment of New DAPs authorisation, to make awards at the level for which it has applied.

36 Providers are expected to submit a credible New DAPs plan which demonstrates how the provider will meet the DAPs criteria in full by the end of the three-year probationary period. Providers applying for New DAPs are likely to vary in their experience of delivering higher education. Therefore, the plan should clearly identify criteria that the provider considers it can fully demonstrate as met in practice at the time of the application, and when it expects to be able to demonstrate that the remaining criteria are met before the end of the probationary period. This mapping process should identify the sources of evidence that are available at the time of application and those that will become available over the course of the probationary period.

37 The New DAPs plan should also propose suitable opportunities for consideration of a provider’s arrangements against the DAPs criteria by QAA - for example, assessment boards which could be observed by QAA’s experts and/or specialist advisers. The experts will decide how and when such consideration will take place and will confirm this as part of a plan of assessment activity.

38 A suggested format for the New DAPs plan is available upon request from QAA.

Supporting evidence

39 The evidence that supports the New DAPs plan must be clearly referenced in the plan and included in the initial submission to QAA. For new providers, documentation at this stage is likely to include policies, strategies and plans, and details of the proposed programmes to be delivered during the probationary period. Providers will need to include evidence to demonstrate that academic standards set for these proposed programmes are at an appropriate level. Further details on the evidence collection process and likely sources of evidence required as part of the provider’s submission are set out in Annex 5.

40 Providers that have a track record are likely to be able to provide evidence that one or more of the DAPs criteria are met on initial submission. Such evidence will also be considered as part of the New DAPs test. Providers that can demonstrate that one or more DAPs criteria are met on submission may receive less intense monitoring during the probationary period, delivering a risk-based and proportionate approach to assessment.

New DAPs test

41 The purpose of the New DAPs test is to:

- assess the credibility of the provider’s New DAPs plan
- assess the provider’s understanding of the DAPs criteria
- confirm that the standards set for the provider’s proposed courses are at an appropriate level.

42 The New DAPs test will comprise a desk-based assessment of the New DAPs plan and supporting evidence, followed by a visit to the provider.
Team composition

43 The size and composition of each assessment team will be tailored to the characteristics of the provider under assessment and the type of powers sought. QAA will compose the team based on information about the provider made available to QAA by the OfS. Details of team members will be shared with the provider to allow the provider to draw attention to any possible conflicts of interest. It is envisaged that as a minimum the team will comprise three external experts and a QAA Officer.

Desk-based assessment

44 The desk-based assessment will take place in two stages:

Stage one

45 As part of the first stage, QAA will check that the submission is complete and includes sufficient information to enable the expert team to conduct an initial analysis.

46 Each expert will be assigned specific DAPs criteria to lead on and will undertake their initial analysis independently. The outcome from stage one is for the experts to confirm that there is sufficient information to proceed and to agree the sample of additional evidence to be requested from the provider.

47 Where the provider's submission does not provide sufficient evidence on which to proceed to the next stage, the submission will be returned to the provider and the assessment suspended. We will explain to the provider why the team has come to that conclusion. The provider will need to submit the required information within 10 working days for the assessment to proceed. Where the provider does not submit the required information within the time allowed, QAA will notify the provider and the OfS that it has not been possible to complete the New DAPs test.

Stage two

48 Once the provider has provided the further evidence requested, the team will undertake a desk-based assessment of all the available evidence. The purpose of stage two is for the team to:

- familiarise themselves with the provider
- assess the credibility of the New DAPs plan identifying areas that are credible and areas that require follow-up investigation
- assess the evidence against the DAPs criteria to determine areas that require follow-up investigation
- seek the views of a QAA-appointed subject specialist to confirm that the academic standards set for the provider's proposed courses are at an appropriate level.

49 QAA team members will record their desk-based analysis using a standard template to ensure all relevant areas are considered and that a consistent approach to assessment is adopted. The team will meet to discuss their findings and agree the next steps, including:

- any further additional evidence or information requests to the provider
- the programme for the New DAPs test visit, including its duration, the activities the team will engage in and the people whom the team should meet, and what further information the team should seek to gain from them.
Subject specialist advice

50 A key part of the New DAPs test is to gain assurance that academic standards for the proposed programmes are set at an appropriate level. The provider will be required to submit documentary evidence to demonstrate how academic standards have been set. This will usually require the submission of definitive programme information with evidence of how the course was developed and approved in accordance with external reference points. We would expect the provider to have engaged an independent and credible external expert who has explicitly confirmed that standards have been set at an appropriate level.

51 To ensure the team can come to a valid and reliable conclusion about whether academic standards have been set at the appropriate level, QAA will also engage its own subject specialist adviser(s) to provide an independent assessment of standards. This will happen as part of the desk-based assessment and will result in written advice from the subject specialist(s) to the team. If issues are identified in a particular subject area that require further investigation, then the subject specialist for that area may accompany the team on the visit. The assessment team will take into consideration the subject specialist's advice when drawing its conclusions for the New DAPs test.

New DAPs test visit

52 The visit is likely to be one or two days in duration and will be used to test the provider’s understanding of the DAPs criteria. Meetings are likely to involve governors, senior managers, staff, students and possibly external experts that the provider has engaged with in preparation for its New DAPs application. A visit will also give the QAA experts the opportunity to directly assess the resources that will be available to students.

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

54 At the end of the visit, once the team has its complete set of evidence, it will meet in private to reflect on all the evidence gathered, establish what each piece of evidence has shown, and, on that basis, whether the provider appears to be ready to operate with New DAPs. In reaching these findings, the experts will consider the three areas the New DAPs test is intended to assess:

- the credibility of the New DAPs plan
- the provider’s understanding of the DAPs criteria
- the standards set for the proposed courses.

55 The team's findings will represent the reasonable judgement that the assessment team is able to come to, based on the evidence and time available.

New DAPs test report and advice to the OfS

56 The team will produce a report to summarise its findings from the New DAPs test visit. The report may include specified changes to the provider’s New DAPs plan to ensure it will provide a suitable basis for monitoring and assessment. The report will be structured
according to the three areas (listed above) that the New DAPs test is intended to assess and will provide clear, accurate and evidence-based findings about the provider's readiness to operate with New DAPs.

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<th>The provider is ready now</th>
<th>The provider is not ready</th>
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<tr>
<td>• The provider has a credible New DAPs plan and • the provider has demonstrated a full understanding of the DAPs criteria and • the standards set for the proposed courses are at an appropriate level.</td>
<td>• The provider's New DAPs plan is not credible or • the provider has not demonstrated a full understanding of the DAPs criteria or • the standards set for the proposed courses are not at an appropriate level.</td>
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57 The team's report will be sent to the provider for comment on factual accuracy. Any such comments will be considered, and the report updated if necessary. The finalised report will be shared with the provider. If changes to the New DAPs plan have been required, the provider will need to submit an updated New DAPs plan. The provider will also be invited to submit an optional commentary to be considered by ACDAP with the report; this serves as the provider's right of reply to the team's findings.

58 The team's final report, the updated New DAPs plan (where required) and the provider's commentary, where received, will be considered by ACDAP before QAA's advice is provided to the OfS. Where the advice to the OfS is positive - that is, the provider is 'ready now' - the final confirmed advice will be shared with the OfS and the provider at the same time.

59 Where the advice is negative - that is, the provider is 'not ready' - the provider will be invited to decide if it wishes to make a written representation on specified grounds (see paragraph 90) to QAA against the advice before it is confirmed as final and before it is provided to the OfS.

60 QAA's advice to the OfS will confirm the outcome of the New DAPs test - that is, whether the provider is 'ready now' or 'not ready'. In each case, QAA will provide the OfS with supporting reasons and evidence for its advice.

61 QAA's report on the outcome of the New DAPs test will be published on the QAA website after the OfS has reached a decision on the provider's New DAPs application.

**Monitoring and assessment during the probationary period**

62 Once a New DAPs authorisation has been granted by the OfS, QAA will undertake monitoring of the implementation of the provider's New DAPs plan during the three-year probationary period. Figure 2 provides a summary of the main stages of the monitoring and assessment process. The purpose of such monitoring is to:

- confirm that the provider is setting and maintaining academic standards securely
- confirm that the provider is making sufficient progress in implementing its New DAPs plan to ensure that it will be able to demonstrate that it meets the DAPs criteria in full before the end of its probationary period.
Main stages during probationary period for New DAPs

Probationary period starts when New DAPs order takes effect

QAA Officer visits provider to obtain update on activity since initial assessment

Assessment team undertakes monitoring and assessment activity over probationary period: team visits to provider, observation visits by individual experts, desk-based analysis of evidence and team meetings to review progress and agree findings

Provider submits quarterly updates to QAA on progress with implementing New DAPs plan AND Provider notifies QAA immediately of any issues that may prevent provider from implementing New DAPs plan

QAA provides OfS with quarterly update on provider’s progress, including an end-of-year judgement on academic standards and progress with New DAPs plan in years one and two

Assessment team assesses provider against Full DAPs criteria by end of year three

Provider receives draft assessment report for factual accuracy check and amended report for comments

Final report and provider’s comments considered by ACDAP

QAA gives advice to OfS

QAA advises the OfS that provider meets the Full DAPs criteria and the requirements for quality and standards OR QAA advises the OfS that provider does not meet the Full DAPs criteria and the requirements for quality and standards OR QAA advises the OfS that provider does not meet the Full DAPs criteria and the requirements for quality and standards but is likely to do so within the next 12 months

OfS makes decision

Application successful Full DAPs authorisation granted (time-limited) OR Application unsuccessful Full DAPs authorisation not granted

QAA publishes Full DAPs assessment report
Team composition

As for the New DAPs test, the size and composition of the team for monitoring and assessment during the three-year probationary period will be tailored to the characteristics of the provider under review and the type of powers being sought. For continuity, and where possible, QAA will aim to use the same QAA Officer, subject specialist and at least one expert from the team that undertook the New DAPs test. Between them, experts will have the appropriate knowledge, skills and expertise to monitor the implementation of the New DAPs plan and to undertake assessment against the DAPs criteria. It is envisaged that, as a minimum, the team will comprise three experts and a QAA Officer.

QAA will aim to use the same team throughout the three-year monitoring and assessment period. However, given the length of the engagement, experts may have to exit the process before the assessment is complete. Where this occurs, QAA will ensure there is a thorough handover process overseen by the QAA Officer to maintain continuity and to minimise any potential impact on the provider.

Other specialist advisers may be drawn upon during the probationary period to undertake specific assessment activities that would benefit from particular knowledge, skills or expertise. For example, an employer may be engaged to provide analysis of a provider's strategies for the employment of graduates. In such instances, the specialist adviser will be given a specific brief and asked to provide advice on a particular area. While specialist advisers will not be members of the team, their advice will be used by the team when drawing conclusions.

Monitoring and assessment activity

Shortly before the probationary period commences, the QAA Officer coordinating the assessment will visit the provider to obtain an update on any activity that has taken place in the period between the OfS granting the New DAPs authorisation and the authorisation taking effect. This will be an opportunity for the provider to brief the QAA Officer on any new developments and provide an update on the implementation of the New DAPs plan.

At the start of the probationary period the team will meet privately to review any new evidence that has become available since the New DAPs test and to agree a plan for the monitoring and assessment of the provider over the three-year period. The plan will align closely to the provider's New DAPs plan and will ensure there is sufficient opportunity for the team to test each DAPs criterion and the underpinning evidence requirements.

The team's activities over the monitoring period will include desk-based analysis of documentary evidence, meetings with provider staff and stakeholders, observation visits by individual experts and/or advisers, and team meetings to review progress and agree findings. Further information about the types, frequency and purpose of activity the team is likely to engage in over the three-year probationary period can be found in Annex 6.

Quarterly and annual monitoring

All providers will be required, during the monitoring period, to submit quarterly updates to QAA on their progress in implementing their New DAPs plan. These reports will include an updated New DAPs plan and any documentary evidence which has become available, as identified in the provider's plan, since the last report. Once a year, a quarterly report will take the form of a more detailed self-evaluation of the provider's progress in implementing the plan and progress towards meeting the DAPs criteria.

The provider will be required to inform QAA without delay of any issues that may prevent it from fully implementing its plan. Should the plan need to change or adapt, for
example, in response to changed external circumstances, QAA will need to be assured that those changes do not jeopardise the likelihood of the provider being able to meet the DAPs criteria at the end of the monitoring process.

71 On a quarterly basis, QAA will provide the OfS with an update on each provider undergoing monitoring for New DAPs. In addition, QAA will provide the OfS with a report on the monitoring undertaken in years one and two of the probationary period. This annual monitoring will take a holistic view of all the evidence that has been made available by the provider and gathered by experts through observations and visits in that year and provide two judgements - one about whether the provider is setting and maintaining academic standards securely, and the other about progress in implementing the New DAPs plan.

72 The judgement about academic standards will be:

- the provider is setting and maintaining academic standards securely, or
- the provider is not setting and maintaining academic standards securely.

73 The judgement about progress with the New DAPs plan will be:

- the provider is making sufficient progress, or
- the provider is making sufficient progress, but corrective actions are required to maintain the likelihood that the provider will meet the DAPs criteria in full at the end of the probationary period, or
- the provider is making insufficient progress.

74 Where the judgement about progress is, 'making sufficient progress, but corrective actions are required', the report will set out the areas that need to be addressed and the provider will be required to develop an action plan to set out the actions it will take to mitigate the concerns and to ensure that progress against the plan is recovered.

75 Where a provider is judged not to be setting and maintaining academic standards securely, and/or to have made insufficient progress with the New DAPs plan, the report will set out the areas of concern and the reasons for this judgement. The provider will be invited to decide if it wishes to make a written representation (see paragraph 90) against the advice before it is confirmed as final and before it is provided to the OfS.

76 For year three, the report will provide an assessment of whether the provider meets the DAPs criteria in full and will inform the final advice provided by QAA to the OfS.

**Outcome of the probationary period**

77 Before the end of the probationary period, providers will be expected to submit an annual self-evaluation in the same way as they would for years one and two. This report should provide a critical analysis of the way in which the provider has met the DAPs criteria through the full implementation of its plan and reflect on the full three-year period.

78 Each DAPs criterion will be assessed using a range of evidence including policies and processes, evidence demonstrating the outcomes and impact from processes, analysis of data, observations of practice, and meetings with provider staff, students and stakeholders. This triangulation of evidence will support a robust assessment of the DAPs criteria and ensure the team's findings are valid and reliable.

79 The team's assessment on whether the provider meets the DAPs criteria will be the result of a cumulative assessment process over the three years. The team will draw on the provider's self-evaluation, its own assessment activities carried out over the probationary period.
period and its view of the success with which the provider has implemented the New DAPs plan to prepare a final report for ACDAP.

**Report and advice to the OfS**

80 The team will produce a report of its findings from its assessment of the provider against the DAPs criteria. The report will be structured according to the DAPs criteria A-E set out in Annex C of the OfS's regulatory framework and will provide clear, accurate and evidence-based advice as to whether each criterion has been met.

81 The report will be sent to the provider for comment on factual accuracy. Any such comments will be considered, and the report updated if necessary. The finalised report will be shared with the provider. The provider will be invited to submit an optional commentary to be considered by ACDAP with the report; this serves as the provider's right of reply to the findings.

82 The team's final report and the provider's commentary, where received, will be considered by ACDAP before QAA's advice is provided to the OfS. Where the advice to the OfS is positive - that is, the provider meets the DAPs criteria and meets the requirements for quality and standards - the final confirmed advice will be shared with the OfS and the provider at the same time.

83 Where the advice is negative - that is, the provider does not meet some or all of the DAPs criteria and/or does not meet the requirements for quality and standards - the provider will be invited to decide if it wishes to make a written representation on specified grounds (see paragraph 90) to QAA against the advice before it is confirmed as final and before it is provided to the OfS.

84 In exceptional circumstances, the advice to the OfS may be that the provider is not able to meet the DAPs criteria in full at the end of the probationary process but is likely to do so within the next 12 months. No representation is available against this form of advice.

85 The advice to the OfS on QAA's assessment of the provider will include its view about whether the provider:

- meets the DAPs criteria, including the overarching criterion
- has the ability to provide, and maintain the provision of, higher education of an appropriate quality, and
- has the ability to apply, and maintain the application of, appropriate standards to that higher education.

86 In each case, the QAA will provide the OfS with the reasons and evidence for its advice. The decision about whether the DAPs criteria are met rests with the OfS.

87 As for the New DAPs test, QAA's final report will be published on the QAA website after the OfS has reached a decision on the provider's DAPs application.
Representations

88 As described above, QAA will share the findings with the provider at the following points:

- at the end of the New DAPs test
- at the end of years one and two of the probationary period
- at the end of the probationary period (assessment against the DAPs criteria).

89 At the end of the New DAPs test and at the end of the probationary period, the provider will be invited to submit an optional commentary to the findings. The commentary serves as the mechanism by which the provider can raise any concerns about the substance of the findings. Optional commentaries are distinct from representations, in that opportunities for their presentation are available at stages preceding the determination of QAA’s advice to the OfS.

90 Representations, unlike optional commentaries, are formal, written responses from providers submitted further to receipt of QAA's intended advice to the OfS before it is finalised. Representations can be submitted against the three forms of 'negative' advice defined in paragraphs 59, 75 and 83. The grounds for representation against QAA’s intended advice to the OfS will be either that the advice is wrong or has been compromised by a serious procedural or other irregularity.

91 Representations may be submitted by a provider to QAA in accordance with the representations' procedure published on QAA’s website.
Assessment for Full degree awarding powers (Full DAPs)

92 This section describes the method QAA will use to provide advice to the OfS on applicants seeking Full DAPs.

93 Providers can apply to the OfS for a Full DAPs authorisation to award foundation degrees, awards up to, and including, bachelor’s degrees and all taught awards or research awards. Concurrent applications for a Full DAPs authorisation for all taught awards and research awards can also be made.

94 Providers that have three or more years’ track record of delivering higher education, either through an arrangement with a degree-awarding body or under their own degree awarding powers, may apply for a Full DAPs authorisation. A Full DAPs authorisation will be limited to three years in the first instance. Figure 3 provides a summary of the main stages for Full DAPs assessment.

95 Applications for authorisation to award foundation degrees, awards up to, and including, bachelor’s degrees, and all taught awards are assessed against the overarching criterion and DAPs criteria A-E, as set out in Annex C of the OfS’s regulatory framework. Applications for research awards authorisation are assessed against the overarching criterion and DAPs criteria A-H, as set out in Annex C of the OfS’s regulatory framework.

96 Where a provider with an existing DAPs authorisation is applying for additional levels or subjects, it will need to demonstrate how it continues to meet the criteria for the powers it has been exercising as well as for the additional level(s) or subject(s) that it seeks. For example, providers with taught degree awarding powers applying to the OfS for research awards authorisation will need to provide evidence of how they meet DAPs criteria F-H, as well as demonstrating that they continue to meet the overarching criterion and DAPs criteria A-E.
Figure 3

Main stages for Full DAPs assessment

1. Application for Full DAPs submitted to OfS
   - **OFS considers applicant to be suitable for Full DAPs initial assessment**
   - **OFS requests QAA to undertake Full DAPs initial assessment**
   OR
   - **OFS does not consider applicant to be suitable for Full DAPs initial assessment**
   - **OFS informs applicant**

2. QAA contacts provider to make arrangements for Full DAPs initial assessment

3. Provider submits self-assessment and supporting documentation

4. Initial assessment to assess the credibility of the provider’s self-assessment as the basis for the scrutiny process

5. **Self-assessment considered suitable**
   - Provider and OfS informed of decision to proceed to scrutiny

6. **Self-assessment not considered suitable**
   - Provider and OfS informed

7. Assessment team analyses provider submission, requests further samples of evidence and meets to agree the programme of activity for scrutiny

8. **QAA Officer meets with provider to explain scrutiny process and agree arrangements for planned visits**

9. **Assessment team undertakes scrutiny activity: team visits to provider, observation visits by individual experts, desk-based analysis of evidence and team meetings to review progress and agree findings**

10. **Final report and provider’s comments considered by ACDAP**

11. **Provider receives draft report for factual accuracy check and amended report for comments**

12. **QAA gives advice to OfS**
   - **QAA advises the OfS that provider meets the Full DAPs criteria and the requirements for quality and standards**
   OR
   - **QAA advises the OfS that provider does not meet the Full DAPs criteria and the requirements for quality and standards**

13. **OFS makes decision**
   - **Application successful**
     - Full DAPs authorisation granted (time-limited)
   OR
   - **Application unsuccessful**
     - Full DAPs authorisation not granted

14. **QAA publishes Full DAPs assessment report**
Application to the OfS

97 Applications for Full DAPs must be submitted directly to the OfS. The OfS regulatory advice document - How to apply for degree awarding powers - sets out the eligibility and application requirements for Full DAPs.

98 When the OfS is satisfied that a Full DAPs application meets its requirements, it will ask QAA to undertake its initial assessment.

99 The OfS will provide to QAA the relevant documents from the provider’s application for DAPs.

100 The provider must be ready to submit its self-assessment and supporting evidence to QAA as soon as the OfS has referred the provider to QAA. Further information on the self-assessment and the supporting evidence is provided below.

101 QAA will contact the provider to begin preparing for the assessment. The preparations will comprise:

- an individual briefing to help the provider prepare for its QAA assessment and allow it to ask questions and receive further information about the process
- a discussion about the timeline for the assessment, including the date by which the provider should upload its self-assessment and supporting evidence.

Self-assessment

102 Providers are required to submit to QAA a self-assessment which describes, analyses and comments clearly and explicitly on how they meet the DAPs criteria associated with the powers they seek. Further details on the purpose of the self-assessment and requirements are outlined in Annex 5.

103 A key distinction between Full DAPs and New DAPs is that for Full DAPs the provider must demonstrate that they meet all the criteria in full at the point of application. The scrutiny process is not a developmental activity and QAA’s role is to assess the provider against the DAPs criteria.

104 A suggested format for the self-assessment is available upon request from QAA.

Supporting evidence

105 The applicant must submit supporting evidence to demonstrate that the DAPs criteria are met in full. Further details on the evidence collection process and likely sources of evidence required as part of the provider’s submission are set out in Annex 5.

106 Provider-level documentation for all applicable evidence requirements/outcomes will be required as part of the initial submission. Where multiple examples of departmental or programme-level evidence is available, providers should submit an initial sample to demonstrate the implementation of their approach to meeting the criteria in practice. This sample will be needed for the initial assessment for Full DAPs. Once the decision has been made to proceed to scrutiny the team will request further evidence.

Initial assessment

107 The purpose of QAA’s initial assessment is to assess the credibility of the provider’s self-assessment and supporting evidence as the basis for the scrutiny process. The initial assessment will be a desk-based activity and will not normally involve a visit to the provider.
108 External experts will review the submission and provide an analysis using a standard template to ensure all relevant areas are considered and a consistent approach is taken on whether:

- the self-assessment adequately addresses the scope of each DAPs criterion and the evidence requirements/outcomes
- the self-assessment is supported by relevant and appropriate evidence that has been selected judiciously and is well organised
- there is a sufficient level of self-criticality demonstrated
- there are any critical issues or recent or impending major developments that could affect gathering of evidence in the scrutiny period
- overall, the self-assessment and evidence base forms a reasonable basis to support a detailed scrutiny.

109 The outcome from the initial assessment will be a decision about whether the provider should proceed to the scrutiny stage. Where QAA determines that the provider’s self-assessment is suitable, it will notify the OfS and the provider that it intends to begin the scrutiny process.

110 Where QAA determines that the provider’s self-assessment is not suitable, it will provide the reasons to the provider, and the provider will be invited to decide if it wishes to make a written representation (see paragraph 134) against the advice before it is confirmed as final and before it is provided to the OfS. QAA will provide such advice to the OfS together with the reasons for this. The OfS will consider the advice from QAA and inform the provider of the outcome of its application.

**Scrutiny process**

111 QAA will conduct a scrutiny process to assess the extent to which the provider’s arrangements meet the DAPs criteria. The aims of the scrutiny process are to provide advice to the OfS about whether a provider:

- meets the DAPs criteria, including the overarching criterion
- has the ability to provide, and maintain the provision of, higher education of an appropriate quality
- has the ability to apply, and maintain the application of, appropriate standards to that higher education.

112 The nature and length of the scrutiny are likely to vary, depending on factors such as the provider’s higher education track record, the robustness of the self-assessment and supporting evidence, and the provider’s scheduling of events and activities that may require observation.

**Team composition**

113 The size and composition of each scrutiny team will be tailored to the characteristics of the provider under review and the type of powers being sought. QAA will compose the team based on information about the provider given to QAA by the OfS. Between them, experts will have the appropriate knowledge, skills and expertise to undertake assessment against the DAPs criteria. It is envisaged that as a minimum the team will comprise three experts and a QAA Officer.

114 Details of team members will be shared with the provider to allow the provider to draw attention to any possible conflicts of interest.
**Desk-based assessment**

115 Scrutiny team members will analyse the self-assessment and supporting evidence submitted by the provider. Each expert will be assigned specific DAPs criteria to lead on and will undertake their initial analysis independently using a standard template to ensure all relevant areas are considered and they take a consistent approach. The purpose of the desk-based assessment is for the team to:

- familiarise themselves with the provider
- assess the evidence against the DAPs criteria to determine areas that require follow-up investigation
- determine what advice is needed from subject specialist(s) to assess the provider’s ability to apply and maintain academic standards at an appropriate level.

116 The team will meet in private to discuss their findings and agree the next steps, including:

- the sample of additional evidence to be requested from the provider
- the advice to be requested from subject specialist(s)
- the programme of planned assessment activity (see Annex 7 for further information) over the scrutiny period.

**Subject specialist advice**

117 The role of the subject specialist will depend on the type of provision in place at the time the provider is seeking Full DAPs and its immediate plans for future provision. As part of the desk-based assessment the team will consider what advice is required from a subject specialist and for which courses.

118 At the time of applying to the OfS, providers seeking Full DAPs will be delivering their higher education provision in partnership with a degree-awarding body or awarding organisation at a level at least equivalent to the level of the DAPs authorisation for which the provider is applying. In most cases, it is likely that the provider will wish to continue to deliver its existing provision under its own degree awarding powers. The responsibility for setting academic standards for these awards would ultimately rest with the degree-awarding body. The role of a subject specialist would therefore be to determine if the provider can effectively exercise its responsibilities for setting and maintaining academic standards.

119 Where a provider intends to deliver new courses, or make changes to existing courses, in the first year of it exercising its own degree awarding powers, the team would expect to see proposals for these courses as part of the scrutiny process. In such cases a subject specialist will be asked to provide advice on the setting of academic standards for these courses.

120 Typical activities likely to be undertaken by a subject specialist include the desk-based assessment of course documentation, observation of assessment boards, and a review of assessed student work. The subject specialist will not normally form part of the core team but if issues are identified in a subject area that require further exploration, then the appropriate subject specialist may accompany the team on visits to the provider. The assessment team will take into consideration the subject specialist’s advice when drawing its conclusions from the scrutiny process.
Scrutiny activity

121 Following the team's private planning meeting, the QAA Officer will communicate requests for additional information to the provider and arrange for advice to be sought from the relevant subject specialist(s).

122 The QAA Officer will also arrange a preliminary meeting with the provider. The purpose of this meeting is for the QAA Officer to establish contact, on behalf of the team, with relevant and key personnel to discuss the scrutiny process in more detail, including operational considerations, and to answer any questions. This meeting may be held in person, by video or teleconference.

123 The team's activities over the scrutiny period will follow the planned programme agreed at the team's planning meeting. This plan will continuously be reviewed and may change in the light of emerging issues or risks. Scrutiny activity will include desk-based analysis of documentary evidence, meetings with provider staff, students and stakeholders, observation visits by individual experts and/or advisers, and team meetings to review progress and agree findings. Further information about the types of activity the team is likely to engage in over the scrutiny period can be found in Annex 7.

124 Through its programme of planned activity, the team will gather a range of evidence for assessment to determine whether and how the provider meets each DAP's criterion. Evidence will include student outcomes; analysis of data; observations of practice; and meetings with provider staff, students and stakeholders; as well as policies and processes and their impact. This triangulation of evidence enables a robust assessment of the DAPs criteria and ensures the team's findings are valid and reliable.

Report and advice to the OfS

125 At the end of the scrutiny period, the team will produce a report to summarise its findings from its assessment of the provider against the DAPs criteria. The report will be structured according to the DAPs criteria A-E (foundation degree awarding powers and taught degree awarding powers) and A-H (research degree awarding powers) and will provide clear, accurate and evidence-based advice as to whether each criterion has been met.

126 The report will be sent to the provider for comment on factual accuracy. Any such comments will be considered, and the report updated if necessary. The finalised report will be shared with the provider. The provider will be invited to submit an optional commentary to be considered by ACDAP with the report; this serves as the provider's right of reply to the team's findings.

127 The team's final report and the provider's commentary, where received, will be considered by ACDAP before QAA's advice is provided to the OfS. Where the advice to the OfS is positive - that is, the provider meets the DAPs criteria and meets the requirements for quality and standards - the final confirmed advice will be shared with the OfS and the provider at the same time.

128 Where the advice is negative - that is, the provider does not meet some or all of the DAPs criteria and/or does not meet the requirements for quality and standards - the provider will be invited to decide if it wishes to make a written representation on specified grounds (see paragraph 134) to QAA against the advice before it is confirmed as final and before it is provided to the OfS.
The advice to the OfS on QAA’s assessment of the provider will include its views about whether the provider:

- meets the DAPs criteria, including the overarching criterion
- has the ability to provide, and maintain the provision of, higher education of an appropriate quality, and
- has the ability to apply, and maintain the application of, appropriate standards to that higher education.

In each case, QAA will provide the OfS with the reasons and evidence for its advice. The decision about whether the DAPs criteria are met rests with the OfS.

The report of the DAPs assessment will be published on the QAA website after the OfS has reached a decision on the provider’s DAPs application.

Representations

As described above, QAA will share with the provider the findings at the following points:

- at the end of the initial assessment for Full DAPs
- at the end of the scrutiny period for Full DAPs.

At the end of the scrutiny period, the provider will be invited to submit an optional commentary to the findings. The commentary serves as the mechanism by which the provider can raise any concerns about the substance of the findings. Optional commentaries are distinct from representations, in that opportunities for their presentation are available at stages preceding the determination of QAA’s advice to the OfS.

Representations, unlike optional commentaries, are formal, written responses from providers submitted further to receipt of QAA’s intended advice to the OfS before it is finalised. Representations can be submitted against the two forms of ‘negative’ advice defined in paragraphs 110 and 128. The grounds for representation against QAA’s intended advice to the OfS will be either that the advice is wrong or has been compromised by a serious procedural or other irregularity.

Representations may be submitted by a provider to QAA in accordance with the representations’ procedure published on QAA’s website.
Annex 1: Definition of key terms

Applications and submissions

In the context of this guidance, 'application' refers to the documentation a provider needs to submit directly to the OfS when applying for an authorisation for DAPs. The use of the term 'submission' relates to the documentation a provider needs to submit to QAA as part of its DAPs assessment. A submission to QAA will usually comprise some form of self-assessment and supporting documentary evidence.

Threshold academic standards

Threshold academic standards define the minimum acceptable levels of achievement that a student must demonstrate to be eligible for an academic award. For equivalent awards, the threshold level of achievement is agreed across the UK and is described by the qualification descriptors set out in the relevant qualification frameworks. Threshold academic standards define the minimum standards that providers must use to make the award of qualifications at a level of the relevant qualifications framework.

Academic standards

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

DAPs authorisation

For a provider to award its own degrees in England, it must have authorisation from the OfS. The OfS authorisation is in the form of an order which is also a statutory instrument.

Designated Quality Body (DQB)

A body that carries out the functions set out in sections 23 and 46 of HERA. The DQB is designated by the Secretary of State following consultation and a recommendation from the OfS. QAA became the designated quality body in April 2018.

External expert

A member of the DAPs assessment team with senior-level experience and expertise in higher education in those areas he/she is responsible for assessing. See Annex 2 for further details.

The Office for Students (OfS)

The Office for Students is the independent regulator for higher education in England, established by the Higher Education and Research Act 2017.

Probationary period

This is the period during which a provider operates with a New DAPs authorisation. This authorisation is normally granted on a probationary basis of three years during which time
the provider will undergo monitoring and assessment for Full DAPs. At the end of the probationary period, following the receipt of advice from QAA, the OfS will decide about whether the provider should be awarded a Full DAPs (time-limited) authorisation.

Provider

An English higher education provider as defined in section 83 of HERA.

Specialist adviser

An individual with specific expertise employed to provide independent advice to the assessment team on specific aspects of a provider's provision. This includes subject specialists - academics with expertise in the subject areas in which the provider offers courses. See Annex 2 for further details.

UK Research and Innovation (UKRI)

A public body operating across the whole of the UK established by the Higher Education and Research Act 2017.
Annex 2: External experts and specialist advisers

DAPs assessments will be conducted by teams comprising external experts. The experts will have senior-level experience and expertise in higher education in those areas they are responsible for assessing. They will also understand the new regulatory framework for higher education in England, and the way in which DAPs assessments are designed to deliver the OfS approach to regulation in practice.

QAA will also make use of specialist advisers, including subject specialists. The specialist advisers will be used at the initial assessment stage to provide an independent assessment of academic standards and will result in advice to the assessment team. The advice of specialist advisers may also be drawn upon during the monitoring and ongoing assessment of New DAPs and Full DAPs applicants where they may be called upon to undertake specific and targeted activities that require particular knowledge or expertise. This may result in additional advice to the assessment team, including looking at what issues need to be explored further and how this might be done through the assessment.

Expertise and experience

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

• ability to make reliable, consistent, evidence-based judgements
• an understanding of the OfS’s regulatory framework, including the revised DAPs criteria and the status and function of the revised UK Quality Code for Higher Education
• ability to work effectively as part of a team
• strong analytical and investigatory skills with the ability to assimilate and evaluate large quantities of evidence
• excellent oral and written communication skills
• ability to work effectively with electronic and/or web-based communication systems
• ability to adhere to agreed protocols, procedures and deadlines.

Expert and specialist adviser pool

Beyond these common characteristics, the wider pool of experts will reflect a diversity of experience, knowledge and specialism, including some with experience of setting up and/or working in new higher education providers.

For example, some will have subject-specific expertise, experience in designing and delivering higher education courses, assessing the achievement of students and teaching and learning. Others will have particular expertise in the management and delivery of academic and administrative support services; and/or in representing the interests of students. In aggregate, each DAPs team will demonstrate expertise and experience in those specific areas where judgement and assessment are required.
Training and monitoring of performance

The OfS will contribute to training for experts, delivered by the QAA. All experts will be required to take part in training before they take part in a DAPs assessment. The purpose of the training is to ensure that all team members:

- fully understand DAPs assessment aims and objectives
- are familiar with all the procedures and techniques involved, including interrogating and cross-checking evidence and coming to conclusions
- understand their own roles and tasks, and QAA’s expectations of them
- understand principles-based regulation.

There are opportunities for the continuing professional development of DAPs team members. QAA operates procedures for managing performance which incorporates the views of providers and other team members.
Annex 3: Roles and protocols

QAA Officer

The role of the QAA Officer is to guide the team and the provider through all stages of DAPs assessment, ensuring that the assessment is conducted according to the procedures described in this guidance document.

Providers will be advised which QAA Officer will be coordinating their DAPs assessment. Providers are welcome to phone or email their QAA Officer should they have any questions. The QAA Officer can provide advice about the process but cannot act as a consultant for the assessment.

The QAA Officer will be present throughout the assessment and will advise and guide the team in its deliberations. This helps to ensure that judgements are securely based on evidence available and that each assessment is conducted consistently.

The QAA Officer will:

- act as the main point of contact for the provider
- brief the provider about the assessment process to ensure they know what to expect
- liaise with the provider to confirm the schedule for on-site visits
- discuss with the provider any requests for additional information made by the team
- brief the assessment team about requirements, protocols, obligations and responsibilities
- coordinate and oversee the work of the assessment team
- ensure the team’s findings are supported by valid and reliable evidence and that any assessment criteria have been applied consistently
- work with the experts to produce any assessment reports.

Provider Facilitator

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

The role of the facilitator is to:

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

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

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

Protocols

Provider Facilitator

The role of the facilitator is to help the assessment team come to a clear and accurate understanding of the provider's arrangements for meeting the DAPs criteria.

The facilitator role requires objectivity, clear communication and the ability to establish effective relationships with the QAA Officer. The facilitator should not act as an advocate for the provider, but may legitimately:

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

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

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

All communications (written or oral) connected with a DAPs assessment are treated as confidential and no information gained may be used in a manner that allows individuals to be identified. However, providing appropriate confidentiality is observed, the facilitator may make notes on discussions with the team and report back to other staff, so that the provider has a good understanding of the matters raised by the team at this stage. This can contribute to the effectiveness of the DAPs assessment.

The team also has the right to ask the facilitator to disengage from an on-site visit at any time if they consider that there are conflicts of interest, or that the facilitator’s presence will inhibit discussions.

Assessment team

Assessment team members are expected to:

• always be courteous and professional during visits and meetings
• respect organisational sensitivities and practices
• base the views they form on accurate, valid and reliable evidence
• strictly observe the confidentiality of the assessment process.
Assessment team members may not:

- engage in informal discussions that might compromise, or be seen to compromise, the validity and independence of subsequent judgements
- participate in formal meetings that they observe (though they may take notes)
- accept gifts or invitations to formal or informal events (such as dinners or award ceremonies)
- engage with the provider in any other capacity than as a team member during the assessment of that provider, nor for up to one year after termination of that contract.
Annex 4: Unique identifiers for DAPs criteria and evidence requirements

The following table lists the criteria and evidence requirements for the authorisation of DAPs as outlined in Annex C of The regulatory framework for higher education in England. In this table, each criterion and evidence requirement has been given a unique identifier to provide a common reference for providers and expert teams.

<table>
<thead>
<tr>
<th>A: Academic governance</th>
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<tbody>
<tr>
<td>Criterion A1 - Academic governance</td>
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<tr>
<td>A1.1: An organisation granted degree awarding powers has effective academic governance, with clear and appropriate lines of accountability for its academic responsibilities.</td>
</tr>
<tr>
<td>A1.2: Academic governance, including all aspects of the control and oversight of its higher education provision, is conducted in partnership with its students.</td>
</tr>
<tr>
<td>A1.3: Where an organisation granted degree awarding powers works with other organisations to deliver learning opportunities, it ensures that its governance and management of such opportunities is robust and effective and that decisions to work with other organisations are the result of a strategic approach rather than opportunism.</td>
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**Explanation**

There must be sound academic governance and management structures with integrity in all respects, so that there can be full public confidence in the integrity of the provider’s qualifications. There should be appropriate safeguards to ensure that if the organisation decides to work with other organisations, these arrangements do not jeopardise academic standards or the quality of programmes. Such arrangements remain the ultimate responsibility of the organisation with degree awarding powers which must ensure that its oversight is effective for all its provision. Seeking to engage students as partners is an important part of the academic governance and management of academic standards and quality, as is effective oversight of the information which the organisation produces about its provision for all its stakeholders, especially prospective, current and completed students.

**Evidence requirement**

To assist in demonstrating that criterion A1 is met, the applicant organisation will be required to provide evidence that:

- **A1a**: Its higher education mission and strategic direction and associated policies are coherent, published, understood and applied consistently.
- **A1b**: Its academic policies support its higher education mission, aims and objectives.
- **A1c**: There is clarity and differentiation of function and responsibility at all levels in the organisation in relation to its academic governance structures and arrangements for managing its higher education provision.
- **A1d**: The function and responsibility of the senior academic authority is clearly articulated and consistently applied.
- **A1e**: There is appropriate depth and strength of academic leadership.
- A1f: It develops, implements and communicates its policies and procedures in collaboration with its staff and students and external stakeholders.
- A1g: It will manage successfully the responsibilities that would be vested in it were it to be granted degree awarding powers.
- A1h: Students individually and collectively are engaged in the governance and management of the organisation and its higher education provision, with students supported, to be able to engage effectively.
- A1i: Where the organisation works with, or proposes to work with, other organisations to deliver learning opportunities, the arrangements are based on a strategic approach, informed by the effective assessment of risk including the carrying out of due diligence. They are defined in a written legal agreement and are subject to the same robust oversight and governance as the rest of the organisation’s provision.

### B: Academic standards and quality assurance

#### Criterion B1 - Regulatory frameworks

B1.1: An organisation granted degree awarding powers has in place transparent and comprehensive academic frameworks and regulations to govern how it awards academic credit and qualifications.

B1.2: A degree awarding organisation maintains a definitive record of each programme and qualification that it approves (and of subsequent changes to it) which constitutes the reference point for delivery and assessment of the programme, its monitoring and review, and for the provision of records of study to students and alumni.

**Explanation**

The security of the academic standards of qualifications depends in large measure on the academic frameworks and regulations which govern their award. These can be expected to cover a wide variety of topics ranging from the approval of degree schemes, the use or not of credit, through to the conduct of student assessments and appeals against academic decisions. Organisations that award degrees are required to have in place a comprehensive set of regulations covering these matters. These academic frameworks and regulations are approved by the organisation's senior academic authority.

**Evidence requirement**

To assist in demonstrating that Criterion B1 is met, the applicant organisation will be required to provide evidence that:

- **B1a:** The academic frameworks and regulations governing its higher education provision (covering, for example, student admissions, assessment, progression, award, appeals and complaints) are appropriate to its current status and are implemented fully and consistently.
- **B1b:** It has created, in readiness, one or more academic frameworks and regulations which will be appropriate for the granting of its own higher education qualifications.
- **B1c:** Definitive and up-to-date records of each qualification to be awarded and each programme being offered by the organisation are being maintained. These records are used as the basis for the delivery and assessment of each programme and there is evidence that students and alumni are provided with records of study.
<table>
<thead>
<tr>
<th><strong>Criterion B2 - Academic standards</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B2.1</strong>: An organisation granted degree awarding powers has clear and consistently applied mechanisms for setting and maintaining the academic standards of its higher education qualifications.</td>
</tr>
<tr>
<td><strong>B2.2</strong>: Organisations with degree awarding powers are expected to demonstrate that they can design and deliver courses and qualifications that meet the threshold academic standards described in the Framework for Higher Education Qualifications (FHEQ). Organisations with degree awarding powers are expected to demonstrate that the standards that they set and maintain above the threshold are reliable over time and reasonably comparable to those set and achieved by other UK degree awarding bodies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Evidence requirement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>To assist in demonstrating that criterion B2 is met, the applicant organisation will be required to provide evidence that:</td>
</tr>
<tr>
<td>• <strong>B2a</strong>: Its higher education qualifications are offered at levels that correspond to the relevant levels of the Frameworks for Higher Education Qualifications of UK Degree Awarding Bodies.</td>
</tr>
<tr>
<td>• <strong>B2b</strong>: The setting and maintaining of academic standards takes appropriate account of relevant external points of reference and external and independent points of expertise, including students.</td>
</tr>
<tr>
<td>• <strong>B2c</strong>: Its programme approval arrangements are robust, applied consistently, and ensure that academic standards are set at a level which meets the UK threshold standard for the qualification and are in accordance with their own academic frameworks and regulations.</td>
</tr>
<tr>
<td>• <strong>B2d</strong>: Credit and qualifications will be awarded only where the achievement of relevant learning outcomes (module learning outcomes in the case of credit and programme outcomes in the case of qualifications) has been demonstrated through assessment, and both the UK threshold standards and the academic standards of the relevant degree awarding body have been satisfied.</td>
</tr>
<tr>
<td>• <strong>B2e</strong>: Its programme approval, monitoring and review arrangements are robust, applied consistently and explicitly address whether the UK threshold academic standards are achieved and whether the academic standards required by the individual degree awarding body are being maintained.</td>
</tr>
<tr>
<td>• <strong>B2f</strong>: In establishing, and then maintaining, threshold academic standards and comparability of standards with other providers of equivalent level qualifications, it makes use of appropriate external and independent expertise.</td>
</tr>
</tbody>
</table>
**Criterion B3 - Quality of the academic experience**

B3.1: Organisations with degree awarding powers are expected to demonstrate that they are able to design and deliver courses and qualifications that provide a high quality academic experience to all students from all backgrounds, irrespective of their location, mode of study, academic subject, protected characteristics, previous educational background or nationality. Learning opportunities are consistently and rigorously quality assured.

**Explanation**

Organisations offering higher education awards are expected to consider carefully the purposes and objectives of the programmes they are offering. They are also expected to design their curricula, learning and teaching activities and associated resources, and assessment and feedback, in a way that will give diligent students the best chance of achieving their purposes and objectives and the threshold academic standards for the qualification being sought. Organisations offering higher education qualifications must have the means of establishing for themselves that their intentions are, in practice, being met.

**Evidence requirement**

To assist in demonstrating that Criterion B3 is met the applicant organisation will be required to provide evidence that:

**Design and approval of programmes**

- B3a: The organisation operates effective processes for the design, development and approval of programmes.
- B3b: Relevant staff are informed of and provided with guidance and support on, these procedures and their roles and responsibilities in relation to them.
- B3c: Responsibility for approving new programme proposals is clearly assigned, including the involvement of external expertise, where appropriate, and subsequent action is carefully monitored.
- B3d: Coherence of programmes with multiple elements or alternative pathways is secured and maintained.
- B3e: Close links are maintained between learning support services and the organisation's programme planning and approval arrangements.

**Learning and teaching**

- B3f: The organisation articulates and implements a strategic approach to learning and teaching which is consistent with its stated academic objectives.
- B3g: The organisation maintains physical, virtual and social learning environments that are safe, accessible and reliable for every student, promoting dignity, courtesy and respect in their use.
- B3h: Robust arrangements exist for ensuring that the learning opportunities provided to those of its students that may be studying at a distance from the organisation are effective.
- B3i: Every student is enabled to monitor their progress and further their academic development.
Assessment

- B3j: The organisation operates valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.

- B3k: Staff and students engage in dialogue to promote a shared understanding of the basis on which academic judgements are made.

- B3l: Students are provided with opportunities to develop an understanding of, and the necessary skills to demonstrate, good academic practice.

- B3m: The organisation operates processes for preventing, identifying, investigating and responding to unacceptable academic practice.

- B3n: Processes for marking assessments and for moderating marks are clearly articulated and consistently operated by those involved in the assessment process.

External examining

- B3o: The organisation makes scrupulous use of external examiners including in the moderation of assessment tasks and student assessed work.

- B3p: The organisation gives full and serious consideration to the comments and recommendations contained in external examiners' reports and provides external examiners with a considered and timely response to their comments and recommendations.

Academic appeals and student complaints

- B3q: The organisation has effective procedures for handling academic appeals and student complaints about the quality of the academic experience; these procedures are fair, accessible and timely, and enable enhancement.

- B3r: Appropriate action is taken following an appeal or complaint.
Criterion C1 - The role of academic and professional staff

C1.1: An organisation granted powers to award degrees assures itself that it has appropriate numbers of staff to teach its students. Everyone involved in teaching or supporting student learning, and in the assessment of student work, is appropriately qualified, supported and developed to the level(s) and subject(s) of the qualifications being awarded.

Explanation
The capacity and competence of the staff who teach and who facilitate and assess learning are central to the value of the education offered to students. Organisations awarding their own qualifications have a crucial responsibility to ensure that every student has the chance to develop as an independent learner, and the opportunity to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought. Chances are maximised by effective teaching and the facilitation of learning undertaken by staff with academic, professional and vocational expertise in line with the organisation’s curriculum offer. This includes a responsibility for ensuring that staff maintain a professional understanding of current developments in research and scholarship in their subject and, where applicable, keep in touch with practice in their professions and for ensuring that structured opportunities for them to do so are both readily available and widely taken up. It also means that teaching for degree-level qualifications should reflect, in a careful, conscious and intellectually demanding manner, the latest developments in the subject of study. Organisations also have a responsibility for making certain that the assessment of their students is carried out in a professional, rigorous and consistent way.

Evidence requirement
To assist in demonstrating that criterion C1 is met, the applicant organisation will be required to provide evidence that all staff involved in teaching or supporting student learning, and in the assessment of student work have:

- C1a: Relevant learning, teaching and assessment practices that are informed by reflection, evaluation of professional practice, and subject-specific and educational scholarship.
- C1b: Academic and (where applicable) professional expertise.
- C1c: Active engagement with the pedagogic development of their discipline knowledge.
- C1d: Understanding of current research and advanced scholarship in their discipline and that such knowledge and understanding directly inform and enhance their teaching. Also, active engagement with research and/or advanced scholarship to a level commensurate with the level and subject of the qualifications being offered.
- C1e: Opportunities to engage in reflection and evaluation of their learning, teaching and assessment practice.
- C1f: Development opportunities aimed at enabling them to enhance their practice and scholarship.
• C1g: Opportunities to gain experience in curriculum development and assessment design and to engage with the activities of other higher education providers, for example, through becoming external examiners, validation panel members or external reviewers.
• C1h: Expertise in providing feedback on assessment, which is timely, constructive and developmental.
• C1i: Experience of curriculum development and assessment design.*
• C1j: Engagement with the activities of providers of higher education in other organisations (through, for example, involvement as external examiners, validation panel members, or external reviewers).*

In addition, the applicant organisation will be required to provide evidence that:
• C1k: It has made a rigorous assessment of the skills/expertise required to teach all students and the appropriate staff/student ratios.
• C1l: It has appropriate staff recruitment practices.

*C1i and C1j apply to staff with key programme management responsibilities, for example, programme leaders and assessment coordinators.

D: Environment for supporting students
Criterion D1 - Enabling student development and achievement

D1.1: Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.

Explanation
The teaching and learning infrastructure - all the facilities, digital resources and support activities that are provided to maximise students’ chances of developing their potential and of obtaining the qualification they are seeking - is a means to an end. Organisations that award their own qualifications are expected to have mechanisms in place designed to support and develop students beyond the arrangements for learning, teaching and assessment addressed in criterion B3. These include the specialist support services such as counselling, disability and careers advice and cover both the generic provision of services to a cohort of students and the targeted support for individual students. It is part of an organisation's strategic approach which embodies the integration, coherence and internal cooperation between different areas of a provider including for example links between professional services, academic departments and student representative bodies as well as with external organisations.
Evidence requirement

To assist in demonstrating that criterion D1 is met, the applicant organisation will be required to provide evidence that:

- **D1a**: The organisation takes a comprehensive strategic and operational approach to determine and evaluate how it enables student development and achievement for its diverse body of students.
- **D1b**: Students are advised about, and inducted into, their study programmes in an effective way and account is taken of different students' choices and needs.
- **D1c**: The effectiveness of student and staff advisory, support and counselling services is monitored, and any resource needs arising are considered.
- **D1d**: Its administrative support systems enable it to monitor student progression and performance accurately and provide timely, secure and accurate information to satisfy academic and non-academic management information needs.
- **D1e**: The organisation provides opportunities for all students to develop skills that enable their academic, personal and professional progression, for example academic, employment and future career management skills.
- **D1f**: The organisation provides opportunities for all students to develop skills to make effective use of the learning resources provided, including the safe and effective use of specialist facilities, and the use of digital and virtual environments.
- **D1g**: The organisation's approach is guided by a commitment to equity.

E: Evaluation of performance

**Criterion E1 - Evaluation of performance**

E1: An organisation granted degree awarding powers takes effective action to assess its own performance, respond to identified weaknesses and develop further its strengths.

**Explanation**

An organisation that has powers to award its own qualifications must have in place the means of critically reviewing its own performance, in particular in relation to standards and student outcomes. It needs to know how it is doing in comparison with other similar organisations and have in place robust mechanisms for disseminating good practice. It must also be able to identify limitations or deficiencies in its own activities and take timely and effective remedial action when this is called for.

**Evidence requirement**

To assist in demonstrating that Criterion E1 is met the applicant organisation will be required to provide evidence that:

- **E1a**: Critical self-assessment is integral to the operation of its higher education provision and that action is taken in response to matters raised through internal or external monitoring and review.
- **E1b**: Clear mechanisms exist for assigning and discharging action in relation to the scrutiny and monitoring of its academic provision.
- **E1c**: Ideas and expertise from within and outside the organisation (for example on programme design and development, on teaching, and on student learning and assessment) are drawn into its arrangements for programme design, approval, delivery and review.
### F: Academic staff

#### Criterion F1 - Academic staff

F1: The organisation's supervision of its research students, and the teaching it undertakes at doctoral level, is underpinned by academic staff with high levels of knowledge, understanding and experience of current research and advanced scholarship in their subjects of study.

**Explanation**

The creation and interpretation of knowledge which extends a discipline, usually through original research, is a defining characteristic of the UK doctorate, and the award of research degrees places a particular and substantial responsibility on an awarding body. Accordingly, the organisation's academic staff should command the respect and confidence of their academic peers across the UK and international higher education sector and be considered credible to deliver research degree programmes.

Organisations wishing to offer research degrees should have a strong underpinning culture in place that actively encourages and supports creative, high quality research and scholarship among its academic staff, and its doctoral and other research students. Such a culture typically involves engagement with a range of discipline-based, professional practitioner and research-active communities, and this ensures that research students should only be accepted into an environment that provides support for doing and learning about research, and where excellent research, recognised by the relevant subject community, is occurring. Academic staff involved in the delivery of research degrees are expected to have knowledge, understanding and experience of research and advanced scholarship that go well beyond expectations for staff engaged in the delivery of taught degrees. Strength and depth in research supervision capacity, research performance in authoritative external peer reviews, and demonstrable involvement in research-related activities with other higher education providers or comparable organisations engaged in research, are all factors to be taken into account in any consideration of the merits of an application for research degree awarding powers.

**Evidence requirement**

To assist in meeting criterion F1, the applicant organisation will be required to provide evidence that:

- **F1a:** Its policies and procedures relating to research, advanced scholarship, and research degree programmes are appropriate, effective and reflect sector best practice, and are understood and applied consistently, both by those involved in the delivery of research degrees and, where appropriate, by the students involved.

- **F1b:** It has a strong and sustainable research culture, which directly informs and enhances the supervision and teaching of research degree students.

- **F1c:** It has a critical mass of research staff and students, representing a viable and sustainable research community.

- **F1d:** It actively engages in discipline-based and broader based communities of researchers and scholars external to the organisation and takes steps to engage the public at large with the research it undertakes.
• F1e: It has established productive research-relevant links, formal or informal, with other higher education and specialist research institutions through, for example, joint research activities.

• F1f: It has a critical mass of research leaders, normally at professorial level, whose role is to support the development of research and an effective research culture.

• F1g: Staff involved in the delivery of research degree programmes, in a teaching and/or supervisory capacity:
  i. Are themselves active researchers who produce externally recognised outputs in research and advanced scholarship.
  ii. Are examiners of research degrees, appointed as internal examiners by the awarding institution or as external examiners elsewhere.
  iii. Command the respect and confidence of academic peers across the sector as reflected, for example, in Research Excellence Framework (REF) outcomes, other authoritative external reviews, awards of distinction, through research contracts and/or funding, as invited/keynote speakers at national and international research events and conferences, as members of national and international research committees or bodies.
  iv. Have current knowledge of developments within the higher education sector relating to research and research degrees.
  v. Have access to a systematic and effective approach to staff development and appraisal that enables them to develop and enhance their knowledge of current research and advanced scholarship.

The applicant organisation will also be required to provide an analysis of, and supporting commentary relating to, the data it has used to satisfy itself that the staff involved with the delivery of its research degree programmes have met the metric requirements outlined below. Data should be provided for the three years immediately preceding the submission of an application for research degree awarding powers. Applicant organisations should be aware that numeric criteria contribute to a broader assessment of their capacity to assume the 'particular and substantial responsibility' (criterion F1, explanation above) placed on organisations holding research degree awarding powers and necessarily involves an evaluative dimension. The applicant organisation will be required to provide evidence that:

• F1h: A significant proportion (normally around a half as a minimum) of its academic staff are active and recognised contributors to at least one organisation such as a subject association, learned society or relevant professional body. Such contributions are expected to involve some form of public output or outcome, broadly defined, demonstrating the research-related impact of academic staff on their discipline or sphere of research activity at a regional, national or international level.

• F1i: A significant proportion (normally around a third as a minimum) of its academic staff have recent (i.e. within the past three years) personal experience of research activity in other UK or international higher education or specialist research institutions by, for example, acting as external examiners for research degrees, serving as panel members for the validation or review of research degree programmes, or contributing to collaborative research projects with other organisations (other than as a doctoral student). An applicant organisation will be required to demonstrate both that such activity has taken place, and that in the case of collaborative research activity, the member of staff has made a personal contribution to the research and that a tangible output has been or is in the process of being achieved.
A significant proportion (normally around a third as a minimum) of its academic staff can demonstrate recent achievements (i.e. within the past three years) that are recognised by the wider academic community to be of national and/or international standing (e.g. as indicated by authoritative external peer reviews). It is expected that the evidence will largely relate to work undertaken within the applicant organisation rather than in other HEIs.

### G: National guidance

#### Criterion G1: National guidance

G1: The organisation satisfies relevant national guidance relating to the award of research degrees.

#### Evidence requirement

To assist in meeting criterion G1, the applicant organisation will be required to demonstrate that it meets fully and will continue to meet, the expectations of:

- **G1a**: The Qualifications Frameworks in relation to the levels of its research degree programmes.
- **G1b**: Research degree management frameworks issued by relevant research councils, funding bodies and professional/statutory bodies, which might include Conditions of Research Council Training Grants issued by Research Councils UK and Statement of Expectations for Postgraduate Training issued by Research Councils UK and other training funders.

### H: Minimum number of doctoral degree conferrals

#### Criterion H1 - Minimum number of doctoral degree conferrals

H1: The applicant organisation has achieved more than 30 doctoral degree conferrals*, awarded through partnerships with UK awarding bodies.

H2: In addition, the applicant organisation will need to demonstrate that:

- **H2a**: The majority of conferred doctoral degrees have been achieved by students who are not also academic staff of the organisation.
- **H2b**: Its completion rates meet sector norms.

*includes professional doctorates
Annex 5: Evidence collected for DAPs assessments

Introduction: Principles-based regulation

The OfS operates a 'principles-based' rather than a 'rules-based' approach to regulation, not least to encourage diversity and innovation among providers. This requires QAA degree awarding powers (DAPs) assessors to make collective professional judgements on the quality of the student academic experience and the standards used in judging students' achievements, and to provide advice to the OfS as to whether the provider meets the requirements of the overarching criteria for the authorisation of DAPs set out in Annex C of the OfS regulatory framework.

This Annex explains the documentary evidence that providers will need to include with their applications; oral and observational evidence will also be taken into account on visits but is not covered here.

The Annex is in two parts: Part 1 is for providers for New DAPs and Part 2 is for providers for Full DAPs.

Part 1: Evidence to support an application for New DAPs

The New DAPs plan and other sources of evidence

The plan and the supporting information and data submitted with it, is the primary evidence needed to support an application for New DAPs and the starting point for assessors. Additional documentary evidence, data and information should, however, be put forward by the provider throughout the New DAPs probationary period. Assessors may also gather oral evidence in meetings with individuals and stakeholder groups within the provider. Notes of the information accumulated by QAA assessors during the probationary period will be recorded and subjected to the same tests for credibility and relevance that will apply to all other evidence that contributes when the assessors make their collective judgements.

The focus and purpose of the New DAPs plan

The purpose of the plan is outlined in the detailed Guidance (paragraph 35). When deciding what to include in their plan, the provider should consider carefully the overarching criterion for the authorisation of New DAPs - that, when it applies, the provider can show that it has:

'an emerging self-critical, cohesive academic community with a clear commitment to the assurance of standards supported by effective (in prospect) quality systems.'

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2 See regulatory framework paragraph 8, p 15 and regulatory advice 1 paragraph 8, p 5
3 Professional judgement: Judgements that are free from bias made by persons demonstrably qualified to make a judgement on the matter in hand who, by virtue of their experience and expertise, are able to identify the principles to be applied in the provider’s context; collect the evidence needed to enable them to test whether the requirements embodied in the principle(s) are satisfied; analyse all the available evidence; consider conclusions that can be drawn from it (with alternatives); come to a decision; and provide the rationale for having reached it.
4 Regulatory framework, paragraph 216, p 65 and Annex C, p 148
5 Regulatory framework, Annex C, p 148
1 Academic governance (Criterion A1)

The provider should explain how it intends to establish (or has established) academic governance arrangements that are effective and conform to the requirements set out in Criterion A1 of Annex C of the OfS regulatory framework (p 148). For these purposes, ‘academic governance’ is defined as the means through which the provider is accountable, both to its senior academic authority\(^6\) and to its governing body (as defined in section 85 of HERA) and, ultimately, to the OfS for its conduct of academic matters and adherence to national requirements and expectations.\(^7\)

Supporting evidence

Each provider should supply evidence matched to its own circumstances. Likely sources of information might include (but not be limited to):

- HE mission, strategy and associated policies
- academic policies
- evidence of effective academic partnership arrangements
- planning papers for the provider’s New DAPs application as approved by its governing body
- role, job descriptions and CVs (where available) for academic leaders and senior managers
- briefing papers on curriculum development and academic standards for the governing body
- information on how (and how frequently) the governing body will assess its own effectiveness in relation to academic governance
- for a provider for New DAPs for foundation degrees, the progression agreement that will enable students that have successfully achieved a foundation degree under the provider’s New DAPs to study for a higher-level award\(^8\)
- how students are individually and collectively engaged in the governance and management of the provider.

For the establishment and intended way of working of the provider’s senior academic authority (its academic board or committee), likely sources of information might include (but not be limited to):

- draft terms of reference and procedures for a proposed (or existing) senior academic authority, that set out its authority vis-à-vis:
  - senior managers
  - the provider’s governing body\(^9\)
- how the governing body will review the effectiveness of the provider’s senior academic authority and the frequency of such reviews
- how the governing body will assure itself that the provider will operate a code of conduct and ethics for staff and students matched to its circumstances, and how:
  - conflicts of interest between senior managers and academic leaders will be avoided and, where unavoidable, managed
  - the membership of the senior academic authority, including how students and staff who are not managers will participate in its work

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\(^6\) Regulatory framework, Annex C, Criterion A1: Explanation, (d) p 149
\(^7\) Regulatory framework, Annex C, Criterion A1-A3 and Explanation, p 148
\(^8\) Regulatory framework, paragraphs 219 and 226
\(^9\) See Annex B: Public Interest Governance Principles IV, Academic Governance’, and Annex C, A1 p 149 (c) and (d)
- the senior academic authority will ensure, on behalf of the provider, that the curriculum that leads to awards made under New DAPs has been tested for fitness prior to its approval
- the senior academic authority will set, approve and monitor the standards used in assessments for awards and credits.

2 Academic standards and quality assurance (Criterion B)

This part of the New DAPs plan should explain the provider's intentions for implementing its internally-approved body of academic and other regulations to govern its higher education provision, awards and credits; details of the proposed programmes approved by the provider; the provider's contractual and other relations with staff and students; and how it has established the elements that are needed for a working body of academic and other regulations for a provider with DAPs that conform to the requirements of Criterion B1-3 of Annex C of the regulatory framework (pp 149-152).

Supporting evidence

Each provider should supply evidence matched to its own circumstances. For example, a provider that has previously worked with an established UK degree-awarding body will be able to provide evidence drawn from that relationship demonstrating that they understand what is required of the academic and other regulations of a provider with degree awarding powers, and the importance of using credible expert external advice in its academic procedures.

Providers from outside the UK that have degree awarding powers in another jurisdiction may be able to provide evidence of interactions with a regulatory body for degree-level\(^\text{10}\) awards and their conformity with its requirements. For providers from jurisdictions outside the UK, where the advice of independent external examiners and other experts is not routinely sought, it will be necessary to show how the provider plans to use credible expert external advice in its academic procedures to ensure that its awards and credits meet UK requirements.

Likely sources of information might include (but not be limited to):

- Programme design and approval documentation (the documentation used as the basis for programme approval) for HE programmes including: evidence of programme planning, design, and external input; training guidance and support of those involved in programme design and approval; records of internal deliberations, outcomes and approval decisions; evidence of monitoring any actions arising from the approval and design process.

- Assessment information for staff and students for the proposed programmes including assessment arrangements (for example, policies, procedures and regulations) for marking, moderation and feedback; proposed arrangements for external input on standards; academic malpractice arrangements; recognition of prior learning.

- Examples of assessment information produced for staff and students for the proposed programmes including examples of assessment details for the first/next cycle of delivery (for example, briefs, specifications, marking criteria/rubric).

\(^{10}\) Degree-level: Courses and programmes that lead to academic awards and credits at or above Level 6 on the Framework for Higher Education Qualifications for England Wales and N. Ireland. See www.qaa.ac.uk/docs/qaa/quality-code/qualifications-frameworks (PDF)
Other academic policies including: admissions; external engagement and scrutiny of academic standards; programme planning, design, development, approval, monitoring and review.

Strategies for learning, teaching and assessment (institutional and programme level).

Professional, statutory and regulatory bodies’ accreditation report (if applicable).

CVs of any appointed subject-based staff who will teach and/or assess the programme.

Job descriptions for subject-based staff.

Academic and other regulations and procedures that have been prepared by or for the provider, including relevant exchanges with third parties - such as awarding bodies, consultancies or regulators - that govern the design, testing and approval of provision.

Material that shows how the provider sets academic standards for its awards and uses academic standards in curriculum planning and in the summative assessment of students for awards and credits.

Regulations for the admission of students and student conduct.

Material that shows how the provider plans to promote academic integrity and ensure academic freedom and freedom of expression.11

Plans for student engagement and representation.12

Material that shows how the provider checks/is checking that the learning resources and support arrangements it plans to provide for students, and the academic staff it employs/plans to employ, will enable them to complete their studies and achieve their awards and credits.

3 **Scholarship and the pedagogical effectiveness of staff (Criterion C)**

This part of the New DAPs plan should explain how the provider intends to recruit, retain and develop the academic and professional staff who can support students in achieving their intended learning outcomes. This part of the plan should also explain how the provider has assessed its staffing resources.

As with other criteria, the requirements for this criterion can be found in Annex C of the regulatory framework (pp 152-3).

**Supporting evidence**

Each provider should supply evidence matched to its own circumstances. Likely sources of evidence might include (but not be limited to):

- information illustrating the provider's planned employment procedures

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11 Regulatory framework, Annex B: Public Interest Governance Principles I and II
12 Regulatory framework, Annex B: Public Interest Governance Principle III
• its planned staffing establishment throughout the period it holds New DAPs
• draft contracts with academic and professional staff
• plans to provide subject-based and pedagogical development opportunities for the provider's academic staff and the equivalent opportunities it plans to provide for professional staff
• plans for engagements with professional associations, employers and employer associations and other bodies in support of academic and professional staff, and their support for learning
• plans to include the time staff devote to professional development and subject-based research alongside their teaching commitments
• job roles, job descriptions and CVs of academic and managerial staff (where available).

4 Environment for supporting students (Criterion D)

A provider for New DAPs is expected to be able to demonstrate:
• that it understands what support and facilities their students will require to enable them to study successfully and achieve their award and credits
• that it has arrangements to enable it to provide teaching, learning support and additional support, where required, to a standard that will enable students to study for their awards and credits.

This part of the plan should explain how the provider has assessed the learning resources (physical and digital) that students will need and how it proposes to finance these resources. As with other parts of its New DAPs plan, the provider will need to show assessors how its current and planned teaching and learning infrastructure meets the needs of its students and how it checks that the teaching support and environment for learning that it has promised to provide students - whether in its contract with them, its promotional materials and/or in internal handbooks - is being delivered to the standards promised.

Supporting evidence

Annex C of the regulatory framework sets out what the evidence required for this criterion needs to show assessors. In a provider with an 'emerging' senior academic authority, the New DAPs plan will need to show how senior managers and academic leaders currently monitor what is provided through the provider's learning and teaching infrastructure and intervene, where necessary, to ensure that what is provided is consistent with undertakings given to students and their needs in practice.

Other than where the provider already has an established senior academic authority, the New DAPs plan should also help assessors to understand how the provider envisages its senior academic authority will begin to monitor the performance of the learning and teaching infrastructure as the provider progresses through its New DAPs probationary period. Where the provider has an existing senior academic authority, the New DAPs plan should explain how it monitors the learning and teaching infrastructure to ensure that the academic experience of students matches what the provider has promised them.

Each provider should supply evidence matched to its own circumstances. Likely sources of evidence might include (but not be limited to):
• contemporaneous notes from meetings, emails and internal management reports on the teaching and learning infrastructure provided by the provider

13 Regulatory framework, Annex C, Criterion D: ‘Environment for supporting students’ pp 153-4
• budget and other financial planning information showing the level of support given to the teaching and learning infrastructure
• reports to the governing body on the provider’s readiness to offer higher education provision and its planned expenditure to develop the learning and teaching infrastructure, including its staffing establishment
• advice, information and guidance for students about their programmes of study and the support and resources available to them.

Where students have commenced their studies at the time of the assessment, further sources of evidence may include:
• reports from feedback meetings between students and teaching staff; and students, teaching staff and senior managers
• papers from the provider’s senior academic authority showing:
  - how it has monitored the learning and teaching infrastructure
  - where it has intervened to require changes to sustain a satisfactory academic experience for students
  - how students have been able to contribute to oversight of the learning and teaching infrastructure including through membership of the senior academic authority
• papers from the provider’s governing body showing how it has assured itself that the senior academic authority and the provider’s senior managers are together ensuring that the provider’s learning and teaching infrastructure enables students to study and succeed.

5 Evaluation of performance (Criterion E)

For a provider to be capable of gaining New DAPs, it must be able to show (initially through its New DAPs plan and supporting evidence):
• that it has the will and the capacity to subject its own activities and performance to self-critical scrutiny
• that it can form timely and realistic plans to address weaknesses and capitalise on strengths, and carry them out successfully.

In its New DAPs plan, and subsequently during its probationary period, a provider for New DAPs should seek to demonstrate:
• how it will regularly assess individual activities and their performance, and its performance overall (for example, against the activities and performance of other degree-awarding bodies)
• how it will use external monitoring or review of its academic, support, management and governance arrangements, and report on them to its governing body and act on their findings.

Supporting evidence

Evidence for this criterion is likely to include (but not be limited to):
• reports to the provider’s governing body from senior managers and the senior academic authority on the provider’s academic performance and other aspects of its work
• reports from external bodies about the provider, or that are relevant to its activities, that have been referred to the provider’s governing body with recommendations for actions and how these have been followed up
• reports on the effectiveness of the governing body itself and on the effectiveness of the provider’s academic governance that the provider has commissioned and subsequent actions and responses
• reports to the provider’s senior academic authority and its governing body comparing aspects of the provider’s arrangements with those of other providers, with suggestions for improvements and responses to such reports.

Part 2: Evidence to support an application for Full DAPs

Introduction

In order to achieve Full DAPs, providers must satisfy the overarching criterion set out by OfS in the regulatory framework, that it is a:

’self-critical, cohesive academic community with a proven commitment to the assurance of standards supported by effective quality systems.”

Whereas assessors for New DAPs are required to make judgements on the provider’s potential as a degree-awarding body - coupled with an assessment of its ability to safeguard students’ interests and the standard of its own awards - for a Full DAPs application, QAA assessors are required to make a holistic judgement on whether the provider satisfies the overarching criterion and whether the provider has the ability:

• to provide, and maintain the provision of, higher education of an appropriate quality
• to apply, and maintain the application of, appropriate standards to that higher education.

The evidence for Full DAPs and the Full DAPs self-assessment

For a Full DAPs application, the initial source of supporting evidence is the Full DAPs self-assessment. This should show (with reference to supporting evidence) how, at the time of its application, the provider meets each of the underpinning criteria for Full DAPs and the respective evidence requirements in Annex C.

Because data and metrics provide only a partial measure of the provider’s past performance, the provider's Full DAPs self-assessment should also include:

• a concise, critical self-assessment of its present status with respect to the Full DAPs criteria, that leads to a self-assessment of its standing with respect to the overarching criterion.

For providers for Full DAPs for higher awards (to Level 8/research degree awarding powers), the Full DAPs self-assessment should explain how the additional criteria in Annex C of the regulatory framework (criteria F-H) are met, and should include evidence relating to the development of its community of researchers and professional practitioners, and plans to develop this community further to provide a sustainable and stable environment for research students. Likely sources of information might include (but not be limited to) an introduction to, and commentary on, the provider’s existing policies and strategies, and its plans for subsequent iterations.

Assessors evaluating the Full DAPs self-assessment, and the supporting evidence the provider has chosen to cite, will take into account the extent to which, together, they

14 Regulatory framework, p 148
15 Regulatory framework, paragraph 244, p 71
16 Regulatory framework, pp 148-157
demonstrate that the provider has the critical self-awareness and ability to act, independent of external scrutiny, to provide students with a high-quality academic experience and awards that conform to national threshold standards. \(^{17}\) Assessors will also consider the general credibility of the evidence that the provider cites in support of its application (see below).

**Supporting evidence**

Providers seeking Full DAPs are likely to come from different backgrounds and traditions. As with New DAPs applications, each provider should supply evidence matched to its own circumstances. Assessments and judgements by QAA assessors will necessarily, therefore, be context-sensitive.

Providers seeking Full DAPs will have been providing courses at degree-level and/or above, having worked in partnership with an existing UK provider with DAPs for a minimum of three years. \(^{18}\) For their Full DAPs self-assessment, such providers are likely to be able to draw on evidence of how they have worked with their partner to provide courses and apply their partner’s standards. Some providers will also be able to refer to relevant exchanges with independent externals and professional and statutory bodies. Other providers may be already holding Full DAPs for courses and programmes leading to awards and credits up to and including Level 7 of the FHEQ, and be seeking authorisation to make awards at Level 8 (research degree awards).

For all providers, likely sources of information might include (but not be limited to) evidence: from the provider's existing operation under Full DAPs; from working with other providers with research DAPs; and working with learned societies and professional bodies.

It is likely that providers for Full DAPs for research degrees will need to provide assessors with copies of the following, or their equivalents:

- the formal agreement, between the provider and its awarding body for higher awards that has, up to this point, enabled the provider’s students to register for and study for higher awards
- the regulations that currently apply to such students
- recent reports by the provider to the relevant awarding body on the progress of the students registered with that body for higher awards.

1 Academic governance (Criterion A1)

In its Full DAPs self-assessment, the provider should explain how its governing body assures itself that its senior academic authority is effective in monitoring the academic experience provided for students, and the standards of awards and credits and, likewise, how the senior academic authority assures itself that those individual committees and other groups that report to it follow the policies, procedures and regulations that it has approved.

Each provider should supply evidence matched to its own circumstances. In all cases, however, providers should expect to provide copies of the regulations and procedures of their governing body, the academic regulations and procedures that their senior academic

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\(^{17}\) OfS Primary Regulatory Objectives 2 and 3, Regulatory framework, p 14

\(^{18}\) OfS regulatory framework paragraphs 218 and 247. There is an argument that to be able to apply for Full DAPs, the provider should have been in a ‘validation’ partnership with its awarding body and that a partnership based on programmes franchised to the provider by the awarding body does not enable the provider to demonstrate an understanding of setting and maintaining academic standards. In practice, however, the categories ‘validated’ and ‘franchised’, as used by various awarding bodies, can be elastic. OfS will therefore place the burden of proof on the provider to show that (whatever the formal status of their relationship with their awarding body) they satisfy the overarching criterion and meet the detailed criteria and sub-criteria.
authority has approved, together with the regulations, procedures and standing orders under which their senior academic authority operates.

Where providers are working with one or more awarding bodies, it is likely that the assessors will also want to see reports by them on how the provider has applied their standards.

Likely sources of information might include (but not be limited to):

- HE mission, strategy and associated policies
- academic policies
- roles, job descriptions and CVs for academic leaders and senior managers
- for a provider of Foundation degrees, the progression agreement that will enable students that have successfully achieved a Foundation degree under the provider’s DAPs, to study for a higher-level award
- papers (including data and information) for meetings of the provider’s governing body intended to enable the provider to assure that body on the effectiveness of the provider’s academic governance and that the students’ academic experience, and standards, including the standards of awards, are being monitored and managed
- papers (including data and information) for the senior academic authority for the meeting or meetings at which it discusses and adopts its annual report to the provider’s governing body
- evidence of effective academic partnership arrangements
- information that shows how the senior academic authority:
  - sets and monitors standards at credit and award levels, and ensures they are consistent with national expectations
  - checks that the academic experience of students (including the curriculum and their learning environment) matches national expectations
  - assures itself that staff and students are informed of its procedures and expectations for ethical conduct, and
  - assures itself that the academic governance arrangements that it oversees are effective (for example, through internal or external reviews of both the senior academic authority and the governing body).

Assessors will seek to satisfy themselves that any external reports or reviews have been undertaken by credible persons or bodies, and that such reviews were appropriately framed. Assessors will also wish to see evidence of how a provider has responded to such external reports.

Likely sources of information might include (but not be limited to):

- information that shows how the governing body will assure itself that the provider will operate a code of conduct and ethics for staff and students matched to its circumstances, and how:
  - conflicts of interest between senior managers and academic leaders will be avoided and, where unavoidable, managed
  - the membership of the senior academic authority, including how students and staff who are not managers will participate in its work
  - the senior academic authority will ensure, on behalf of the provider, that the curriculum that leads to awards made under its own DAPs has been tested for fitness prior to its approval

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19 In the absence of an annual report by the senior academic authority to its oversight body, the provider should be prepared to provide access for assessors to the minutes and supporting papers for meetings of the senior academic authority for the immediate past session.
- the senior academic authority will set, approve and monitor the standards used in assessments for awards and credits.

2 Academic standards and quality assurance (Criterion B)

In its self-assessment, a provider for Full DAPs can explain the key features of the internal regulations for standards and quality it has previously used and key features of the internal regulations that it intends to operate if granted Full DAPs. Such explanations can highlight for assessors, the changes the provider proposes to make to its current arrangements once it gains Full DAPs, and explain the rationale underlying such changes.

Supporting evidence

Each provider for Full DAPs will provide supporting evidence with its self-assessment that is matched to its own circumstances. Likely sources of information might include (but not be limited to):

- copies of the provider’s existing and proposed academic regulations in full\(^{20}\)
- a sample of reports identified by the assessors from external examiners and verifiers for provision operated by the provider
- the report of a recent programme validation the provider has conducted or participated in for a new item of provision (a course or programme), together with the provider’s follow-up and the minutes of the meeting of the provider’s senior academic authority at which the report of the validation was received and its recommendations enacted
- the periodic report the senior academic authority receives on the provider’s arrangements for students to contribute to the governance of their course and to make representations to academic leaders on the students’ academic experience and other matters
- evidence of the way that the provider operates academic integrity, academic appeals, and complaints procedures and their outcomes
- evidence of the way that the provider monitors the learning environment it provides for students and plans for its improvement
- evidence of how student feedback on their course, and their academic experience more generally, is sought, analysed and applied.

Where a provider is able to supply, as part of its evidence, a report of a recent independent review of its academic governance, which examines and comments on the effectiveness of the provider’s regulations for academic matters, less evidence may be needed by assessors.

Assessors will seek to satisfy themselves that any external reports or reviews have been undertaken by credible persons or bodies, and that such reviews were appropriately framed, and underpinned by sound evidence. Where, as part of its supporting evidence, a provider is unable to supply a report of a recent independent review of its academic governance, assessors may need to seek further information. In these circumstances, likely sources of information might include (but not be limited to):

- a larger sample of reports from external examiners
- additional evidence of the provider’s ability to develop, test (validate) and submit new items of provision and (where relevant) new awards for approval by its senior academic authority.

\(^{20}\) To be interpreted broadly and include admissions, assessment, classification and student disciplinary regulations.
For applications for powers to award research degrees, assessors will want to see copies of reports the provider has made to the awarding body on the progress of research students registered with it while studying and researching with the provider.

It will also be helpful for assessors to understand through the self-assessment, the provider's own assessment of how acquiring DAPs for research degrees might impinge on its wider structures and arrangements in areas such as human resources (recruitment, contracts, staff development) and its plans to participate in the development of relevant specialist subject and practitioner areas locally and nationally.

3 Scholarship and the pedagogical effectiveness of staff (Criterion C)

In this part of its Full DAPs self-assessment, the provider will describe how it has planned for and recruited the academic and professional staff that currently provide students with teaching and support for learning and educational and personal development. It will also explain how its strategic plans for its learning environment throughout the Full DAPs period will ensure that:

- teaching staff have the training and resources to maintain and develop:
  - their subject-level qualifications and competencies
  - their pedagogical skills and overall effectiveness in, for example, support for students with additional needs
  - research supervision for dissertations and, where the provider is seeking research DAPs, for theses for higher degrees
- professional support staff have access to the training and resources they need to maintain their overall effectiveness.

Supporting evidence

Each provider should supply evidence matched to its own circumstances. For this criterion, assessors are likely to want to see evidence that the governing body has regular opportunities to assure itself that due attention is given by the applicant's senior academic authority, to ensure that there is effective support:

- to sustain and enhance the scholarship, research and pedagogical effectiveness of teaching staff
- for the development of professional support staff
- to give students a level of learning resources overall that enables them to achieve their awards.

Other sources of evidence may include (but not be limited to):

- relevant annual internal reports to the governing body (for example, a report of issues by the provider's HR department)
- samples of the provider's contracts of employment for academic staff (teaching, research and other) and for professional support staff
- the provider's staffing plans for the period during which it will be holding Full DAPs (if not covered in its strategic plan(s))
- a summary of the subject-based and pedagogical development opportunities provided for academic staff and professional support staff in the previous two sessions and how the provider contributes to and supports national subject and learning networks
- a summary account of the support that the provider has provided over the last three sessions to enable academic and professional staff to engage with their professional associations, employer associations and other bodies, and how the provider contributes to the general work of such bodies.
• any external reports or reviews have been commissioned by the governing body or senior academic body. These should be undertaken by credible persons or bodies, and appropriately framed. Assessors will also wish to see evidence of how a provider has responded to such external reports.

Likewise, assessors will want to establish that the senior academic authority monitors the provider’s staffing overall so that students receive the tuition and support they are entitled to expect.

4 Environment for supporting students (Criterion D)

A provider for Full DAPs is expected to be able to demonstrate that:

• it has arrangements and resources which enable students to develop their academic, personal and professional potential
• it monitors and evaluates arrangements and resources for supporting student development and achievement to ensure they remain fit-for-purpose.

In its Full DAPs self-assessment, the provider will need to show how it checks that the teaching support and environment for learning that it has promised to provide students - whether in its contract with them, its promotional materials and/or in internal handbooks - is being delivered to the standards promised.

Supporting evidence

Annex C of the regulatory framework sets out what the evidence required for this criterion needs to show assessors.²¹ The provider’s Full DAPs self-assessment should help assessors to understand how the provider’s senior academic authority monitors the performance of its learning and teaching infrastructure to ensure that the academic experience of students matches what has been promised to them.

Likely sources of information might include (but not be limited to):

• advice, information and guidance for students about their programmes of study and the support and resources available to them
• administrative support systems which enable the provider to monitor student progression and performance accurately and provide timely accurate information for academic and non-academic management information needs
• reports from feedback meetings between students and teaching staff and students, teaching staff and senior managers
• papers from the provider’s senior academic authority showing:
  - how it has monitored the learning and teaching infrastructure
  - where it has intervened to require changes to sustain a satisfactory academic experience for students
  - how students have been able to contribute to oversight of the learning and teaching infrastructure including through membership of the senior academic authority
• papers from the provider’s governing body showing how it has assured itself that the senior academic authority and the provider’s senior managers are together ensuring that the provider’s learning and teaching infrastructure enables students to study and succeed.

²¹ Regulatory framework, Annex C, Criterion D: ‘Environment for supporting students’ pp 153-4
5 Evaluation of performance (Criterion E)

For a provider to be capable of gaining Full DAPs it must be able to show that:

- it has the will and the capacity to subject its own activities and performance to self-critical scrutiny
- it can form timely and realistic plans to address weaknesses and capitalise on strengths and carry them out successfully.

In its Full DAPs self-assessment, a provider for Full DAPs should seek to demonstrate that:

- it regularly assesses individual activities and their performance and its performance overall against the activities and performance of other degree-awarding bodies
- it makes use of internal and external monitoring or review of its academic, support, management and governance arrangements, reports on them to its governing body and acts on their findings.

Supporting evidence

Evidence for this criterion is likely to include (but not be limited to):

- reports to the provider's governing body from senior managers and the senior academic authority on the provider's academic performance and other aspects of its work
- reports from external bodies on the provider, or relevant to its activities that have been referred to the provider's governing body with recommendations for actions and how these have been followed up
- reports on the effectiveness of the governing body itself and on the effectiveness of the provider's academic governance that the provider has commissioned and subsequent actions and responses
- reports to the provider's senior academic authority and its governing body comparing aspects of the provider's arrangements with those of other degree-awarding bodies, with suggestions for improvements and responses to such reports.

Where, as part of its evidence, the provider is able to submit report(s) to its senior academic authority and its governing body from a credible external review - of its management and governance arrangements, academic staffing, the learning environment and/or its students' academic experience - assessors may be able to focus their attention on how the terms of reference for such reviews were set, their outcomes and the provider's response to the reports as part of the evidence base for this and previous criteria where applicable.

Applications for Full DAPs for research degrees (Criterion F-H)

Where a provider is seeking Full DAPs for research degrees, criteria F-H of Annex C of the regulatory framework additionally apply. In such cases, it will be helpful for assessors if the provider's Full DAPs self-assessment can show how it has established a sustainable institutional research culture that is conducive to advanced scholarship and research, and supportive for research students. Assessors will also want to understand how, as a body seeking DAPs for higher degrees, the provider intends to apply national standards for awards\(^\text{22}\) and comply with the management frameworks for research degrees issued by Research Councils UK.\(^\text{23}\) Assessors will also want to understand how the provider's own arrangements for research degrees will differ from those of the awarding body with which it has been working.

\(^{22}\) Regulatory framework, Annex C, Criterion G1 (a)
\(^{23}\) Regulatory framework, Annex C, Criterion G1 (b)
Contextual information

Where a provider applies for research degree awarding powers and already holds taught degree awarding powers, some contextual information will be required. Likely sources of information might include (but not be limited to) the provider’s current and planned:

- HE mission, strategy and associated policies
- academic governance structure
- organisational structure
- academic policies
- roles, job descriptions and CVs for academic leaders and senior managers
- papers (including data and information) for meetings of the provider’s governing body intended to enable the provider to assure that body on the effectiveness of the provider’s academic governance and that the students’ academic experience, and standards including the standards of awards, are being monitored and managed
- papers (including data and information) for the senior academic authority for the meeting or meetings at which it discusses and adopts its annual report to the provider’s governing body.
- external independent reports
- evidence of effective partnership arrangements.

6 Academic staff (Criterion F)

A provider for Full DAPs for research degrees is expected to be able to demonstrate that:

- its supervision of its research students, and the teaching it undertakes at doctoral level, is underpinned by academic staff with high levels of knowledge, understanding and experience of current research and advanced scholarship in their subjects of study.

Assessors will need to review the qualifications, scholarly research and, where relevant, the advanced practice-based activity of all the provider’s teaching and learning support staff in order to assess the extent to which a culture conducive to research is likely to feature in the provider’s arrangements.

The characteristics of the catalogue of evidence that will be needed by assessors for these criteria, and particularly for Criterion F, will depend on the characteristics of the provider's areas of subject and/or practice specialisation. In general terms, however, providers should provide information for each member of their teaching and learning support staff that sets out:

- their qualifications (academic, professional and/or practitioner) at degree level and above
- a summary of their current scholarly and research activity in their specialist subject and/or practice area(s) that includes publications and other contributions.24

The entry for each individual should clearly distinguish between advance scholarship and research work undertaken since the individual joined the provider and when they were employed by others.25
**Supporting evidence**

Evidence for this criterion is likely to include (but not be limited to):

- regulations for the research degrees it aims to award
- regulations for research students and codes of conduct for staff and students engaged in research and advanced scholarship, including for academic integrity
- supervision arrangements for research students
- training programmes for research students in, for example, research methods, ethics and academic integrity
- staff development and contract arrangements for supervisors of research students and specialists providing learning support for research students
- records of training for research and advanced scholarship provided for academic and learning support staff and research students
- arrangements for the provider to report on its research activity and the admission progression and support of research students to its senior academic authority
- contributions to the work of subject, practitioner and professional communities relevant to the provider's portfolio of existing and planned subject provision and/or its practice-based provision
- research staff contracts, CVs and recent research activity
- overview reports on research degree provision
- engagement with a range of discipline-based, professional practitioner and research-active communities
- research-based engagement with the wider community and the public
- REF outcomes (if applicable)
- external reviews of its research activity
- research contracts and/or external funding for research projects
- external recognition of the quality of its research and/or researchers
- its approach to staff development and appraisal to develop and enhance staff knowledge of current research and advanced scholarship.

The provider will also be required to provide evidence that it meets the following criteria:

- A significant proportion (normally around half as a minimum) of its academic staff are active and recognised contributors to at least one subject association, learned society or relevant professional body.
- A significant proportion (normally around one third as a minimum) of its academic staff have recent (that is, within the past three years) personal experience of research activity in another UK or international HEI or research institution.
- A significant proportion (normally around one third as a minimum) of its academic staff can demonstrate recent achievements (that is, within the past three years) from within the provider organisation that are recognised by the wider academic community to be of national or international standing.
7 National Guidance (Criterion G)

A provider for Full DAPs for research degrees is expected to be able to demonstrate that:

- it satisfies relevant national guidance relating to the award of research degrees.

Supporting evidence

Evidence for this criterion is likely to include (but not be limited to):

- policies and procedures relating to research, advanced scholarship and research degree programmes
- academic frameworks, policies and assessment regulations for research
- academic governance structure, terms of reference/standing orders
- organisational structure
- role/job descriptions for key roles
- external, independent reports
- research degree approval documentation
- information for prospective and enrolled students
- relevant meeting minutes and papers
- internal papers and reports
- evaluation data/outcomes
- student records (for example, training/supervision).

8 Minimum number of doctoral degree conferrals (Criterion H)

A provider for Full DAPs for research degrees is expected to be able to demonstrate that:

- it has achieved more than 30 doctoral degree conferrals (including professional doctorates) awarded through partnerships with UK awarding bodies.

Supporting evidence

Evidence for this criterion is likely to include (but not be limited to):

- student data (names of students, employment details, start and completion dates, dates of conferrals, awarding body details).
Annex 6: Types of monitoring and assessment activity undertaken during the New DAPs probationary period

The table below provides a summary of the types of monitoring and assessment activity teams are likely to engage in over the probationary period. The plan of assessment activity will be agreed by the assessment team at the start of the probationary period based on the analysis of the provider and may be adjusted during the scrutiny considering the findings.

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Frequency and timing of activity</th>
<th>Purpose of activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team planning meeting - this is a confidential team meeting that takes place away from the provider.</td>
<td>One meeting at the start of each year of the probationary period.</td>
<td>For the team to review any changes to the New DAPs plan, analyse new documentary evidence that has become available and to agree the planned assessment activity over the next year.</td>
</tr>
<tr>
<td>Team visit to the provider - one or two-day visits to the provider by the team; this may include a subject specialist.</td>
<td>The team will visit the provider at least once in a year. The timing of the meeting will be at the team's discretion but is most likely to be towards the end of each year before the team comes to a view about the provider's progress.</td>
<td>For the team to meet with provider staff and stakeholders. Meetings will be used to gather evidence and clarify issues arising from the desk-based assessment of documentation.</td>
</tr>
<tr>
<td>Assessment meeting - this is a confidential team meeting.</td>
<td>The team will meet at least once a year to review the provider's progress and agree findings. For practical reasons this meeting is most likely to take place immediately after the team visit.</td>
<td>In years one and two, for the team to come to a collective view about the provider's progress in implementing the New DAPs plan and maintaining academic standards. In the final year, for the team to come to a collective view about whether the provider meets the DAPs criteria.</td>
</tr>
<tr>
<td>Observations - observation of an activity at the provider by an individual expert.</td>
<td>Observations will be undertaken according to a plan determined by the team.</td>
<td>For team members to gather primary evidence to assess how the provider is implementing its New DAPs plan and/or meeting the DAPs criteria in practice.</td>
</tr>
<tr>
<td>Desk-based assessment - the review of documentary evidence submitted by the provider or requested by the team.</td>
<td>This is a continuous activity, but the provider will be asked to submit new documentary evidence on a quarterly basis.</td>
<td>For the team to assess how the evidence demonstrates the provider is implementing its New DAPs plan and/or meeting the DAPs criteria in practice.</td>
</tr>
</tbody>
</table>
Annex 7: Types of assessment activity undertaken during Full DAPs scrutiny

The table below provides a summary of the types of assessment activity teams are likely to engage in over the scrutiny period. The plan of assessment activity will be agreed by the assessment team at the start of the scrutiny based on the analysis of the provider and may be adjusted during the scrutiny considering the findings.

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Frequency and timing of activity</th>
<th>Purpose of activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team planning meeting - this is a confidential team</td>
<td>One meeting at the start of the scrutiny process after individual members have completed their</td>
<td>For the team to agree the findings from its desk-based assessment and the planned assessment activity over the scrutiny period.</td>
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<tr>
<td>meeting that takes place away from the provider.</td>
<td>desk-based assessment.</td>
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<tr>
<td>Team visit to the provider - one or two-day visits to</td>
<td>The team will normally visit the provider twice. The timing of the meetings will be at the</td>
<td>For the team to meet with provider staff and stakeholders. Meetings will be used to gather evidence and seek clarifications. The first visit will usually be to verify claims in the documentary evidence and seek any initial clarifications. The second visit is for the team to seek any final clarifications before drawing its conclusions.</td>
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<tr>
<td>the provider by the team; this may include a subject</td>
<td>team's discretion, but the first meeting is likely to take place at the start of the scrutiny</td>
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<tr>
<td>specialist.</td>
<td>and the second towards the end.</td>
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<tr>
<td>Progress review meeting - this is a confidential team</td>
<td>The team will normally meet twice to review its assessment of the provider against the DAPs</td>
<td>For the team to come to a collective view about whether the provider meets the DAPs criteria.</td>
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<tr>
<td>meeting.</td>
<td>criteria. For practical reasons these meetings are most likely to take place immediately after</td>
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<td></td>
<td>the team visit.</td>
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<tr>
<td>Observations - observation of an activity at the</td>
<td>Observations will be undertaken according to a plan determined by the team.</td>
<td>For team members to gather primary evidence to assess how the provider meets the DAPs criteria in practice.</td>
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<td>provider by an individual expert.</td>
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<tr>
<td>Desk-based assessment - the review of documentary</td>
<td>This is a continuous activity that takes place throughout the scrutiny period.</td>
<td>For the team to assess how the evidence demonstrates the provider meets the DAPs criteria in practice.</td>
</tr>
<tr>
<td>evidence submitted by the provider or requested by the</td>
<td></td>
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<tr>
<td>team.</td>
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</tbody>
</table>
This guidance was first published in October 2018. Updates were made to Annex 5 in October 2019.