

Quality Enhancement Review Handbook

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This Handbook is published in both Welsh and English

Introduction and context

1 The Quality Enhancement Review Handbook sets out the review method applied to regulated Welsh higher education providers from 2017 and succeeds Higher Education Review: Wales.

2 Quality Enhancement Review (QER) provides a distinctive approach to external institutional review. It was developed by QAA in conjunction with providers in Wales, Universities Wales and ColegauCymru to meet both the requirements of the Higher Education Funding Council for Wales (HEFCW) and to address the particular context of the Welsh higher education sector. It draws upon the experience of external review in Wales and on QAA's experience of methods used in other parts of the UK and beyond. It supports QAA in its work on behalf of UK higher education to protect the global reputation of UK higher education.

3 Under the [Higher Education \(Wales\) Act 2015](#)¹, HEFCW is required to assess, or make arrangements to assess, the quality of education provided in Wales by, or on behalf of, each regulated institution. External quality assessment is one element of HEFCW's Quality Assessment Framework for Wales (QAF). In line with other elements, it reflects greater emphasis on the role of the governing body to assure itself, and provide assurance to others, and on the use of data and other information in quality assessment and quality enhancement. Unless otherwise specified, references to institutions or providers in this Handbook are to regulated providers under the 2015 Act.

QER and the Quality Assessment Framework for Wales

4 The Quality Assessment Framework for Wales (QAF) was reviewed as planned by HEFCW, with revised guidance on external quality assurance review published in July 2019. This revised Handbook reflects the updated QAF and the developments in other reference points. This responsive evolution is important to reflect continuing wider change in both the QAF and QER method.

5 Under the QAF, providers are required to commission an external quality assurance review at least every six years² from a body registered on the European Quality Assurance Register (EQAR). QAA's QER method provides the required assessment of higher education providers against the [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(2015\)](#) (ESG)³ and agreed baseline requirements. QAA is on the EQAR, understands the context of higher education in Wales, and maintains appropriate Welsh language capacity and commitment.⁴

6 Institutions in Wales wishing to remain regulated must have undertaken a recognised external quality assurance review in the past six years. QAA reviews are recognised by HEFCW as meeting this requirement. Importantly, QER provides quality assurance and supports quality enhancement.

¹ Higher Education (Wales) Act 2015: www.legislation.gov.uk/anaw/2015/1/pdfs/anaw_20150001_en.pdf

² Partial or early full reviews may be commissioned by the governing body independently or following a request from HEFCW (see HEFCW's website and section 6 of this Handbook).

³ European Standards and Guidelines, available at: www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf

⁴ QAA has been listed on the EQAR register since 2013.

7 QER delivers against the principles of the QAF⁵ by:

- recognising the autonomy of higher education providers and the diversity of their missions through a responsive method
- using risk and evidence-based peer review as the foundation of external quality assurance
- recognising the integral role of students as partners in the conduct of the method and in the use of student reviewers
- providing a method that is transparent, flexible, proportionate and delivers value for money
- ensuring the providers are supported to experiment and innovate
- being flexible and enabling governing bodies to place additional requirements on it in light of their mission and strategy
- acknowledging the devolved context of higher education providers while applying recognised and shared UK standards
- seeking to protect the reputation of Welsh and UK higher education in a global context.

8 QERs should normally be carried out at least every six years; however, a QER may be brought forward by the governing body. Where there is substantial structural change, such as a merger, a review of the whole new structure would normally be carried out at the earliest date when any constituent part was due a review. HEFCW may require an early or partial review in light of the outcomes of its wider risk-based assurance activity.

Aims and objectives of Quality Enhancement Review

9 The overall aim of QER is to inform a provider's governing body, students, HEFCW and the wider public whether it meets UK and EHEA expectations in:

- how it sets and maintains academic standards
- how it maintains a high-quality academic experience
- supporting the emphasis in the QAF on improving student outcomes and the student academic experience.

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

10 QER has a range of objectives.

In terms of assurance it:

- delivers clear statements on whether the provider meets the ESG Part 1 for internal quality assurance and the relevant baseline regulatory requirements
- provides a suite of assurances, differentiated commendations and recommendations for governing bodies
- acts as a process to form a basis for ensuring action is taken if the management of academic standards or the quality of provision is found not to meet threshold requirements or has significant weaknesses.

⁵ Key Features and Principles of the Quality Assessment Framework for Wales, available at: www.hefcw.ac.uk/en/document/qaf-april-2020-english

As a tailored method it:

- provides a review structured around the strategic priorities of the provider and the nature of its student body - and how the two interrelate to define the provider's priorities for enhancing the student learning experience
- provides a clear statement on the provider's strategic approach to the enhancement of the student academic experience
- is efficient, cost-effective and flexible, maximising the benefits of constructive engagement in review and minimising the burden on higher education providers.

In support of quality enhancement and student engagement it:

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

Judgements and reference points

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

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

The ESG and the agreed baseline regulatory requirements form the key reference points for review reflecting expectations of the European Higher Education Area and the UK respectively and thus help ensure review outcomes are recognised across and beyond the UK. Further information on the relevant baseline regulatory requirements is available in Section 1 and on the judgements in Section 4.

12 Judgements will be expressed as one of the following:

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

'Meets requirements' is a positive judgement and will likely be accompanied by a number of recommendations and commendations. 'Meets requirements with conditions' and 'does not meet requirements' are both unsatisfactory judgements requiring further work before the review is complete. Conditions are more substantial matters of concern and indicate where follow-up action will be required to complete the review.

Institutions with unsatisfactory judgements will need to complete an action plan to address the area/s of concern through a peer review follow-up process. Unsatisfactory judgements may be revised after 12 months where evidence has been produced to demonstrate that requirements are being met. Where an institution receives any unsatisfactory judgement, the time interval for its next review is shortened to four years for a judgement of 'meets requirements with conditions' and two years for a judgement of 'does not meet'. Where an institution warrants conditions or does not meet requirements it may trigger action by HEFCW alongside actions set out within this Handbook. See Sections 4 and 5 for full information on judgements and follow-up procedures.

Key developments in Quality Enhancement Review

13 This method marks a significant shift and culture change from previous methods. In summary the main areas of change are that:

- the method is grounded in the needs of higher education in Wales
- the approach takes into account the context and mission of the provider as an autonomous body with its own priorities and character using negotiated elements better to meet the particular needs of individual providers
- it seeks to confirm rather than re-test baseline requirements
- it places greater emphasis on enhancement and the impact of initiatives in practice for students.

14 The starting point in designing the method has been the policy context of Wales and the needs of the higher education sector and students in Wales. Where a provider has a demonstrable track record⁶ in meeting the requirements of the UK Quality Code for Higher Education (the Quality Code) the primary focus is on enhancement, with the approach designed to confirm, rather than re-test, baseline requirements and expectations. The provider will summarise what has changed since its previous review and provide evidence of the effectiveness of changes (through a 'Change Report'). This should be accompanied by evidence of the rationale behind changes and how the provider has evaluated, or plans to evaluate, the effectiveness of changes.

15 The starting point for each QER is the nature of the provider: its size and scale, the nature and range of its provision, the nature of its student population, its strategic direction, and its own critical assessment of its strengths and areas for development. The approach aims to take full advantage of peer review by enabling constructive dialogue between the review team and the provider during the review. This approach also enables QER to be used to test and explore how a provider is responding to policy drivers from the Welsh Government. Thus, QER enables providers to maximise the value of the exercise for their institution, building on and acknowledging the importance placed on evidence-based self-evaluation. QAA will seek to deliver additional value to the higher education sector in Wales by analysing themes and producing good practice case studies that emerge from QER reports to support sector-wide learning and enhancement.

16 In line with the QAF, the method is designed to be flexible so that governing bodies, if they wish, can place additional requirements or a particular emphasis on the process in light of their mission and strategy.⁷ It is designed to provide for both the review needs of established providers with a track record and those developing their record; it is designed to be adaptable to suit both large universities and further education providers that deliver higher education as only one element of their portfolio.

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

⁶ This is defined as two successful QAA reviews, that is, reviews against UK higher education expectations. For providers that have merged, this track record can include the reports of the predecessor institutions.

⁷ Negotiated and additional elements of review may incur additional costs.

18 Practical changes from the previous method include:

- a Self-evaluative Analysis (SA) and Change Report or mapping as the only specific documentation prepared by established providers
- a review against the ESG Part 1 and the requirements set out by HEFCW (see Section 1)
- discussions about the scope and focus of the review at an early stage with the QAA Officer responsible for the review
- a Prior Information Pack to provide reviewers with access to key evidence
- a greater focus on the future and on enhancement (see Section 2)
- a one-day First Team Visit (instead of 1.5 days)
- a move to a separate Outcome Report for a general audience, together with a more detailed Technical Report aimed at the provider.

19 Flexibility is provided through:

- the opportunity to identify particular areas of focus
- the size and composition of the QER team which can be varied to fit the institutional context, with 3-5 reviewers
- the duration and scope of the Review Visit can be adjusted
- the opportunity to agree the way in which the students contribute to the material for the review (see Section 3)
- the opportunity for early and for partial reviews.

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

External reference points

20 As part of identifying its strategic approach to the management of academic standards, academic quality and quality enhancement and evaluating its current policy and practice, the provider will make use of a variety of external reference points. Some of these reference points will be common to all Welsh providers, such as the Credit and Qualifications Framework for Wales and Welsh language requirements. Some reference points will be UK-wide,⁸ such as the UK Quality Code for Higher Education, and others will be international, such as the ESG.

21 While providers have flexibility in identifying the full suite of reference points that are relevant to their strategic vision, context and student population, there are a number of specific key reference points against which Welsh higher education providers will be reviewed. These include relevant baseline regulatory requirements from the QAF.

22 From July 2019, these are:

- that the academic standards of courses meet the requirements of the relevant national qualifications framework, which, in Wales, are *The Framework for Higher Education Qualifications (England, Wales and Northern Ireland)* and the Credit and Qualifications Framework for Wales
- The Expectations of the UK Quality Code for Higher Education, in relation to both English and Welsh medium provision of the institution
- The Core and Common practices of the Quality Code in relation to both English and Welsh medium provision of the institution.

23 The other baseline regulatory requirements of the QAF, such as financial sustainability, management and governance requirements are checked directly by HEFCW and do not form part of the method. However, any public information relating to other baseline regulatory requirements will inform the context for the review and may shape the provider's approach to its management of quality and standards. HEFCW may advise QAA and an institution under review of matters that it considers warrant specific exploration. Matters arising from HEFCW's wider oversight of providers may also trigger it to require an institution to commission a partial review or to bring forward its QER, and may involve particular elements of the baseline regulatory requirements.

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

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

⁸ Established in 2016, the UK-wide Standing Committee for Quality Assessment provides UK-wide oversight of the baseline regulatory requirements. Further information is available at: www.hefcw.ac.uk/en/document/brr-publication-english

Such reference points may include a range of documents produced by QAA such as Characteristics Statements, Subject Benchmark Statements and the Guidelines for Higher Education Providers on Effective Practice in Examining and Assessing in Welsh within Wales. Most institutions will also make use of reference points published by professional, statutory and regulatory bodies (PSRB), and which outline expectations for research students.

Scope of Quality Enhancement Review

25 The scope of QER includes all of the provider's higher education provision, that is, programmes of study leading ultimately to awards or credit at levels 4-8 of the FHEQ. This includes integrated foundation year programmes designed to enable entry to specified degree programme(s)⁹ and higher-level apprenticeships that lead to awards on the FHEQ. Thus, it is not limited to HEFCW regulated or funded provision.

26 QER is concerned with the learning experience of all higher education students irrespective of their level, mode or location of study. This will include undergraduate and postgraduate students; taught and research students; full-time and part-time students, including those involved in credit-bearing continuing professional development; and campus-based, work-based and distance-learning students. It will include students entering the provider through the full variety of routes and pathways. It will include home, European and international students, irrespective of funding.

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

28 Welsh providers will continue to participate in review of their transnational education (TNE), and related activity organised by QAA from time to time if it applies to their provision. The outcomes from that work will inform QER reviews.

29 QER has a focus on the student learning experience. This comprises two main aspects:

- the learning opportunities the provider makes available for its students together with the support provided to enable them to take fullest advantage of those learning opportunities
- the extent to which the provider engages students in the management and enhancement of quality, and so enables them to participate in the effective management of the student learning experience.

30 QER considers how effectively a provider responds to the nature of its student population. This will include the arrangements for identifying and responding to the diversity of students and their needs, and how this relates to its mission or strategic objectives. It is expected that student recruitment and the support arrangements provided are appropriately matched.

⁹ It may be necessary to use other external reference points in addition to the Quality Code to set academic standards for the foundation year element. If the foundation year element is free-standing and does not have a direct relationship with a specified higher education programme it is not covered by the Quality Code but may be subject to other regulatory requirements.

31 In order to address this scope, the Technical Report of a QER is structured under the following headings:

- i. Contextual information about the provider, student population and review
- ii. Enhancing the student learning experience
- iii. Supporting the enhancement of learning and teaching
- iv. Academic standards and quality processes
- v. Collaborative provision (where appropriate).

It is recommended that the Self-evaluative Analysis follows the same structure. Further details on the content of the Technical Report can be found in Annex 7 and guidance on the Self-evaluative Analyses in Annex 6.

Comparability of Quality Enhancement Review in the UK and internationally

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

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

33 International comparability is provided through:

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

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

Section 2: Enhancement in Quality Enhancement Review

Defining and understanding enhancement

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

35 QER teams consider how providers use the information and evidence available to shape their strategic approach to enhancement and are particularly interested in the provider's strategic intentions and its plans in light of its current and planned future student profile (taking account of the full diversity of the student population, location, modes and levels of study). QER explores the impact of the provider's strategic approach to planned changes and to quality enhancement, including how any changes in the student population may affect it. For example, if the provider intends to expand its postgraduate research (PGR) student population, QER will explore how effective student support arrangements are maintained during this expansion and the nature of the learning environment for research students.

36 This focus on enhancement should be reflected in the self-evaluation, especially the principal sections on enhancing the student learning experience and supporting enhancement in learning and teaching (see Annexes 6 and 7).

A self-evaluative approach

37 Enhancement involves evaluation and strategic intention and it is expected that the provider will have a clear strategic vision and leadership for enhancement and the changes it seeks to bring about. It is expected that this will be informed by a culture that promotes evaluative practice in quality assurance processes, with the provider's evaluation of the effectiveness of its implementation of earlier plans, its current strengths and areas for development. In doing so, the provider may make use of a framework of questions.

- Where are we now?
- Where do we want to be in the future?
- How are we going to get there?
- How will we know when we get there?

38 The provider's approach to critical self-evaluation will form a significant focus in QER, since this is how a provider can demonstrate that it has a reflective quality culture that evaluates and builds on its strengths, and identifies and addresses potential risks to quality or academic standards. In focusing on enhancement, providers identify ways in which the student learning experience could be improved, whether or not quality or standards are at risk. Enhancement involves purposeful striving to deliver and maintain excellence and to enable innovation.

39 An enhancement-orientated approach recognises the need to adapt and change as the wider social, economic, technological and policy context changes, and as the nature and diversity of the student population changes. The need to change may be prompted by identifying areas of weakness or opportunities for development, but it is vital to stress that 'improvement' in the context of enhancement is predicated upon the assumption that the pursuit of excellence, in the dynamic context of higher education, is continually evolving and enhancement is part of a culture of reflection, innovation and change.

40 In QER, the provider prepares a specific SA that summarises for the review team its approach to enhancement and its plans. It is expected that the SA **will be concise** and evidenced (this is covered in more detail in Section 3). QAA expects that providers undertake evaluative activity on an ongoing and routine basis so that submitting evidence alongside the SA will not involve the development of new supporting documents. QER will explore the range and overall effectiveness of those ongoing and routine evaluative activities.

Enhancement, evidence, innovation and risk

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

Student engagement in enhancement

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

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

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

National priorities

45 Welsh higher education providers continue to have a strong focus on national priorities. The extent to which a review team explores a provider's approach to national priorities in QER will be agreed early in the process. This could involve exploring responses to national economic needs, regional and community needs, to the implementation of policies such as the creation of a tertiary education system or the stress on civic mission, sustainability and well-being. Review teams will include a reviewer working in, or with recent experience of, the Welsh higher education sector.

Section 3: Quality Enhancement Review method

Introduction

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

47 QER offers the opportunity for the review to place more focus on the areas of most benefit and strategic importance. The provider should begin its preparation with a holistic evaluation of its strategy, policy and practice in relation to quality assurance and enhancement and move on to identify the areas of focus for the review. It should reflect on its response to the last QAA review. The identification of the areas of focus will be evidenced and strategic. The provider should not, however, neglect the requirement to ensure that both judgement areas are adequately covered in its analysis and the evidence base it provides. Each relevant heading of the Technical Report should be addressed.

48 The provider will discuss the areas it wishes to focus on in its review with the QAA Officer managing the review. These discussions will begin at an early stage in the provider's preparations so that the areas of focus can inform the composition of the review team and enable QAA to tailor the review to the particular needs and priorities of the provider.

49 Areas of focus are those identified by the provider which will be of benefit to them as areas for exploration and discussion in the review. Examples could include: an area of challenge and how it is being addressed; a particular area of activity, such as work-based learning or personal tutoring; investment in a change initiative; or an example of exemplary, effective practice. Areas of focus demonstrate the approach of the provider to the management and enhancement of its provision. Typically, three or four areas would be put forward.

50 The provider will set out and evaluate the areas of focus in the SA it submits to the review team. The First Team Visit provides the first opportunity for the provider and the review team to discuss those decisions.

51 The intention is that the tailored focus ensures the provider gains optimal value from its QER both in the preparatory evaluation and through the Review Visits, as it allows the review to be responsive to the nature of the provider, including the composition of its student population and its strategic priorities.

Welsh language

52 In planning, conducting and reporting on reviews in Wales, QAA is committed to treating the Welsh and English languages as equal, and considering the requirements and expectations of the Welsh language standards. For further information, see Annex 3.

Summary of the elements of Quality Enhancement Review

53 QER has a number of interrelated elements. The first contact that the provider will have with QAA about its review normally occurs about 18 months before the start of the Review Visit. QAA will ask the provider for information to help schedule the review, including dates of the academic year and major exam periods, the proforma detailing collaborative responsibilities, and its register of collaborative arrangements (if any). This will enable QAA to confirm the dates and schedule for the review activities. The stages are as follows:

- Provider Briefing
- Preparatory Meeting and identification of early themes or areas of focus for review

- Preparation and submission of the self-assessment and change report, Prior Information Pack and student contribution
- First Team Visit
- Review Visit
- Published reports.

54 Between the meetings and Visits, the QAA Officer is available to offer advice and guidance as appropriate.

3a: Key participants

Introduction

55 This section summarises the roles of the QAA Officer, students (normally through a Lead Student Representative) and the institution's staff facilitator.

The QAA Officer

56 QAA appoints an Officer to coordinate and manage each review. The Officer is a named member of QAA staff. The Officer will normally support the full review from the preparatory meeting to the publication of the provider's action plan following the review. They are responsible for establishing close and constructive working relationship with providers.

57 The QAA Officer will be present throughout the QER visits but will not direct the team's deliberations or influence its conclusions and findings. The QAA Officer's overarching role is to ensure that the review process is conducted according to this method handbook and that the conclusions of the review team are well-evidenced and robust. Their other roles are to:

- conduct the early stages including initial preparatory meeting
- facilitate communication between facilitator, lead student representative and the review team
- manage logistics
- chair review team meetings
- edit the review report and coordinate its production
- liaise with the provider in relation to any follow-up activities.

The role of students and Lead Student Representative

58 Students are among the main beneficiaries of QER and the student experience is at the heart of the review process. Student reviewers are full and equal members of review teams. The student representative body will have a key role by supporting students' engagement in the review and are invited to nominate a Lead Student Representative.

59 Students may also have input to the process by:

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

60 Higher Education Review (Wales) showed that the role of Lead Student Representative (LSR) made a valuable addition to the external review process. Where

possible, QER encourages students to nominate a LSR; the student representative body should nominate the LSR. It is possible for two student representatives to share the LSR role and for providers to keep the QAA Officer informed if that is the case. The role of the LSR is voluntary.

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

62 Lead Student Representatives will normally:

- liaise with the facilitator to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body
- organise or oversee the writing of any student submission or contribution
- assist in the selection of students to meet the review team
- meet with the review team during the visits
- ensure continuity of activity throughout the review process
- coordinate comments from the student body on the draft review report
- work with the provider in developing an action plan as a result of the review and its findings.

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

64 QAA provides advice and guidance for LSRs at the Provider Briefing and Preparatory Meeting ahead of the review, which will include advice on the review process and the national context in which it takes place. It is expected that higher education providers support the LSR by helping them to understand the significance of their role and how the student contribution adds value to the review process. Higher education providers are also expected to give administrative and logistical support to the work of LSRs as appropriate. More information about the role of students is available in Annex 5 and, on the support expected by providers for students, from HEFCW.

The Facilitator

65 Providers are invited to nominate a single member of staff to facilitate the review by liaising closely with the QAA Officer to ensure the organisation and smooth running of the review process and to work closely and supportively with the LSR. During Review Visits, the facilitator is expected to:

- provide the review team with advice and guidance on the provider's structures, policies, priorities and procedures
- meet the QAA Officer and the LSR, and possibly also members of the review team, outside the formal meetings to provide or seek further clarification about particular questions or issues
- help to direct reviewers to information or locate the information they are seeking to help make the process as time efficient as possible.

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

for facilitators at the Provider Briefing and Preparatory Meeting ahead of the review. More detailed information about the role of the facilitator is available in Annex 4.

3b: The information base for the review

Introduction

67 The main source of evidence for the review is the institution's Self-evaluative Analysis (SA), supported by a change report or mapping and prior information pack, together with the student contribution. This evidence base is required by the review team 12 weeks before the Review Visit. Only the SA, the student contribution and the change report are prepared specifically for the review by the institution. It is expected that all other evidence is existing documentation. The SA and Change Report should be as concise as possible. As a guide, the SA should be 50-80 pages.

Self-evaluative Analysis

68 The Self-evaluative Analysis (SA) should mirror the headings of the Technical Report. The areas of focus should normally be incorporated into this structure. The SA should act as a demonstration of the provider's capacity for self-reflection and critical evaluation, including reflection on its response to its last QAA review. The SA should be evidence-based. References to the evidence will guide the review team to the basis of the analysis. That evidence may point to information in the Change Report or Prior Information Pack; all evidence should be accessible to the review team in preparing for the review and should be specific. The aim is to enable the review team to understand and verify the information, evaluation and conclusions in the SA. This approach will make it easier for the review team to understand the provider's systems and gather information quickly and effectively.

69 The SA is likely to cover current strategic initiatives, areas of challenge and areas of good practice. Case studies are not a required part of the review method, but providers may submit information in case study format if they wish. Students may choose to use case studies as, or as part of, their written contribution. QAA expects providers to involve students in preparing the SA, and to identify the nature and impact of that involvement within the text of the SA.

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

Student contribution

71 QAA is committed to encouraging and enabling active student participation and engagement in QERs. The information provided by students in advance, normally through a written student submission, is of vital importance to reviews as it provides teams with insight into the nature of the student experience and the effectiveness of providers' management of the quality of the student experience. QAA Review teams expect to meet students and their representatives during review visits. The involvement of students provides review teams with an understanding of the student perspective and experience that it would otherwise be hard to obtain. Providers find it extremely helpful to work with their students in preparing for review and welcome active, constructive engagement. The specific opportunities and processes for the wider engagement and involvement of students in QER is covered in Annex 5.

72 The student contribution should help the review team to understand what it is like to be a student at the provider under review, and how students are engaged in decision-making, quality assurance and quality enhancement processes at the provider. QAA encourages students that contribute to the review to make use of relevant external publicly

available datasets and other data available from the provider. QAA can help direct students to available data as part of the preparatory stages of a review.

73 QAA expects providers and their students to work in partnership in their joint preparation for review. Students will therefore normally be fully involved in the preparation of the SA and Change Report and engage staff in the preparation of any student contribution. Only students can choose how they contribute to the review and there are four ways they might do this in the preparatory stages of QER:

- develop and submit a separate student submission based on the same broad areas and headings as the SA and to the same timescale
- provide a series of commentaries or vignettes as part of the SA
- develop a fully integrated approach to the SA. A joint SA will need to be clearly signed off by a representative of the student body as representing their intended contribution
- agree one or more student-led case studies that are submitted alongside the SA.

74 Students can use a combination of these ways of contributing if they prefer. Submissions can be made in a variety of formats including written, audio or video formats, or in a combination of formats.¹¹ However students contribute to these preparatory stages, QER assumes that providers engage students as partners in the process.

Change Report or mapping

75 The Change Report was introduced to this review method with the intention to help limit the extent to which a review re-covers ground considered in previous QAA reviews. In this way, it aims to focus the assurance elements of the review on confirming, rather than re-testing, that providers meet the relevant baseline requirements. It assumes that providers will tend to maintain a 'mapping' of how they meet and respond to the UK Quality Code and other key reference points, and that this will record areas for action and developments in process and practice. A mapping provides a single point of reference that summarises how the provider meets external reference points and the decisions it has made where there is flexibility. Typically, this 'mapping' would be maintained by a quality unit and help the provider plan the review and development of its policies and procedures, as well as record the response to externally driven changes.

76 The wholesale re-conceptualisation and revision of the UK Quality Code in 2018 will have meant that most, if not all, the relevant policies, procedures and practices will have been reconsidered internally by all providers. In addition, the requirement from 2017-18 for external review in Wales to assess providers against the ESG Part 1 introduced new work for providers in assessing their policy and practice against those standards - and to demonstrate this in external review. Given this context, providers may find it simpler to provide the review team with their mapping (or its equivalent). Where there has been less external change, providers are asked to produce a Change Report. Either the mapping or the Change Report enable providers to outline how they meet or respond to baseline regulatory requirements and the ESG Part 1, and may cover other external reference points. In respect of the assurance aspect of review, teams are interested in what has changed since the previous QAA review as this allows them to focus on changes and to confirm that unchanged practice remains effective and fit for purpose.

77 A mapping should demonstrate how relevant baseline requirements for QER, the standards of the ESG Part 1, and other external reference points are met. This may involve

¹¹ QAA's secure electronic systems which host review documents limit the size of some audio and video files. This might mean an audio/video submission needs to be separated into smaller files before it is submitted. QAA will share guidance on audio/video files sizes and formats at the preparatory meeting.

links to specific policies and procedures, and any necessary commentary. It would tend to include a note of the date when policies were last approved or revised and the next planned review. Mappings may be used to note areas of good practice and areas of challenge. Typically, this summary document would readily enable an institution to show that it can answer basic assurance questions - be it those from its governing body, from a QAA review team, from HEFCW or from a PSRB. A mapping may be factual or may include evaluative commentary. For the purposes of QER, it is a central piece of evidence underpinning the judgements and is a requirement when there has not been a previous review by QAA against the relevant requirements (that is, no basis for a Change Report).

78 A Change Report is used to identify, evidence and evaluate changes since the previous QAA review and can supplement a mapping. Its key function is to support the review team in understanding how the institution has changed its approach. Where there is no or little change, a team will primarily be confirming continuing quality arrangements remain robust; where there have been changes, it will want to look in more depth at the rationale for change and the evaluation of the effectiveness and impact of changes in practice. A Change Report covers both internally driven change (such as those prompted by monitoring and review of effectiveness, the scheduled, regular review of processes or change initiatives) and externally driven change (such as a change in the UK Quality Code). For the purposes of QER, it too is a central piece of evidence underpinning the judgements.

79 The Change Report takes the previous review as a starting point to summarise changes in the approach to meeting the baseline requirements for the review. It should include, or refer to, evidence of how changes are working in practice. For instance, if a provider has changed how it conducts periodic programme reviews, it would outline the change, its rationale, and reflect on the effectiveness of the change. Where a reference point of the relevant baseline requirements has been revised, the provider would indicate how it is responding to the revised requirement. The assurance statements from governing bodies would likely form part of the evidence base that supports the Change Report, along with existing documentation on decision-making and reporting related to the change.

80 The review team uses the Change Report¹² throughout the review process as a starting point for understanding the approaches that will underpin the judgements. Wherever possible, the review team will raise any points for clarification on continuing or changed practice at the First Team Visit and may seek additional information from the provider if necessary in order to inform judgements.

81 The Change Report provides evidence of the provider's approach to enhancement, as well as supporting the team in reaching the assurance judgements. Enhancement and improvement cannot happen without change. A systematic and strategic approach to improvement, built on a quality culture of critical reflection, questioning and evaluation, should result in changes that enhance the learning experience for students and therefore have a positive impact for students and their learning.

Prior Information Pack

82 The provider submits a Prior Information Pack (PIP) that provides the supporting evidence for the SA and Change Report 12 weeks before the Review Visit. This gives the review team direct access to information about the provider's key processes for securing academic standards and assuring quality. It enables the review team to see how the provider's key processes function in practice and supports the team's ability to reach the threshold judgements. Having this information at this stage allows more time during the Review Visits for discussions relating to quality enhancement.

¹² Providers may provide a mapping against the revised UK Quality Code if they consider it helpful.

83 The SA and Change Report must identify evidence to illustrate or substantiate the narrative – and provide the team with access to it in the PIP; it is not the responsibility of the review team to seek out this evidence. Providers should exercise discernment and include only evidence that is clearly germane, and supports the narrative and judgements. The PIP is intended to provide the main sources of evidence; thus, the SA and Change Report will reference the evidence there.

84 The precise suite of information to be included in the PIP will reflect the content of the SA and Change Report. It is likely also to form the evidence base for the student contribution. Aligned appropriately to commentaries within the SA and/or the Change Report, the PIP provides the review team with existing documentation/links to documents that cover:

- the provider's mapping of its policies and practices to the ESG
- the provider's mission and strategic plan
- an organisational diagram of the deliberative and management structure to illustrate how responsibilities for the assurance of quality and standards are organised - this should indicate both central and local (that is, school/faculty or similar) bodies
- HEFCW annual assurance statements for the period since the previous review
- policy, procedures and guidance on quality assurance and enhancement (this may be in the form of an academic manual or regulations, or code of practice)
- illustrative examples of quality procedures in practice, including programme approval, annual monitoring and periodic programme review reports from the preceding academic year and any available from the current academic year
- the consideration at institution level of reports from external examiners
- the consideration at institution level of student feedback and views
- other key strategies relating to the student learning experience and updates on the progress of the strategy
- information on the provider's relationship with its student body, such as student charters, relationship/partnership agreements and annual student statements (if available)
- information illustrating the provider's approaches to student engagement and provision of student support
- agreements with degree-awarding bodies and/or awarding organisations, where applicable
- update of the collaborative provision, including a current register of collaborative provision
- a list of programmes that are accredited by a PSRB, the PSRB in question, date of last visit, and accreditation status, and any analysis or wider learning undertaken by the institution.

Additional document requests

85 The review team may request additional documentation at two points in the review process if they identify any gaps or require further information to help their understanding of the evidence already submitted by the provider. Requests for additional information will be strictly limited to what the team requires to complete their analysis and understanding. Providers can ask for clarification on the purpose of the additional information requested in order to provide the team with the most relevant pieces of information. The first opportunity to request additional documents is after the review teams' initial desk-based analysis at nine weeks prior to the Review Visit and then immediately after the First Team Visit. The timescales for these requests are set out in Annex 9.

3c: The method process

The Provider Briefing

86 The Provider Briefing normally takes place approximately a year before the Review Visit and enables QAA to provide a high-level overview of the method. The Briefing may take place by VC or webinar hosted from a QAA office, at QAA's Cardiff office, or at the provider (in which case it would likely also embrace a more general liaison meeting and function).

87 Principally, the Provider Briefing enables the provider to explore with QAA the required scope of QER and how it would like to contextualise and tailor the review in light of its mission, student profile and strategic priorities. This includes an initial discussion of the identification of the areas of focus for the review, and the insights these would provide in evaluating the providers strategy, policy and practice. The Briefing is also the first opportunity for the QAA Officer to meet the Facilitator and Student Officers or LSR, if appointed by this point. QAA will invite the provider to indicate at this stage if they wish any elements of the review conducted in Welsh.

The Preparatory Meeting

88 The Preparatory Meeting typically takes place at the provider six months before the Review Visit and enables QAA to provide a detailed discussion on the method and associated logistical requirements with the Facilitator and LSR, and administrators supporting both of them in their roles. The QAA Officer will seek to answer questions about methodology, and confirm what information needs to be made available. The meeting will cover the purpose of the advance material, including the SA and student contribution.

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

90 At the Preparatory Meeting, QAA will provide details of how to upload the SA, Change Report, Prior Information Pack and the student contribution to a secure electronic folder. This enables reviewers to undertake their analyses and preparations for the First Team Visit.

First Team Visit

91 The First Team Visit involves the whole review team and the QAA Officer attending the provider for a single day of meetings with agreed groups of staff and student representatives. The review team will have arrived at its accommodation on the day before the review is due to start. Their First Team Visit will therefore begin early in the day.¹³

92 The main focus of the First Team Visit is to explore the scope of the review, specifically to determine whether the reviewers think it necessary to consider any matters that the provider had not included in the material provided. It will also enable the team to identify any extra documentation needed and draw up a programme for the Review Visit.

93 The First Team Visit will take place four weeks before the Review Visit and is likely to involve three meetings. There will be a working meeting with the main contact from the provider, who is likely to be the provider facilitator. The review team will meet with a group of student representatives, likely to include the LSR, a key aim of which will be to establish the students' views of the focal points for the main Review Visit. There will be a further meeting with a group of staff involved at the discipline level.

¹³ Start time will be agreed with the institution; typically this is between 08.00 and 09.00.

94 In general, we do not expect the facilitator and LSR to be present at the team's private meetings, but we do expect the team to have regular contact with them during the Review Visit. The facilitator and LSR can also suggest informal meetings to alert the team to information it might have missed. QAA expects to see a productive relationship, helping the review team to speedily access information that enables it to come to robust and clear findings.

Confirmation of the Review Visit schedule

95 Within no more than two working days after the First Team Visit the QAA Officer will provide the Review Visit schedule to the provider, alongside a note of the themes to be explored during the main Review Visit, and a list of any further documentation the team would like to access. The facilitator will need to arrange meetings with those whom the review team wishes to meet. The QAA Officer will liaise with the LSR to ensure that the student groups the team wishes to meet will be available.

The Review Visit

96 The main Review Visit will last between three and five days, depending on the size and nature of the provision, and themes emerging from the SA and First Team Visit. During the Review Visit, the review team will continue to consider documentary evidence and hold meetings with staff and students and/or representatives of the diversity of the student body, including taking into consideration the views of students with protected characteristics. The Review Visit will address the matters raised by SA and supporting evidence. The range of meetings will depend on the provider's strategic priorities and the review's areas of focus; the Review Visit will therefore not be the same for every review.

97 The review team will have regular contact with the facilitator and LSR during each day of the visit to enable them to clarify evidence, themes or provide information. The facilitator and LSR can also suggest informal meetings if they want to alert the team to information that might be useful.

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

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

100 QAA expects reviewers to draft structured notes using a template for the Technical Report as the main Review Visit progresses. These are available to the whole team and the QAA Officer and underpin discussions on the final day.

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

- the judgements
- an outline of the commentary on each section of the report
- the commended activity
- recommendations for action by the provider
- affirmations of courses of action that the provider has identified.

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

102 At the end of the final day, the QAA Officer provides the facilitator and LSR with non-binding oral feedback.

103 One week after the visit, the QAA Officer provides an early draft of the Outcome Report giving the findings of the review. Annex 9 sets this out in tabular format.

Section 4: Quality Enhancement Review: judgements and findings

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

- a clear judgement on whether the provider meets the requirements of the ESG and the specified baseline regulatory requirements
- a clear statement on the provider's strategic approach to the enhancement of the student learning experience
- commendations, affirmations and recommendations
- the opportunity for each provider to carry out a holistic evaluation of its policy and practice along with the opportunity to have that self-evaluation peer-reviewed and to receive evidence-based feedback on its approach to securing academic standards and enhancing the student learning experience and
- an action plan to take forward items raised by the review.

The published reports and action plans also provide an intelligence base on which to build a programme of development and enhancement activity across the higher education sector. This programme is agreed between QAA, Universities Wales and the providers undergoing QER.

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

- reading and considering the provider's SA, Change Report, the Prior Information Pack, student contribution, and any related specific material/references
- discussing topics with staff and students during the Review Visits
- analysing and reflecting on those documents and discussions.

Quality Enhancement Review judgements

106 As stated in the introductory section, the review team will make two separate judgements, on whether or not the institution meets:

- i. the requirements of the ESG Part 1 for internal quality assurance
- ii. the relevant requirements of the baseline standards for the Quality Assessment Framework in Wales.

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

107 Judgements will be expressed as one of the following:

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

Preliminary judgements and outcomes are shared with HEFCW.

108 'Meets requirements' is a positive judgement and will likely be accompanied by a number of recommendations and commendations. With a judgement of 'meets requirements

with conditions' the conditions attached to the judgement will clarify the issue/s involved. Conditions are more substantial matters of concern and indicate follow-up action will be required to complete the review. A judgement of 'does not meet requirements' will be accompanied with a clear indication of where the institution needs to take action and may include a number of conditions and recommendations. Judgements of 'meets requirements with conditions' and 'does not meet requirements' do not preclude commendations and affirmations. The judgements 'meets requirements with conditions', and 'does not meet requirements' require follow-up action with QAA to complete the review. Where an institution warrants conditions or does not meet requirements it will trigger action by HEFCW alongside actions set out within this Handbook.

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

109 Colleges with higher education deliver programmes in collaboration with awarding bodies or awarding organisations and typically only have responsibility for the *maintenance* of academic standards, instead of the *setting* and maintenance of academic standard. QAA will take this into account when making judgements, assessing the provider against only the applicable requirements. Similarly, for providers without research degree awarding powers, QAA will focus on matters of quality with the postgraduate research student experience. The QAA Officer can clarify these matters at the preparatory meeting.

Differentiated outcomes

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

Findings

111 Alongside the judgements and statement on the approach to enhancement, the review team will identify features of good practice as **commendations**. QAA will seek to promote commendations as good practice case studies.

112 The review team will **affirm** positive steps already in progress, for example to address a recognised shortcoming or roll-out effective practice from one area across the institution.

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

114 Definitions are set out in Annex 1.

Section 5: Reporting, action plans and follow up

115 The key draft findings are shared with the institution shortly after the Review Visit to provide timely information to the institution on a process in which it will have invested considerable time. Each QER results in two types of report published by QAA: a summary Outcome Report and more detailed Technical Report.

116 The QAA Officer will ensure that the review team supports its judgements and findings with adequate and identifiable evidence throughout the review and that the review reports reflect the evidence base. Reviewers contribute draft text, however QAA retains editorial responsibility for the final text of the report. QAA moderates reports to ensure review teams consistently apply the guidance on developing judgements.

Outcome Reports

117 The Outcome Report is concise and aimed at an informed lay audience such as students and engaged members of the public. It provides a summary of the findings in the Technical Report. Outcome Reports:

- set out the review judgements and findings
- include a statement on the provider's approach to the enhancement of the student learning experience
- provide outline information about the nature of the provider.

Technical Reports

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

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

119 Four weeks after the Review Visit, QAA shares both draft reports with the provider and the LSR. It invites both parties to identify any factual inaccuracies within three weeks. The reports will be finalised after consideration of any factual inaccuracies and published, in both Welsh and English, on the QAA website after a further three weeks.

Wider reporting

120 QAA will seek to publish commendations as good practice case studies, but this is not a formal part of reporting on the review. QAA will undertake thematic analyses to draw out lessons from a suite of reviews. This will inform enhancement events and activities for the sector in Wales as a whole.

Action planning, sign-off and follow-up

121 Where a provider meets the requirements in both judgement areas, approximately eight weeks after the report has been published, the provider publishes an action plan, signed off by the head of the institution, addressing QAA's recommendations and affirmations, and explaining how it will capitalise on the commendations. QAA expects

providers to develop the action plan jointly with student representatives. The action plan is published on the provider's public website, with links to its report page on the QAA website; the provider should notify QAA, normally through the QAA Officer managing the review, that the action plan has been published.

122 Action plans developed in response to judgements of 'meets requirements with conditions' or 'does not meet requirements' must be agreed with QAA in advance of publication by the provider. The action plan should be published within 8 weeks of publication of QAA's reports. Providers have 12 months from the publication to rectify the matters raised and obtain a revised judgement. Should they not do so, or not succeed in doing so, they will not meet HEFCW's quality requirements for regulated institutions.

123 In line with the risk-based approach of the QAF, the nature of action planning, sign off and follow-up depends on outcomes as defined in the table below. Further information is also set out in Annex 2 and Table 3 in Annex 9.

		Judgements requiring follow-up	
Judgements	Judgements of 'meets requirements' in both judgement areas	Any judgements of 'meets requirements with conditions'	Any judgements of 'does not meet requirements'
Follow-up activity	<p>Provider publishes an action plan; QAA confirms publication and the review is signed off as complete.</p> <p>In line with its normal processes, the provider addresses review findings in collaboration with students, reporting to its committees and governing body.</p>	<p>Note: Provider is subject to HEFCW's 'Inadequate Quality Processes Prior to Intervention'.¹⁴</p> <p>Provider agrees an action plan with QAA and its students before publishing it.</p> <p>QAA will evaluate through a peer follow-up activity whether the action plan has been implemented within 12 months of the publication of the review outcome.</p> <p>If the institution has provided QAA with evidence that the action plan has been successfully implemented, QAA will upgrade the judgement(s) to 'meets requirements' and publish an amendment to the original report detailing the follow-up activity.</p> <p>If the action plan has not been successfully implemented, QAA will maintain the original judgement(s). QAA will publish an addendum to the original report detailing the follow-up activity. This marks the end of the follow-up activity by QAA and the provider will then be subject to HEFCW's 'Statement of Intervention'.¹⁵</p>	
Interval before next review required ¹⁶	Further external quality assurance review required at least every six years	Further external quality assurance review required within four years, even if the judgement has been	Further external quality assurance review required within two years, even if the judgement has been

¹⁴ Inadequate Quality Processes Prior to Intervention (HEFCW Circular W16/05HE Annex C), available at: www.hefcw.ac.uk/en/publications/circulars/w16-05he-transitional-statement-of-intervention

¹⁵ Statement of Intervention (HEFCW), available at: www.hefcw.ac.uk/en/publications/circulars/w16-37he-statement-of-intervention

¹⁶ Governing bodies may commission reviews more frequently if they choose.

		upgraded through follow-up activity	upgraded through follow-up activity
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Background information on this table is available on the HEFCW website.¹⁷

124 Only providers with a judgement of 'meets requirements' in both judgement areas qualify for use of the QAA Quality Mark; this extends to providers that have had their judgement(s) upgraded. The provider may place the Quality Mark on the homepage of their website, and on other documents, as a public statement of the outcome of their review. QAA will send through an approved copy of the Quality Mark, together with terms and conditions.

Follow-up

125 Where a review team makes any judgement(s) of 'meets requirements with conditions' or 'does not meet requirements' the institution will undertake a programme of follow-up activity, following the publication of the review reports and the action plan. The purpose of this is to address the areas that have received either of these judgements with the aim of being able to submit evidence to QAA that will enable it to upgrade the judgement(s) within the timeframe set in the QAF.

Complaints and appeals

126 QAA has formal processes for receiving complaints about its own operation and services, and appeals against unsatisfactory judgements. In the case of appeals, where the unpublished final report (the version of the report produced in light of the provider's comments on factual accuracy on the first draft) contains unsatisfactory judgements in any of the two judgement areas, QAA sends the unpublished final report to the provider prior to publication. The provider will then be given five working days from receipt to indicate their intention to appeal and a further five working days to submit supporting evidence. Full details of QAA's procedures for submitting complaints and appeals, including timelines, can be found on the QAA website. Please note, appeals are based on the unpublished final report only.¹⁸

¹⁷ External Quality Assurance Review (HEFCW), available at: www.hefcw.ac.uk/en/document/External-Quality-Assurance-review-July-2019-ENGLISH

¹⁸ Information on how to make a complaint or appeal to QAA is available at: www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions.

Section 6: Review team

Allocating reviewers to teams

127 In QER the precise composition of the review team is flexible and should address the nature of the provider and the scope of the review, in line with contextualisation (see Section 3).

128 QAA reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision, which may include the management and/or administration of quality assurance. Student reviewers are recruited from among students or sabbatical officers who have experience of contributing, as a representative of students' interests, to the management of academic standards and quality. Annex 8 provides more information about reviewers and the membership of review teams.

129 Normally, there are four reviewers in QER or three reviewers where the provision is small. Where the provider has a significant number of collaborative arrangements for its education provision the size of the team may be increased (up to five members). At least one reviewer is, or has been, a member of academic staff at another provider in the UK, one will have knowledge and experience of the Welsh higher education sector, and at least one is a current or recent student. At least one will have worked as an academic and there may be a reviewer with a background in higher education professional support services. Where requested, at least one reviewer will be able to conduct business through the medium of Welsh. In reviews of higher education in further education colleges, at least one reviewer will have experience of working in the higher education in further education sector.¹⁹

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

131 The maximum team size is six. Following discussion with QAA, providers can opt to request any of the following additional members of their review team:

- an international reviewer or an international student reviewer,
- an additional UK student reviewer,
- additional UK-based academic reviewers or professional support staff reviewers.

Please note that additional review fees will apply.²⁰

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

¹⁹ Circumstances beyond QAA's control, such as reviewer illness, may alter the planned composition of a review team.

²⁰ Information on fees is available from the Finance Team at QAA.

Reviewer role

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

134 All reviewers have responsibility for:

- reading and analysing the SA, the Change Report, the Prior Information Pack and other evidence
- participating in the review visits as a member of a team
- reaching and agreeing conclusions on the basis of the information gathered during the review
- contributing to and commenting on the review reports
- preparing draft text to cover particular sections of the Technical Report
- supporting the QAA Officer in editing the review reports, providing additional information and evidence as necessary.

135 The student reviewer brings a learner's perspective to the review. Their responsibilities during the review are likely to focus on lines of enquiry relating to the provider's management of the student learning experience, including the learner journey, and student engagement.

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

- liaising with the review team throughout the review and with the provider during the Review Visits
- facilitating the review team's identification and evaluation of the key themes to be explored during the review
- ensuring alignment between the key themes and the Technical Report headings (these are set out in Annex 7)
- working with the provider to ensure the review team has access to appropriate documents during the visits
- maintaining a record of the review team's decisions, and its discussions with staff and students
- supporting the review team in identifying the evidence on which its views and conclusions are based.

Selection criteria for reviewers

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

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

139 International reviewers are drawn from outside the UK. Welsh higher education providers are invited to nominate one or more international reviewers to the reviewer pool. In addition, QAA seeks nominations through its contact with providers and relevant organisations in other countries.

140 QAA considers nominations from all UK higher education providers for reviewers and student reviewers. Every Welsh higher education provider is encouraged to nominate at least one candidate for each role.

Quality Enhancement Review reviewer training

141 All QER reviewers, including those trained in other review methods, are required to undertake QER training. QAA expects reviewers to participate in continuing development and reviewer events as appropriate. QAA may target training and continuing development to specific groups of reviewers, such as students or international reviewers.

Annex 1: Definition of key terms

What do we mean by academic standards?

Academic standards are the standards set by degree-awarding bodies for their courses (programmes and modules) and expected for their awards.

Threshold academic standards are the minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic award. Threshold academic standards are set out in the national qualifications frameworks, qualification characteristic statements and Subject Benchmark Statements.

Threshold academic standards are distinct from the standards of achievement that a student would need to achieve to gain any particular class of award. Threshold academic standards do not relate to any individual award classification in any particular subject. They dictate the standard required to be able to label an award, for instance, foundation degree, bachelor's degree or master's degree.

Individual degree-awarding bodies are responsible for ensuring that threshold academic standards are met in all their awards by aligning programme learning outcomes with the relevant qualification descriptors in the FHEQ. They are also responsible for designing algorithms and setting the pass marks, as well as the grades, marks or classifications that differentiate between levels of student achievement above the threshold academic standards.

Subject Benchmark Statements make explicit the nature and characteristics of awards in a specific subject area and set out the attributes and capabilities of graduates in that subject. They describe outcomes and attributes expected at the threshold standard and, in most cases, also at the 'typical' or modal level of achievement. They are therefore a primary reference point both for setting academic standards when new programmes are being designed and approved, and for subsequent monitoring and review, since they provide academic staff with a detailed framework for specifying intended programme outcomes.

In determining how well providers manage the threshold academic standards of awards, review teams will expect to see awards aligned to the qualification descriptors set out in the qualifications frameworks, and account to be taken of any relevant qualification or Subject Benchmark Statement(s).

What do we mean by academic quality?

Academic quality is defined as a comprehensive term referring to how, and how well, higher education providers manage teaching and learning opportunities, and the support they provide, to help students progress, succeed and optimise their achievement.

What is a commendation?

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

What is an affirmation?

An affirmation is recognition of an action arising from the effective use of a provider's own quality procedures that is already taking place in a provider to improve a recognised weakness or inadequacy related to the judgement areas.

What is a recommendation?

Review teams make recommendations where they agree that a provider should consider changing a practice, policy or a process in order to: safeguard academic standards; assure the quality of, or take deliberate steps to enhance the learning opportunities it provides for students; or to ensure that the information it produces for its intended audiences is fit for purpose, accessible and trustworthy.

What is a condition?

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

What is an area of focus in QER?

An area of focus is an area of strategic focus for the provider, selected because peer engagement on the topic in question would be of particular value or benefit to the provider. Areas of focus may fall into one of a number of categories. It may be an area of challenge that the provider is seeking to address, be an area where particular emphasis is being placed, reflect investment in a change initiative, or be an example of exemplary practice. Areas of focus demonstrate the approach of the provider to the management and enhancement of its provision. Typically, three or four areas would be put forward. They may form a recurrent theme in the SA or may be a more detailed example or case study within a particular section.

Areas of focus should:

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

While areas of focus may be about well-developed and established practice, the review team will still require the evidence needed to form their threshold judgement and to gather evidence to cover all the headings of the technical report that apply to the provider.

What is a partial review?

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

Annex 2: Judgements

Judgement criteria

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

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

...meets requirements	...meets requirements with conditions	...does not meet requirements
<p>There are examples of good practice, some of which will likely be identified as commendations.</p> <p>Student engagement is supported.</p> <p>Managing the needs of its students is a clear focus of the provider's strategies and policies.</p> <p>Processes help identify areas for development with the provider acknowledging the need for action in its review documentation or during the review.</p> <p>Evidence of appropriate action routinely being taken within a reasonable timescale, including in response to previous reviews.</p> <p>There is evidence that the provider is fully aware of its responsibilities for assuring quality and standards and alert to indicators that could signal when problems might develop.</p>	<p>Plans that the provider presents for addressing identified problems before or at the review may be underdeveloped or not fully embedded.</p> <p>Actions may not be appropriately prioritised with the risk that issues become more systematic or serious.</p> <p>The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues.</p>	<p>Plans for addressing identified problems that the provider may present before or at the review are not adequate to rectify the problems, or there is very little or no evidence of effective progress.</p> <p>The provider may have not recognised that it has major problems, or has not planned appropriate action to address problems it has identified.</p> <p>The provider has limited understanding of the responsibilities associated with one or more key areas of the requirements and/or standards or may not be fully in control of all parts of the organisation.</p> <p>The provider may repeatedly or persistently fail to take appropriate action in response to external review activities.</p>

Review judgement follow-up

Judgement of 'meets requirements'

Providers publish their action plan within eight weeks of the publication of the review report by QAA, notifying QAA that they have done so. In implementing action and following up the review, providers should bear in mind the need to account for their progress at their next external quality assurance visit which must fall within six years.

Judgements of 'meets requirements with conditions' or 'does not meet requirements'

HEFCW's guidance on External Quality Assurance Review, July 2019²¹ specifies that:

Information on how we deal with outcomes of 'meets requirements with conditions' or 'does not meet requirements' is described in our Procedures for assessing the quality of education. Any outcomes which are not satisfactorily dealt with via those procedures will be subject to the processes detailed in our Statement of Intervention.

Should there be any judgements of 'meets requirements with conditions', or 'does not meet requirements', institutions will need to implement an action plan to enable the judgement to be revised within 12 months of the publication of the review outcome. They will need to liaise with their appointed review agency to obtain verification that actions taken in response to the review outcomes have rectified any deficiencies within that timescale, and therefore enable the judgement outcome to be upgraded.

Upgrading the review judgement is essential, as the external review judgement will inform HEFCW's assessment regarding whether institutions meet the quality requirements of the Fee and Access Plan. Any amendment to the judgement following satisfactory action planning will also need to be published.

Providers share their draft action plan with QAA within six weeks, with the aim of an agreed action plan being published by the provider within the standard eight weeks. Providers should make sufficient progress in implementing their action plan to enable them to present a succinct body of evidence to QAA in time to enable the judgement to be revised within 12 months of the publication of the review outcome. Further information is provided in Annex 9.

Appeals

Providers have the right to appeal against an unsatisfactory outcome from QER. Providers have the right to appeal a decision not to upgrade an unsatisfactory judgement. Further information is available in Annex 12.

²¹ External Quality Assurance Review July 2019 (HEFCW), available at: www.hefcw.ac.uk/en/document/External-Quality-Assurance-review-July-2019-ENGLISH

Annex 3: Welsh language

QAA is committed to treating the Welsh and English languages equally in our work in Wales. All documentation relating to the QER is produced in both languages, as are all review reports.

For reviews of providers in Wales, we seek to recruit bilingual reviewers and review managers. Our recruitment process actively supports this objective.

In any review of higher education providers in Wales, we acknowledge the right of any person to use the medium of Welsh and the right of any bilingual reviewer to speak in Welsh. We will normally seek to agree the use of the translation facilities existing within a provider and will provide our own interpretation or translation facilities where that is not possible.

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

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

Following agreement about which elements of the review will be conducted bilingually we will agree arrangements for simultaneous translation of those review proceedings that we have agreed to conduct bilingually. QAA would normally meet the additional costs.

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

The timescales set out in the Handbook assume that working material and that in draft is in one language with the final agreed version being translated. That one language may be either Welsh or English.

Annex 4: The roles of the facilitator and lead student representative

Introduction

The roles of facilitator and lead student representative (LSR) are both designed to support the review process and to improve the openness, transparency and the communication between the review team/QAA and the provider under review.

The Facilitator

The provider is invited to appoint a facilitator to support the review. The role of the facilitator is intended to improve the flow of information between the team and the provider. The facilitator should be a member of the provider's staff that can best fill the role described below; it is not necessary for the facilitator to be a senior member of staff.

The role of the facilitator is to:

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

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

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

142 The person appointed as facilitator must possess:

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

The Lead Student Representative

The role of the LSR is to allow student representatives to play a central part in the review. The LSR is the main point of contact between QAA/the review team and students studying at the provider under review. The LSR will normally oversee the production of a student contribution, if they wish to submit one. If possible, QAA would like to work with the LSR to select the students that the review team will meet. We know that it might not be possible to designate the LSR very early in the process. However, it is important that QAA has a clear point of contact with a representative of the student body throughout the process.

It is up to the student representative body to decide who should take on the role of LSR. The person selected might be an elected officer from a students' union, a member of a similar student representative body or one of the course representatives. Where no student representative body exists, the provider should seek a volunteer from the broader student body.

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

We recognise that it may not be possible to keep the same LSR for the estimated 18-month duration of the whole review process. We ask that the student representative body and the provider work together to ensure effective handover between LSRs and that QAA is kept informed of any changes to the LSR.

The LSR is normally expected to:

- receive copies of key correspondence from QAA
- organise or oversee the writing of the student contribution
- help to select students to meet the review team
- advise the review team during the Review Visit, on request
- attend the final meeting with key staff
- liaise internally with the facilitator to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body
- comment on the draft review report on behalf of the students
- coordinate the students' input into the action plan.

Protocols

Both roles require the individuals to observe objectively, to communicate clearly with the team, and to establish effective relationships with the QAA Officer and with each other. Neither should act as an advocate for the provider or a particular view. However, both may legitimately:

- bring additional information to the attention of the team
- seek to correct factual inaccuracy

- assist the provider/student body in understanding matters raised by the team.

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

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

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

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

Annex 5: Student engagement and involvement

Introduction

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

Students are also a vital part of QAA's processes. All QER (and partial) review teams must include a student. Student reviewers are full members of review teams, contributing in the same way as other members.

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

Students' written contribution to QER

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

There are four ways students might contribute new material to the preparatory stages of QER:

- develop and submit a separate student submission based on the same broad areas and headings as the SA and to the same timescale
- provide a series of commentaries or vignettes as part of the SA
- develop a fully integrated approach to the SA
- agree one or more student-led case studies that are submitted alongside the SA.

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

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

We encourage the provider to support its students in engaging with evidence. QAA Scotland has published a Guide to Using Evidence²² that students and their institutions may find helpful. Students may wish to comment on the outcomes of the National Student Survey for

²² Guide to Using Evidence, available at:

www.enhancementthemes.ac.uk/docs/ethemes/evidence-for-enhancement/guide-to-using-evidence.pdf

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

their institution, or on information on completion rates and graduate outcomes and destinations, or use this information to support a point they wish to make.

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

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

Any student submission is usually a written document but can take alternative forms, such as video, presentations or podcasts. The submission can take the form of case studies or be a full separate submission. QAA can provide guidance on alternative student submissions. The submission should be concise and should provide an explanation of the sources of evidence that informed its comments and conclusions.

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

Any separate student contribution should be posted to the QAA secure electronic site 12 weeks before the Review Visit. The QAA Officer will confirm the precise date.

Sharing the student contribution with the provider

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

Meetings with students as part of QER

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

Annex 6: Content of the Self-evaluative Analysis

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

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

Because reviews are contextualised, it is understood that the themes explored in each review will reflect the strategy, priorities, strengths and challenges of the provider concerned and the particular profile of its student body. QAA expects providers to address each of the five sections and subheadings of the Technical Report, recognising that the volume and focus of the content provided by each provider will vary.

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

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

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

Evidence

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

Typically, QAA would expect to see data from sources such as the National Student Survey, HESA routinely used within quality processes and for consideration being given to how to make best use of newer data sets such as those on Longitudinal Educational Outcomes. Providers are encouraged to cite other relevant nationally or internationally benchmarked data where this is available and applicable.

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

Review teams will take account of the TEF Statements of Findings for those providers that have opted to enter the Framework. The Statements may help reviewers to identify areas of strength or weakness and enable them to explore the provider's response to the TEF.

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

Sharing the Self-evaluative Analysis with students and the lead student representative

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

Supporting evidence

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

Information collected by QAA

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

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

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

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

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

- draw on management information
- make comparisons against previous performance
- make comparisons against national and international benchmarks, where available and applicable
- draw on the views of students (and other stakeholders where relevant)
- lead to the identification of strengths and areas for improvement, and subsequently to changes in procedures or practices and plans to enhance the student experience.

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

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

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

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

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

Annex 7: Content of the Technical Report

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

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

Technical Reports will be structured around the following headings:

Contextual information about the provider, student population and the review

- Summary information about the provider, including strategic framework, organisational structure.
- Composition, key trends and anticipated changes in the student population, including information on retention, progression and outcomes.
- Commentary on how the provider supports national priorities.
- Commentary on the preparation for the review, including how provider and students worked in partnership in review preparation.
- Brief summary of the nature and rationale for the particular areas of focus of the review and in the self-evaluation.
- Summary of the provider's follow-up to the previous review.
- Where relevant, details of the provider's responsibilities for the higher education it provides on behalf of the degree awarding body/ies it works with.

Enhancing the student learning experience

- Strategic approach to enhancing the student experience.
- Approach to working in partnership with students.
- Recognising and responding to the diversity of the student population, including approaches to widening access, the needs of specific groups of students, and by mode, level and location of study.
- Postgraduate taught and research student experience.
- Supporting students in their development as learners.
- Learning environment provided, including the use of technology.
- Supporting the Welsh medium student learning experience.
- Effectiveness of the approach to enhancing the student learning experience.

Supporting the enhancement of learning and teaching

- Strategic approach to forward planning including the use of information to identify priorities designed to enhance learning and teaching, approaches to implementation and evaluation.
- Approach to managing change in approaches to learning and teaching.

- Approaches to supporting innovation, identifying and sharing good practice.
- Engaging, developing and supporting staff.
- Effectiveness of the approach to implementing institutional strategies and enhancing learning and teaching.

Academic standards and quality processes

- Key features of the provider's approach to managing quality, how students are involved in contributing to the management of the quality of learning.
- Key features of the approach to setting, maintaining, reviewing and assessing academic standards.
- Use of external reference points in quality processes.
- Commentary on action taken since the previous review and identification of matters arising from the Change Report and Prior Information Pack not otherwise explored.
- Approach to using data to inform decision-making and evaluation.
- Effectiveness of the how approaches to quality are used to enhance learning and teaching.
- Effectiveness of the arrangements for securing academic standards.
- Effectiveness of the approach to self-evaluation, including the effective use of data to inform decision-making.

Collaborative provision (if applicable)

- Key features of the provider's strategic approach (to include collaborative activity, online and distance learning where delivered with others and work-based learning).
- Information on the extent and nature of collaborative provision and plans for change.
- Effectiveness of the approach to managing collaborative provision including arrangements for securing academic standards and enhancing the student learning experience.

Annex 8: Reviewer appointment and training

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

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

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

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

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

- Staff currently working for a provider must be nominated by their employer, as an indication of the employer's willingness to support their time commitment to the review process. We do not accept self-nominations from staff employed by a provider.²³
- Former staff may self-nominate. To be eligible they must meet the selection criteria set out below and must demonstrate a continuing and meaningful engagement with the assurance of academic standards and quality beyond any involvement they may have with QAA. This could be through a consultancy role or a voluntary post, such as membership of a provider's governing body.
- Student reviewers may be nominated by a provider or by a recognised students' union or equivalent, or may nominate themselves. They must be enrolled on a higher education programme or be a sabbatical officer of a recognised students' union at the time of nomination. They may continue as reviewers for up to three academic years after they finish their studies or term as a sabbatical officer.

²³ Given the time commitment and other contractual requirements staff must have the support of their employer.

Qualities required in all reviewers

QAA expects all reviewers to demonstrate the ability to:

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

Staff reviewers should possess:

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

Desirable abilities or experience for staff reviewers include:

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

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

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

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

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

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

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

The desirable selection criteria for student reviewers are:

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

In recruiting to our pool of reviewers, QAA seeks to ensure that it represents a wide range of providers and is broadly balanced in terms of discipline, geographical area, gender and ethnic background. QAA encourages applicants from a range of ethnic backgrounds, who are currently under-represented in the reviewer pool.²⁴

²⁴ Statement correct at time of publication - April 2020.

Annex 9: Tables of the process with indicative timings

NOTE: all weeks are working weeks and will be adjusted to take account of closure periods

This annex contains three tables. Table 1 sets out indicative timings in QER. Table 2 parallels the activity undertaken by the provider and QAA through the QER process. Table 3 outlines the follow up and timeline for judgements of 'meets requirements with conditions' or 'does not meet requirements'

Table 1: indicative timings in QER

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

Timing	Activity
Initial contact for QER c. 18 months before start of review	<ul style="list-style-type: none"> • QAA asks provider for preferred dates for First Team Visit and Review Visit • Provider shares information on collaborative arrangements using the template in Annex 11 • QAA confirms dates of Preparatory Meeting, for the provider to upload its documentation, First Team Visit and Review Visit • Welsh medium requirements agreed • QAA identifies QAA Officer
Provider Briefing c. 12 months before visit	<ul style="list-style-type: none"> • Initial detailed briefing of provider • Provider nominates their facilitator and LSR • Provider briefings may combine a number of providers into a single meeting or webinar • Exploration of provider's approach to contextualisation including areas of focus
c. 48 weeks before visit	<ul style="list-style-type: none"> • Provider confirms proposed areas of focus to aid selection of review team
c. 36 weeks before start of review	<ul style="list-style-type: none"> • QAA proposes members of the review team • QAA will invite providers to identify conflicts of interest with proposed team members before confirming a team
Preparatory Meeting c. 26 weeks before start of review	<p>Meeting to provide a detailed briefing on the method for the QAA Officer, facilitator and LSR</p> <p>QAA Officer discusses provider's intended broad themes, student engagement. The provider reports any major changes to collaborative arrangements</p> <p>Early themes for the review come from:</p> <ul style="list-style-type: none"> • previous review outcomes • the institution's strategy and priorities (for example, key changes in student population, mode of delivery) • the institution's analysis of its data • students' views/voice
Advance documentation 12 weeks prior to the Review Visit	<p>The provider uploads its Self-evaluative Analysis, Change Report and Prior Information Pack</p> <p>Students upload their contribution to the review</p>

<p>9 weeks prior to the Review Visit / 5 weeks prior to the First Team Visit</p>	<p>The QAA Officer provides a draft schedule for the First Team Visit to be agreed with the provider</p> <p>The QAA Officer provides a list of any further documents request by the review team. These should be uploaded within 2 weeks.</p>
<p>First Team Visit 4 weeks before Review Visit</p>	<p>The review team meet immediately prior to the First Team Visit to agree lines of enquiry</p> <p>First Team Visit - a single day at the provider involving meetings with staff and with student representatives</p> <p>The purpose of this visit is to discuss the scope of the review, to seek to identify any matters, especially relating to the judgements, not sufficiently covered in the SA or in the PIP, make any document requests and for the review team to draw up the meetings schedule for the review visit.</p> <p>The gap between the First Team Visit and the Review Visit enables the provider to:</p> <ul style="list-style-type: none"> • supply additional information should it be requested (to be uploaded within 2 weeks) • populate the meetings for the Review Visit <p>Thus, the outcome of the visit is:</p> <ul style="list-style-type: none"> • to agree the duration of the Review Visit • to draft programme • to note any additional information the team would like to receive in advance of the Review Visit. <p>QAA provides these outcomes to the provider within 2 working days after the First Team Visit</p>
<p>Review Visit</p>	<p>Up to 5 days at the provider</p> <p>The review visit will involve meetings with staff, students, and potentially with collaborative or awarding partners, employers, external examiners, or of other key institutional stakeholders</p> <p>There will be an advisory feedback meeting to share with the provider the team's provisional judgements before they depart</p>
<p>1 week after Review Visit</p>	<p>QAA informs provider and LSR of the provisional judgements and findings in the draft Outcome Report</p> <p>Note: preliminary outcomes are shared with HEFCW in confidence prior to publication to enable timely reporting to its Quality Assessment Committee</p>
<p>4 weeks after Review Visit</p>	<p>QAA sends the draft Outcome and Technical Reports to provider and LSR for comment</p>
<p>7 weeks after Review Visit</p>	<p>Provider and LSR supply any factual errors in the reports to QAA</p>
<p>Publication of Reports by QAA 10 weeks after Review Visit</p>	<p>Following editing, moderation and proofreading QAA translates and the publishes reports</p> <p>QAA sends information on use of its Quality Mark to applicable providers</p> <p>QAA agrees press release with the provider</p>

<p>Publication of action plan by provider 18 weeks after Review Visit/ 8 weeks after the publication of the reports</p>	<p>Provider publishes action plan (providers can publish their action plan before 18 weeks if they wish). The action plan should be developed in consultation with its student body</p> <p>Where providers receive a positive judgement in both judgement areas, QAA confirms publication and notes the review as complete</p> <p>Action plans relating to unsatisfactory judgements must be agreed with QAA in advance of publication. The provider will need to take sufficient action within 12 months to enable the judgements to be upgraded. Only when judgements are upgraded is the review complete</p>
<p>For 'meets requirements with conditions' or 'does not meet requirements'</p>	<p>Within 12 months: provider submits evidence to QAA in time to enable the review outcome to be considered for upgrading to 'meets requirements' to complete the review</p>

Table 2: Activity undertaken by the provider and QAA through the QER process

Stage in process	Provider activity	QAA activity
<p>Early liaison with QAA/Preparatory Meeting</p>	<p>Purposes include the discussion of basic information to ensure that QAA has an early understanding of the provider and its priorities, and the opportunity to ask questions about the scope of the QER</p> <p>Likely to cover:</p> <ul style="list-style-type: none"> • any significant changes in strategy, student population or other key context since the previous review, or planned • size and scale of the provider including the number of study/delivery locations; scale of collaborative activity (if applicable); the range and complexity of provision • provider's views on composition and characteristics of the review team • students' views on the approach to the student contribution • nature of previous review outcomes and evidence of the effectiveness of the response • provider's proposed approach to contextualisation including areas of focus 	<p>Purpose is to ensure shared understanding of the nature and scope of QER</p> <p>Informs composition of the review team (size and any characteristics/expertise that the provider wishes to see reflected in team)</p> <p>Helps ensure that necessary information is provided to enable the review team to form robust judgements</p>
<p>Review preparation: drafting the SA and Change Report; collating supporting</p>	<p>Provider's holistic evaluation to cover:</p> <ul style="list-style-type: none"> • outcomes of previous review and evidence of the effectiveness of the response 	<p>QAA identifies the team for the review</p> <p>Logistical and practical arrangements</p>

documents	<ul style="list-style-type: none"> • consideration of changes instituted since the last review; resulting mapping or Change Report • mapping against the ESG • reflection and evaluation of reports to HEFCW on quality • consideration of the headings that guide the SA, views of effectiveness and the evidence that underlies that assessment • consideration of available qualitative and quantitative information including internal and published data, PSRB accreditations and reviews, student views <p>Student contribution – designed to convey the experience of being a student at the provider (should draw on the headings that guide the SA)</p>	
Submission of advance documentation	<p>Provider uploads:</p> <ul style="list-style-type: none"> • Self-evaluative Analysis • Mapping/Change Report • Prior information pack <p>Students upload:</p> <ul style="list-style-type: none"> • Student contribution 	<p>The review team undertakes its initial analysis and begins to identify lines of enquiry</p> <p>Analyses are shared in a secure folder; online and virtual discussion and exchange of views</p> <p>Team meets to discuss initial analyses and agree topics to be explored during First Team Visit</p>
First Team Visit	<p>Enables staff and students to meet the review team</p> <p>Enables the facilitator and LSR to establish a relationship with the team</p>	<p>Enables the review team to:</p> <ul style="list-style-type: none"> • refine the focal points for the review and lines of enquiry • identify any further specific information or evidence it requires to ensure it can form robust judgements • draw up the schedule of meetings for the Review Visit
Between first team visit and the review visit	<p>Meetings schedule populated</p> <p>Any further evidence sources and uploaded</p>	<p>Review team develops its analysis and lines of enquiry further</p>
Review Visit	<p>Staff and students participate in meetings with the review team</p> <p>Facilitator and LSR work with the review team, providing additional evidence as needed to clarify any matters</p>	<p>Review team plans detailed agendas, agrees the main points arising from meetings, progressively addressing lines of enquiry</p> <p>Review team works with facilitator and LSR to clarify matters</p>

		Final day will largely be devoted to a private meeting to agree provisional judgements and findings
Initial findings shared	Provisional findings received. These are confidential to the provider and should not be shared externally	QAA sends the provisional outcome and findings to the institution
Report development and publication	Comments of factual accuracy collated and submitted to QAA Work with QAA to agree press release	QAA Officer edits the review team's draft report text Draft text shared with provider Report text amended and finalised Report moderated Report proofread, translated and published QAA agrees press release with provider
Action planning	Institution develops an action plan together with its students and publishes it on its website within 8 weeks	QAA confirms action plan is published With unsatisfactory judgements the action plan is shared with QAA and approved prior to publication. Institutions have 12 months to take sufficient action to enable QAA to upgrade the judgements
Post review	Implementation of action plan	Evaluation of review Collation of themes arising from reviews on areas of strength across the sector in Wales and common areas of challenge/development

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

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

Working weeks	Activity
-6 weeks	Draft report shared for factual accuracy
0	QAA publishes review report
+6 weeks	Draft action plan shared and discussed with QAA Officer
+8 weeks	Provider publishes action plan
+25 weeks	QAA plans follow-up visit in terms of the number of reviewers and duration of visit and invoices the provider; payment confirmed
+36 weeks	Provider submits updated action plan and evidence of progress to review team

+40 weeks	Review team conducts visit to provider to triangulate action plan and evidence by meeting students and staff. The team holds a private meeting at the end of its visit to reconsider the judgement(s)
+42 weeks	QAA Officer forwards draft report to provider for comments
+44 weeks	Provider submits comments on draft report
By +48 weeks	QAA addresses any matters of factual inaccuracy, finalises, translates and publishes the follow-up report

If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for the review team to consider whether the judgement(s) should be upgraded to 'meets requirements'. This may involve a further visit to the provider. All follow-up engagement fees will need to be paid before visits can take place.

Whether the review team conducts a further visit to the provider, and how many reviewers are involved in the follow-up activity, will depend on the outcome of the original review.

QAA's decision on the need for, and duration of, another visit will be final. A schedule of indicative fees is available from QAA's Finance Team

If the team agrees that the judgement(s) can be upgraded to 'meets requirements', the change in judgement will be recorded in short published report on the QAA website and the review regarded as complete (the need for a shorter period before the following QER remains).

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

²⁵ Statement of Intervention (HEFCW), available at:
www.hefcw.ac.uk/en/publications/circulars/w16-37he-statement-of-intervention

Annex 10: Partial review process

Introduction

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

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

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

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

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

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

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

The fee for the partial review will vary to reflect the duration of the partial review and how many reviewers are involved. A schedule of fees is available from QAA's Finance Team.

Providers must pay fees for partial reviews in full 12 weeks prior to the visit, in order for the partial review to take place.

The outcomes of the partial review will result in judgements specific to the provision under review and a published review report. The judgements and the judgement criteria are the same as for a full review, other than they may be specific to an area of provision or be specific to a subset of the ESG standards or baseline requirements. The report will be a much shorter version of the Technical Report, following the same headings *as they apply to the particular provision under the review*. The Report will only cover the applicable headings. As with full reviews, the institution should publish its action plan in response. Where the judgement is 'meets requirements', the review is complete once QAA has confirmed that the provider has published its action plan. A successful partial review will not re-set the interval before the provider's next full review.

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

Indicative timeline for a Quality Enhancement Review partial review

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

Following notification to QAA from the provider that they require a partial review	<p>Preparatory meeting:</p> <ul style="list-style-type: none"> • Discussion between QAA Officer and provider to establish scope of the partial review <p>Following the meeting:</p> <p>QAA confirms areas to be reviewed (the terms of reference), scope of the advance material, size and duration of the visit, and agrees dates for the visit</p> <ul style="list-style-type: none"> • QAA subsequently notifies provider of QAA Officer and team <p>Provider:</p> <ul style="list-style-type: none"> • Prepares the documentation for the review • Where relevant and possible, providers are asked to facilitate the production of a student submission, which may be submitted up to -2 weeks
-8 weeks	<ul style="list-style-type: none"> • Provider uploads self-evaluation and supporting evidence, and team begins documentary analysis
-5 weeks	<ul style="list-style-type: none"> • Team requests additional evidence (if required) and proposes a schedule for the visit, including who to meet
-2 weeks	<ul style="list-style-type: none"> • Provider submits additional evidence (and student submission if available)
as agreed with team	<ul style="list-style-type: none"> • Team hold pre-visit meeting
0 weeks	<ul style="list-style-type: none"> • Partial Review Visit to the provider
+2 weeks	<ul style="list-style-type: none"> • QAA informs provider of provisional judgements and findings
+4 weeks	<ul style="list-style-type: none"> • QAA sends the Review Report to provider for comments on factual accuracy
+7 weeks	<ul style="list-style-type: none"> • Provider identifies factual errors; QAA finalises report
+10 weeks	<ul style="list-style-type: none"> • QAA translates and publishes report
+16 weeks	<ul style="list-style-type: none"> • Report published
+24 weeks	<ul style="list-style-type: none"> • Provider publishes action plan

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

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

Annex 11: Collaborative provision responsibilities record

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

Delivery partner/ provider	
Awarding body/organisation	

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

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

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

Annex 12: Appeals Against the Outcomes of a Quality Enhancement Review

What is an appeal?

An appeal is a challenge by a provider against the findings of a Quality Enhancement Review (QER).

Appeals are distinct from complaints. Complaints are an expression of dissatisfaction with services that QAA provides, or actions that QAA has taken. The appeal procedure is not designed to accommodate or consider complaints. Where a complaint is submitted with an appeal, it is stayed until the completion of the appeal procedure, in order that the investigation of the complaint does not prejudice, and is not seen to prejudice, the handling of the appeal.

Submission of appeals

Appeals are submitted under QAA's QER Appeals Procedure. This is an internal process and does not require legal representation. Submissions are drafted by the appealing provider ('the provider') on the appeal submission form available from QAA's website, and are submitted to QAA's Head of Governance (governance@qaa.ac.uk).

Providers have one week (five working days) from the receipt²⁶ of the unpublished final report to indicate their intent to appeal. An appeal can only be lodged during the two-week submission window, which begins on receipt of the unpublished final report. Appeals can only be based on the unpublished final report. Appeals submitted at any other stage of the review process cannot be accepted.

All providers are eligible to appeal against unsatisfactory judgements. For the purposes of QER, unsatisfactory judgements are those which require follow-up action to complete the review, namely:

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

Differentiated judgements, as defined by the QER Handbook, may only be appealed to the extent that they are negative.

It is not possible to appeal a judgement of 'meets requirements'.

Providers may choose not to appeal, in which case QAA will proceed to publish the Outcome and Technical Report on its website.

²⁶ Reports are normally dispatched by email; 'receipt' will be deemed to be effective at the date and time of dispatch of the email containing the draft report from QAA to the provider's nominated contact, as long as such message is not returned as undeliverable. The provider bears all responsibility for ensuring that QAA has accurate contact details for the provider's nominated contact.

Grounds for appeal

Appeals can be lodged on the grounds of Procedural Irregularity or New Material. 'Procedural Irregularity' refers to an irregularity in the conduct of the review such that the legitimacy of the decision(s) reached is/are called into question.

'New Material' refers to material that was in existence at the time the review team made its judgement, which, had it been made available would have influenced the judgements of the team, and in relation to which the provider must provide a good reason²⁷ for it not having been provided to the review team.

Grounds for appeal must be clearly articulated in the appeal submission and supported by documentary evidence where possible. Appeal reviewers will not have access to the original evidence upload, nor to the evidence base collated during the course of the review, and so supporting evidence on which an appellant provider wishes to rely must be submitted with the appeal. Evidence must be relevant and pertinent to the case for appeal. It is not acceptable to include unreferenced evidence, nor to submit multiple documents that have already been considered in the course of the review.

The QER Appeals Procedure does not permit appeals on the grounds of academic judgement.

Communication

When a provider submits an appeal, contact with any QER reviewers, officers, quality specialists or managers ceases immediately, and the provider's main contacts become the QAA Governance Team. Other QAA staff and reviewers should not enter into any direct communication with the provider after the receipt of an appeal, and should forward any communication that they do receive to the Governance Team. The provider should make no attempt to contact QAA staff outwith the Governance Team.

Appeal reviewers

All appeal reviewers are assigned on the basis that they have no real or apparent conflict of interest that could affect their ability to consider the appeal impartially and are asked to confirm that they are not aware of any such conflict before they are appointed. QAA keeps a record of responses.

Timeline of activity

The standard timeline for this part of the process is given in the table below. Please note that the deadlines in this timeline may be amended to accommodate QAA office closure, including during the Christmas or Easter periods. The precise deadline for resolution of an appeal case will be confirmed in writing by QAA.

²⁷ The 'good reason' for non-provision requirement under the ground of New Material will not be considered satisfied in cases that allege solely that the review team did not specifically ask to see the New Material, or that the limitation on upload of documents restricted the provider's ability to present the New Material.

Timeline of follow-up activity and appeals

Working weeks from on-site visit ²⁸	Unsuccessful outcome (no appeal)	Unsuccessful outcome (appeal)
Week +1	QAA informs provider and Lead Student Representative (LSR) of the provisional judgements and findings in the draft outcome report Governance Team and HEFCW are advised of any unsuccessful outcomes	
Week +4	QAA sends Outcome and Technical Report to the provider and LSR for comment on matters of factual accuracy.	
Week +7	Provider and LSR identify factual errors in the report QAA finalises report	
Week +8 Week 0	QAA sends finalised report to the provider	
Week +9 Week +1	Provider indicates intention not to appeal to the QAA Officer	Provider indicates intention to appeal to the QAA Officer
Week +10 Week +2	QAA translates the report	Provider submits appeal and supporting evidence to QAA's Head of Governance QAA notifies HEFCW of appeal Appeal process begins
Week +12 Week +4	QAA publishes reports	Appeal Reviewer is selected by QAA Appeal reviewer decides whether the case should be rejected or referred for consideration to appeal panel
Week +14 Week +6		Provider informed of outcome of preliminary screening
Week +15 Week +8		Review team submits their comments on the appeal
Week +16 Week +9		Appeal panel considers all evidence, including the review team submission and reaches a collective decision
Week +17 Week +10		Appeal outcome reported to the provider by QAA QAA notifies HEFCW of the appeal outcome
Week +19 Week +12		If the appeal is not upheld, QAA translates and publishes the report.

²⁸ Figures not in bold are for QER weeks. Figures in bold are for appeal weeks

The QER appeals procedure in detail

Appeal intent indication submitted – week 1 i.e. up to 5 working days

The provider indicates whether or not it intends to appeal an outcome by emailing the QAA Officer overseeing the review.

QAA will not consider an expression of intent to appeal to be binding on the provider; if the provider decides, having indicated its intent, that it does not wish to appeal, or does not submit a valid appeal by the submission deadline, QAA will proceed to prepare the Outcome and Technical Reports for publication.

Appeal submitted – week 2

The provider submits an appeal along with supporting documentation to QAA's Head of Governance, within two weeks of the receipt of the unpublished final report.

The appeal submission must be made on the QER Appeal Submission Form, in English or Welsh, should observe the applicable word limits, and must be focused on the specific reason for appeal, including only directly relevant supporting documentation.

The Head of Governance will identify a suitable QER appeal reviewer to undertake the preliminary screening of the appeal. This is a trained QER reviewer who has not had any involvement to date in the particular provider's QER.

The provider has the opportunity to notify QAA of any conflicts of interest that they reasonably consider any individual appeal reviewer to have at the time of submission (see the QER Appeal Submission Form). Appeal reviewers remain anonymous. Providers may not request that particular appeal reviewers hear their case, nor attempt to influence the allocation of the appeal other than through the procedure for objections with the appeal submission.

Appeals received in the Welsh language may be translated and considered in English depending on the availability of Welsh speaking Appeal Reviewers for the preliminary screening process. Where translation is undertaken, QAA will engage a qualified, reputable translator to ensure that the integrity of the submission is preserved. A copy of any such translation will be sent to the provider for information.

Preliminary screening - week 6

The Appeal Reviewer will undertake a preliminary consideration of the case. They will review the unpublished final report, the completed QER Appeal Submission Form and associated evidence, and decide whether the case should be rejected or referred for consideration by an Appeals Panel.

The Appeal Reviewer will only reject an appeal where there is no realistic prospect of it being upheld. The purpose of this stage is to ensure that spurious and unsubstantiated appeals are rejected without the need for them to be fully considered. The threshold for referral is set low.

There is no appeal from, or review of, the appeal reviewer's decision. Where the appeal reviewer rejects an appeal, the Governance Team will inform the provider in writing. The QER Appeals Procedure will then end at this point.

Where the Appeal Reviewer refers the appeal to a panel, the Governance Team will inform the provider in writing.

Review team response to the appeal - week 8

Where an appeal is referred to a panel, the appeal submission is forwarded to the original review team for their comment.

The review team, led by a QAA Officer, will compile a collective response, which must also be submitted in standard format. A copy of the review team's comments will be sent to the provider for information.

The panel hearing - week 9

The appeal panel will consist of three trained reviewers, one of whom will act as Chair.

The hearing is normally conducted as a formal meeting, in person, attended by the panel members and a member of the Governance Team, who will act as a clerk. The location and date of the hearing is never disclosed to the provider, nor to the review team. The hearing will be conducted in English.

The panel will consider the unpublished final report, the completed QER Appeal Submission Form and evidence, and the review team's response and any appended evidence (or any QAA-commissioned translation of any of the aforementioned), and will seek to reach a decision on the case in one sitting. The panel will make a collective decision.

Appeal outcomes - week 10

The Governance Team will compile the outcomes of the appeal panel and will notify the provider explaining the outcomes and the reasons for the decision. This completes the appeal process. Where an appeal submission was made in Welsh, the response will be provided in Welsh.

Where the appeal is not upheld the report will be published within two working weeks. The precise action and timescale for an appeal which is upheld will depend on the nature of the case and will be clear in the appeal decision.

Annex 13: Monitoring and evaluation

Purpose and principles of monitoring and evaluation

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

QAA designs its monitoring and evaluation activity to:

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

Monitoring and evaluation

QAA invites all those engaging in QER to be involved in the monitoring process: the provider, LSR, reviewers, and the QAA Officer responsible for managing the review. QAA seeks feedback through monitoring questionnaires, which it asks all participants in QER to complete. The questionnaires seek comment on operational aspects of the review as well as broader questions relating to the effectiveness of the method.

Building on information gathered in monitoring, QAA evaluates the effectiveness of QER in achieving its objectives as an enhancement-led review method within the wider perspective of the QAF. It will update and modify the handbook and other guidance in response to ensure that QER remains a responsive method that meets sector needs.

The findings from monitoring and evaluation activity help to inform the training and development provided for reviewers to ensure that they are effectively prepared and supported in undertaking their roles. It may also inform the future development of the QAF.

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