Representations Against Outcomes of a Quality and Standards Review in England

1. A representation is a challenge by a provider against the findings of a Quality and Standards Review (QSR). Representations are submitted under this procedure. This is an internal QAA process and does not require any legal knowledge or representation.

2. This procedure applies to Quality and Standards Reviews in England referred to QAA by the Office for Students (OfS), and should be read in conjunction with the applicable guidance published by QAA:
   - Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers
   - Quality and Standards Review for Providers Registered with the Office for Students: Guidance for Providers.

3. All providers are eligible to put forward representations against a negative judgement - 'does not meet the core practice' - in one or more core practices. A provider may choose not to submit representations, in which case its outcome is confirmed to the OfS.

4. Representations are distinct from complaints. Complaints are an expression of dissatisfaction with services that QAA provides, or actions that QAA has taken. This procedure is not designed to accommodate or consider complaints. Where a complaint is submitted with a representation submission, its consideration is stayed until the completion of the representation procedure, in order that the investigation of the complaint does not prejudice, and is not seen to prejudice, the handling of the representation.

Grounds for representations

5. Representations can be lodged on the following grounds only: 'Factual inaccuracy and misinterpretation' or 'Procedural irregularity'. The grounds for representation must be clearly articulated in the submission.

- **Factual inaccuracy and/or misinterpretation** - refers to an inaccuracy or misrepresentation in the final draft report which was identified and raised by the provider at the draft report stage, but was not, in the opinion of the provider, given due and reasonable consideration by the review team.

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1. [https://dqbengland.org.uk/assessments](https://dqbengland.org.uk/assessments)
• **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. Representations on this ground must explain the alleged irregularity and provide evidence in support of the allegation. Unsubstantiated allegations of procedural irregularity will be rejected on submission and returned to the provider.

6 The QSR Representations Procedure does not permit representations on the grounds of academic judgement.

7 Representations should be accompanied by supporting evidence. Submissions relying solely on opinion or disagreement to substantiate the cited grounds will not be accepted.

**Communication**

8 When a provider submits a representation, contact with any QSR reviewers, QAA Officers, Quality Specialists or managers ceases immediately, and the provider’s main contact becomes the QAA Governance team.

9 Other QAA staff and reviewers should not enter into any direct communication with the provider after the receipt of a representation submission and should forward any communication that they do receive to the Governance team.

**Submitting representations**

10 Submissions are drafted by the provider and submitted to the Head of Governance. Providers have five working days from the receipt of the unpublished final report to indicate their intent to put forward representations. Representations can be lodged only during the representation submission window (10 working days), which begins on receipt of the unpublished final report.

**Representation intent indication submitted: Week 1**

11 Where a provider decides to make representations, this intention must be signalled to QAA within five working days of receipt of the final draft report. Notification should be sent to governance@qaa.ac.uk, for the attention of the Head of Governance. While the notified intention to submit representations will not be considered binding on the provider, it serves to alert QAA to the imminent submission of representations, and to enable QAA to make the necessary preparations for the representations to be considered.

**Representation form submitted: Week 2**

12 The provider submits a completed representation form to the Head of Governance, along with supporting documentation within 10 working days of receipt of the unpublished final report.

13 The submission must be made on the QSR Representation Submission Form, must respect the applicable word limits, and must be focused on the specific reason for appeal, including only directly relevant supporting documentation.

14 The submission may be accompanied by supporting evidence. Supporting evidence must have been in existence at the time the review team made its decision. Documentation or evidence which has been created since the review visit will not be accepted. If required by QAA, it is the responsibility of the provider to demonstrate that evidence presented in
Support of representations was in existence at the time of the review visit.

**Independent reviewers appointed: Week 3**

15 The Head of Governance or their nominee will identify at least two suitable QSR representation reviewers to consider the representations. These are trained QSR reviewers who have not had any involvement to date in the particular provider's QSR.

16 QAA has a robust **conflicts of interest procedure** that applies to anyone engaged in work for QAA. Prior to appointment, Governance will check against its own records and all representation reviewers are asked to confirm that they are not aware of any actual or potential conflicts of interest that could affect their ability to hear the representations impartially before they are appointed. Providers may not request that particular representation reviewers hear their case, nor attempt to influence the allocation of the reviewers. Representation reviewers remain anonymous throughout the procedure.

**Independent reviewers consider representation: Week 5**

17 The independent reviewers will each receive:

- a copy of the representations, and any supporting evidence
- a copy of the provider's submission on factual inaccuracy and misinterpretation
- a copy of the team's response to the provider's comments.

18 The independent reviewers will have access to the evidence assessed during the course of the review but will refer to it only for the purpose of verifying any inaccuracies and/or misrepresentations cited by the provider. The independent reviewers will not seek to undertake a re-review.

19 The independent reviewers will be required to consider the documentation presented, and to decide on the balance of probabilities whether:

- in the case of representations for factual inaccuracy and misinterpretation, the review team has given due and reasonable consideration to the matters raised at the comments stage, and whether the evidence presented supports the team's conclusions as contained in the draft report

or

- in the case of procedural irregularity, the review team appears not to have applied the published procedure.

20 The independent reviewers will usually give their opinions independently of one another but may be convened in a hearing to make a joint decision where different opinions are returned. The Head of Governance or their nominee will act as secretary in this hearing.

**Representation outcomes: Week 6**

21 The Governance team will compile the outcomes of the independent reviewers' consideration, and will notify the provider explaining the outcomes and the reasons for the decision. The OfS will be informed of the outcome.
Outcomes: Factual inaccuracy and misrepresentation

22 Where the independent reviewers conclude that the review team has not given due and reasonable consideration to the comments on accuracy and misrepresentation, the team will be required to do so, based on the guidance provided by the independent reviewers. The provider will be informed of the outcomes of the representations, and a revised version of the draft report will be signed off by a member of the QAA Executive (or nominated representative) and finalised for provision to the OfS.

23 Where the independent reviewers conclude that the review team has given due and reasonable consideration to the comments on accuracy and misrepresentation, the representations will be rejected, and the draft report will be finalised for provision to the OfS. The provider will be informed of the reasons for the rejection of the representations.

Outcomes: Procedural irregularity

24 Where the independent reviewers conclude that the review team appears, on the balance of probabilities, not to have applied the published procedure, a member of the QAA Executive will determine how the process is to be continued, ensuring that the response is proportionate to the identified irregularity. Possible options will include, but will not be limited to, instructing the team to redo part of the review, or the appointment of a new QAA Officer, reviewer or reviewers to ensure that the procedure is correctly applied.

25 Where the independent reviewers conclude that there is no procedural irregularity, the representations will be rejected, and the draft report will be finalised for provision to the OfS. The provider will be informed of the reasons for the rejection of the representations.

Timeline of activity

26 The standard timeline for this part of the process is given in Table 1 below. 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.
Table 1: Timeline for representations’ procedure

<table>
<thead>
<tr>
<th>Working weeks from receipt of revised draft report</th>
<th>Unsatisfactory outcome (no representations)</th>
<th>Unsatisfactory outcome (representations submitted)</th>
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<tbody>
<tr>
<td><strong>Week 0</strong></td>
<td>Unpublished revised draft report forwarded to provider</td>
<td>Provider indicates intention not to submit representations to QAA Officer</td>
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<tr>
<td><strong>Week +1</strong></td>
<td>Provider indicates intention not to submit representations to QAA Officer</td>
<td>Provider indicates intention to submit representations to Head of Governance</td>
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</tbody>
</table>
| **Week +2**                                       | No representations received  
QAA prepares to send final report to OfS | Representations submitted to Head of Governance (completed form and supporting evidence, if necessary)  
QAA notifies OfS of receipt of representations. Representations process begins |
| **Week +3**                                       | QAA selects and commissions at least two independent reviewers to consider the representations - access to original evidence base is granted to independent reviewers | |
| **Week +5**                                       | Independent reviewers consider representations and prepare reports  
Where necessary, a hearing between the independent reviewers will be convened to determine the representations outcome | |
| **Week +6**                                       | Rejected  
Representation outcomes confirmed to provider by QAA; QAA submits report to OfS | Upheld  
Representation outcomes confirmed to provider by QAA; Review team asked to reconsider comments on accuracy and misrepresentation based on independent reviewers’ guidance |
| **Week +7**                                       | Member of QAA Executive or nominated representative signs off final draft report; QAA submits report to OfS | |