Quality and Standards Review for Providers Registered with the Office for Students: Guidance for Providers

December 2019
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Chapter 1: Introduction and method overview

Introduction

1 Quality and Standards Review for monitoring and intervention is the process QAA will use to provide evidence to the Office for Students (OfS) about whether registered providers referred by the OfS to the QAA meet one or more of the Core practices of the UK Quality Code for Higher Education (the Quality Code). QAA has published separate guidance for providers applying to register with the OfS for the first time.

2 Registered providers subject to a Quality and Standards Review (QSR) are required by the OfS’s general ongoing condition F3 to provide the specified information in the specified time and in the specified manner and form. The effect of this condition is to require providers to cooperate with QAA throughout the process so that the review is carried out according to the schedule and method set out both in this guidance and through correspondence between the provider and QAA.

3 The purpose of this guidance is to:
   • state the aims of QSR for monitoring and intervention
   • describe the approach to be used
   • provide information to providers preparing for, and participating in, the process.

4 The guidance is intended primarily for registered providers going through the review process. It is also intended for teams conducting QSRs for monitoring and intervention purposes.

5 This document provides guidance for providers registered with the OfS that are receiving a QSR for monitoring and intervention purposes. This guidance sets out the general approach that QAA will use to conduct such a QSR but, where the OfS considers it necessary for a QSR to be conducted rapidly, QAA may adjust the process to achieve this.

Background

6 The Higher Education and Research Act 2017 (HERA)¹ created the OfS as the independent regulator of higher education in England.

7 Please see paragraphs 128 to 171 of the OfS’s regulatory framework for full details of the OfS’s approach to monitoring and intervention for registered providers. From time to time, the OfS publishes regulatory advice and regulatory notices² to supplement the regulatory framework. Some of these documents may be relevant to QSR. Providers should therefore familiarise themselves with these documents.

Purpose and key features of QSR for monitoring and intervention

8 The purpose of QSR for monitoring and intervention is to provide evidence to the OfS about whether registered providers referred by the OfS to QAA, meet one or more of the Core practices of the Quality Code. Its key features are designed to ensure that it delivers in practice, the OfS’s overall approach to regulation. This means that QSR for monitoring and intervention will:

focus on outcomes, rather than the processes that a provider might choose to use to deliver such outcomes
allow the OfS to make judgements against the baseline requirements expressed in the ongoing conditions of registration, and not performance above that baseline
prioritise the things that matter to students, including teaching, learning resources and other facilities
enable students to take part in the review process
be a clear and transparent process for providers
reduce the regulatory burden on providers by limiting requests for evidence to that which is necessary to allow robust judgements to be made
be applied consistently and rigorously, but also flexibly and proportionately - allowing providers to engage in a way which suits their own circumstances
remove unnecessary barriers to competition by enabling all kinds of providers to achieve successful outcomes.

QSR for monitoring and intervention has the following key features:

- defined scope
- expert review
- review against the Core practices of the Quality Code
- review visit
- student engagement
- evidence and criteria-based judgements.

Defined scope

QSR for monitoring and intervention will focus on the aspect or aspects of a provider’s higher education provision that the OfS has asked QAA to review. For example, a review may assess academic standards in a particular subject or group of subjects; the quality of the academic experience for students studying through a specific delivery mode such as part-time learning; provision at a particular level such as apprenticeships or research degrees; or a combination of these. Other reviews may be broader in scope and cover all of a provider’s higher education provision.

The scope and focus of each review will be agreed with the OfS during the preparation and specification stages and confirmed with the provider in writing.

Expert review

QSR for monitoring and intervention will be conducted by review teams comprising external experts. The experts will have significant experience and expertise in higher education or in regulation more broadly in those areas they are responsible for making judgements about. They will understand the new regulatory framework for higher education in England, and the way in which QSR for monitoring and intervention is designed to deliver the OfS’s approach to regulation in practice. They will be able to assimilate and evaluate different kinds of evidence. They are appointed by QAA according to the criteria in Annex 7. There are no other restrictions on the types of individuals that may become reviewers. QAA will continue to keep the composition of its reviewer pool under review to make sure it reflects the diversity and make-up of the providers in the higher education sector and to ensure that review teams are able to make credible evidence-based judgements.

The size and composition of each review team will be tailored to the scope of the review and the characteristics of the provider. Where the review is concerned with academic standards and/or the quality of the academic experience, the team will include academics
with expertise in the subject areas in which the provider offers courses and/or are under review. Where the scope of the review covers a range of different subjects, more than one subject expert is likely to be involved.

14 The review team will take collective responsibility for judgements in all areas.

15 Training for experts will be provided by QAA. The purpose of the training is to ensure that all team members:

- fully understand the review's aims and objectives and the context provided by the OfS's regulatory framework
- are familiar with the procedures and techniques involved, including interrogating and cross-checking evidence, and making consistent, outcomes-focused judgements
- understand their own roles and tasks, and QAA's expectations of them.

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

17 To support the experts, QSR for monitoring and intervention may also involve the use of specialist advisers at the analysis stage. The role of the specialist adviser will be to analyse specific aspects or areas of the provision and give additional advice to the experts about whether the provider meets the Core practices of the Quality Code in those areas, and whether and how that should be further explored at the review visit. The use of an adviser shall be at the review team's discretion, or at the request of the OfS. We envisage using advisers by exception where the provider has, and/or its provision has, particularly unusual or distinctive characteristics.

**Review against the Core practices of the Quality Code**

18 The basis of the evidence and judgements for QSR for monitoring and intervention is the UK Quality Code for Higher Education (the Quality Code), published in March 2018.

19 The Quality Code\(^3\) provides a reference point for effective quality assurance and sets out a series of Expectations, which clearly and succinctly express the outcomes providers should achieve in setting and maintaining the standards of their awards, and for managing the quality of their provision. The Code also sets out Core practices, representing effective ways of working that underpin the delivery of the Expectations, and will deliver positive outcomes for students.

\(^3\) [www.qaa.ac.uk/quality-code](http://www.qaa.ac.uk/quality-code)
Table 1: The Expectations and Core practices of the Quality Code

<table>
<thead>
<tr>
<th>Expectations for standards</th>
<th>Expectations for quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>The academic standards of courses meet the requirements of the relevant national qualifications framework.</td>
<td>Courses are well-designed, provide a high-quality academic experience for all students and enable a student's achievement to be reliably assessed.</td>
</tr>
<tr>
<td>The value of qualifications awarded to students at the point of qualification and over time is in line with sector-recognised standards.</td>
<td>From admission through to completion, all students are provided with the support that they need to succeed in and benefit from higher education.</td>
</tr>
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<table>
<thead>
<tr>
<th>Core practices</th>
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<th>Core practices</th>
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</thead>
<tbody>
<tr>
<td><strong>S1</strong></td>
<td>The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications frameworks.</td>
<td>The provider has a reliable, fair and inclusive admissions system.</td>
<td>The provider designs and/or delivers high-quality courses.</td>
<td>The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.</td>
<td>The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.</td>
</tr>
<tr>
<td><strong>S2</strong></td>
<td>The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.</td>
<td>The provider actively engages students, individually and collectively, in the quality of their educational experience.</td>
<td>The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.</td>
<td>Where the provider offers research degrees, it delivers these in appropriate and supportive research environments.</td>
<td>Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.</td>
</tr>
<tr>
<td><strong>S3</strong></td>
<td>Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.</td>
<td>The provider supports all students to achieve successful academic and professional outcomes.</td>
<td>Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.</td>
<td>The provider supports all students to achieve successful academic and professional outcomes.</td>
<td>The provider supports all students to achieve successful academic and professional outcomes.</td>
</tr>
<tr>
<td><strong>S4</strong></td>
<td>The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.</td>
<td>The provider supports all students to achieve successful academic and professional outcomes.</td>
<td>The provider supports all students to achieve successful academic and professional outcomes.</td>
<td>The provider supports all students to achieve successful academic and professional outcomes.</td>
<td>The provider supports all students to achieve successful academic and professional outcomes.</td>
</tr>
</tbody>
</table>
20 Each review will consider whether the Core practices relevant to the scope of the review are met. For example, should the OfS require QAA to conduct a review because the OfS is seeking evidence of a provider's compliance with the ongoing condition of registration relating to support for students (Condition B2), the review will focus on those Core practices relating to this aspect of provision.

Review visit

21 Every QSR for monitoring and intervention will include a visit to the provider by the review team. The purpose of the review visit is to allow the review team to test whether and how the outcomes expressed by the Core practices under review are being achieved. Details of the evidence they may use to do this are set out in the evidence matrix at Annex 4.

22 The activities the team will engage in during the review will vary according to the Core practices under review, and may include:

- further assessment of documentary evidence
- meetings with staff, students and possibly others (such as employers)
- observations of teaching and learning activities
- assessment of learning resources and other facilities.

23 Where teaching and learning are directly observed, and/or learning resources and other facilities directly assessed, the purpose of those activities is to generate primary evidence about the outcomes that matter most to students - a focus on outcomes being one of the central pillars of the OfS's approach to regulation.

Student engagement

24 Students at the provider will be involved in the review wherever their involvement is likely to contribute to and strengthen the evidence base. For example, for a review concerned with the Core practices relating to student support, it is highly likely that the review team will want to engage with students to understand their experiences. This engagement may be in the form of a student submission to the review team at any time up to one week prior to the commencement of the review visit, and/or in meetings with the team during the visit and/or in other interactions between students and the team.

Evidence and criteria-based judgement

25 The outcomes of QSR for monitoring and intervention will be a judgement as to whether each of the Core practices under review is met or is not met in respect of the aspects of the provision the review has assessed. Those judgements will be reached by assessing the evidence collected by the review team, including during the visit, against the assessment framework.

26 Judgements will be based on a variety of different evidence sources, including primary evidence of the outcomes achieved. This approach will provide:

- the appropriate volume and range of evidence for the experts to develop, cross-check and validate their findings against each Core practice
- clarity for providers in preparing for, and taking part in, the review process
- consistency in the approach taken in different reviews, but also sufficient flexibility to allow providers to engage in a way which suits their own circumstances.

27 The assessment framework is set out in Annex 5.
Reporting arrangements

28 The outcomes of QSR for monitoring and intervention will be conveyed in a written report. The report will be structured according to the Core practices in the Quality Code under review and provide evidence to the OfS about whether each practice has been met in respect of the aspects of the provision under review, including a description of how and why the team came to its conclusions. A draft of the review report will be shared with the provider for its comments before being submitted by QAA to the OfS and copied to the provider. The final report will not be published.
**Chapter 2: The Quality and Standards Review for monitoring and intervention process, roles and responsibilities**

**Stages**

Table 2: The main stages of QSR for monitoring and intervention (this will vary depending on the timeline but typically):

<table>
<thead>
<tr>
<th>Event</th>
<th>Timeline</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation stage: Referral to submission</td>
<td>Referral week 0</td>
<td>OfS issues a notice under general ongoing Condition F3 to provider of a requirement for a QSR for monitoring and intervention purposes in relation to one or more conditions B1, B2, B4 or B5, and refers provider to QAA for review. QAA requests additional information from providers as necessary and arranges a date for the provider briefing.</td>
</tr>
<tr>
<td>+1 week post-referral</td>
<td></td>
<td>QAA receives provider information. QAA prepares draft review specification to discuss with the provider at the briefing (proposed team size, number of days, submission dates and review timeline according to OfS priority).</td>
</tr>
<tr>
<td>+2-3 weeks post-referral</td>
<td></td>
<td>Provider engages in individual briefing. (QAA confirms team size, number of days for the visit, days of the week, submission date and review timeline).</td>
</tr>
<tr>
<td>+1 week post-briefing</td>
<td></td>
<td>QAA submits the draft review specification to OfS. OfS and QAA agree the final specification.</td>
</tr>
<tr>
<td>+2 weeks post-briefing</td>
<td></td>
<td>QAA confirms agreed specification to the provider and confirms arrangements for paying the review fee.</td>
</tr>
<tr>
<td>+3-8 weeks post-briefing</td>
<td></td>
<td>QAA composes review team and finalises arrangements and timetable for the review with the provider. Provider pays review fee. Provider reviews the review team composition for potential conflicts of interest.</td>
</tr>
</tbody>
</table>
Provider prepares submission and prepares its staff as necessary, including appointing a facilitator

NB: reviews should commence as soon as possible after the OfS referral and QAA will endeavour to arrange a submission date as early as possible. Where providers state that they have reason to delay submission beyond 8 weeks from the briefing, QAA will refer back to OfS.

<table>
<thead>
<tr>
<th>Submission</th>
<th>Review week 0</th>
<th>Provider uploads submission and relevant supporting evidence; students upload student submission where relevant (the student submission can be uploaded at any time up to one week prior to the start of the review visit prior to the commencement of the review visit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial assessment</td>
<td>+1 week</td>
<td>Review team conducts initial assessment and determines whether any further evidence is required</td>
</tr>
<tr>
<td>Evidence</td>
<td>+2 weeks</td>
<td>Provider uploads any additional evidence if requested by QAA</td>
</tr>
<tr>
<td>Analysis and review visit schedule</td>
<td>+3 weeks</td>
<td>Review team analyses further evidence; commissions additional advice where necessary, and produces schedule for review visit</td>
</tr>
<tr>
<td>Review visit</td>
<td>+5 weeks</td>
<td>Review team visits provider</td>
</tr>
<tr>
<td>Draft review report</td>
<td>+7 weeks</td>
<td>Review team sends draft report to provider</td>
</tr>
<tr>
<td>Provider comments</td>
<td>+8 weeks</td>
<td>Provider reviews the draft report for factual accuracy</td>
</tr>
<tr>
<td>Final report</td>
<td>+9 weeks</td>
<td>QAA submits final report to OfS</td>
</tr>
</tbody>
</table>

**Timescales**

The time required to complete each stage of the review will vary according to the scope and focus of the review, as well as the size and complexity of the provision under review. The OfS requires these reviews to be conducted promptly. QAA will discuss the proposed timescales with the provider but reserves the right to proceed through the stages without delay.
Specification stage

30 The review process begins when OfS notifies a registered provider of a requirement for QAA to conduct a QSR for monitoring and intervention purposes. OfS will refer the provider to QAA.

31 On receipt of the referral, QAA will request information from providers above that already supplied to the Office for Students (OfS), that will help plan the review. More details of the information requested can be found on QAA’s website.¹

32 QAA will also draft a specification for the review based on the referral and any other relevant background information, which will be shared with the provider at an individual briefing. The specification will describe:

- the Core practices about which the review will reach judgements
- the aspects of the provider’s provision which the review will focus on
- the indicative types of evidence which the review will be based on
- the size and composition of the review team
- how students at the provider will be engaged
- the timescales for the review.

33 QAA will discuss with the provider arrangements for an individual provider briefing.

34 After the individual briefing the review specification is agreed by the OfS. QAA will write to the provider to confirm the scope and focus of the review and the proposed timeline. QAA will also explain how details of the review should be shared with the provider’s students in order that they may begin any preparations they need to make.

Individual briefing

35 The briefing will help the provider prepare for the review and allow it to ask any questions about the process. It will also provide an opportunity to discuss the schedule for the review. In some cases, where there is an urgent need to investigate a significant concern, a briefing may not take place.

36 Soon after the briefing, QAA will contact the provider with details of the review team and to confirm the review schedule, including the date the provider should upload its submission. QAA will also explain the arrangements for paying the review fee. More information can be found on QAA’s website.²

Team composition

37 The size and composition of each review team will be tailored to the scope of the review and the provider’s characteristics. Details of team members will be shared with the provider to allow the provider to draw attention to any possible conflicts of interest.

¹ www.qaa.ac.uk/docs/qaa/guidance/quality-and-standards-review-for-providers-registered---provider-information-form.xlsx
Provider facilitator

38 The provider will be asked to nominate a facilitator, who will carry out the following roles:

- liaise with the QAA officer throughout the review process to facilitate the organisation and smooth running of the review
- ensure all key provider staff and students are available as set out in the review visit schedule
- during the review visit, provide the review team with information about how the provider intends to demonstrate it meets the Core practices, the evidence it will be providing, and so on
- during the review visit, meet the QAA Officer (and possibly also members of the review team) outside the formal meetings or observations to provide or seek clarification about particular questions or issues.

39 The facilitator will help to provide a constructive interaction between all participants in the review process. The development of an effective working relationship between QAA and the provider through such liaison should help to avoid any misunderstanding by the provider of what the review team requires, or by the review team of the nature of the provider or the scope of its provision. Annex 6 gives further guidance about the role of facilitator.

QAA Officer

40 The role of the QAA Officer (QAAO) is to guide the team and the provider through all stages of the review process, ensuring that the review is conducted according to the procedures described in this guidance document. The QAAO will work with the review team in the drafting of the review report and will present the findings of the team for internal review (see below). Providers will be advised which QAAO will be coordinating their review. Providers are welcome to telephone or email their QAAO, should they have any questions. The QAAO can provide advice about the process but cannot act as a consultant for the review.

41 The QAAO is responsible for the logistics of the visit programme, including:

- briefing the provider
- liaising with the provider to confirm the schedule for the on-site visit
- working with reviewers to produce the report.

42 The QAAO will be present throughout the review and will advise and guide the review team in its deliberations. This ensures that judgements are securely based on evidence available and that each visit is conducted consistently.

QAA Quality Assurance Manager

43 The Quality Assurance Manager is the senior QAA officer responsible for the review process. They will oversee the delivery of the programme of reviews and manage the report review process.

Provision delivered in partnership with other organisations

44 The Core practices of the Quality Code relating to partnerships require that providers have effective arrangements in place to ensure that standards are credible and secure, and students' academic experiences are high quality, irrespective of where or how
courses are delivered or who delivers them. Such provision may include apprenticeships delivered in collaboration with employers, work placements, or any third party delivering aspects of teaching, learning, assessment or student support. Within this context, where the scope of the review includes provision delivered in partnership, the review team will seek to establish whether both or all partners have a clear understanding of their respective responsibilities and implement those responsibilities effectively. This is likely to be reflected in a request by the review team to meet staff from both or all partners during the review visit.

45 Providers may wish for their partners to be involved in the preparation of the submission and the extent of the involvement in that submission should be decided in discussion between the partners.

46 It will be the responsibility of providers to keep their partners informed of the progress of the review and to make any requests for information or support.

Provider and student submissions

47 Once the specification stage is complete, the provider uploads its submission, accompanied by some supporting evidence. The purposes of this information are to:

- describe the provider's key characteristics
- demonstrate how it meets the Core practices of the Quality Code under review.

48 The submission should be structured according to the Core practices of the Quality Code under review. Further information about the provider submission and the evidence which should accompany it, is provided in Annex 2 and 4.

49 The evidence matrix gives examples of how providers may choose to evidence a practice is met. Providers may wish to use the same evidence sources to demonstrate how they meet different Core practices, so the same piece of evidence could be employed for several purposes.

50 Where a student submission is likely to contribute to and strengthen the evidence base, students will be invited to provide a submission at any time up to one week prior to the commencement of the review visit. The purpose of the student submission is to help the review team understand whether, from the students' perspective, the provider meets the Core practices of the Quality Code under review. As such, it is a key part of the evidence base and helps to ensure the method aligns with the OfS's overall regulatory approach. Guidance on preparing a student submission can be found at Annex 3.

Initial assessment

51 The initial assessment is a desk-based review by the review team of the provider's submission and supporting information (and student submission where available). The purposes of the initial assessment are to:

- determine whether the provider's submission demonstrates whether it is likely to meet the Core practices of the Quality Code under review
- identify areas on which to focus requests for any additional evidence.
The reasons for not requesting additional evidence until after this stage are:

- to focus evidence requests primarily on those areas which the submission and its supporting evidence (and student submission where available) suggest need particular attention
- to allow the review team to construct a robust and systematic sample of evidence of how the provider is achieving the outcomes described in the Core practices of the Quality Code under review
- to ensure that the review team's requests are based on a sound understanding of the provider's characteristics and operating context.

The review team will conduct the initial assessment independently of one another, and record their findings using a standard template in order to have a consistent approach. They will then discuss their findings and agree which areas will be focused on during the next stage of the process.

Further information

The outcome of the initial assessment may be a request to the provider for further information about how it delivers the outcomes expressed in the Core practices of the Quality Code under review. The review team will base its requests on their analysis of the submission and supporting information (and student submission where available) using a combination of:

- representative sampling of courses or areas to reflect the full range of the provider's provision (and including any specialist provision such as distance-learning, provision delivered in partnership with other organisations, work-based learning including apprenticeship provision)
- risk-based sampling of courses or areas which appear not to meet the Core practices under review (for example, because the student submission suggests particular difficulties)
- randomised sampling - to mitigate against sampling or confirmation bias.

For small providers, and for those reviews with a confined focus, it may not be necessary to request further information and/or it may not be possible or appropriate to employ any or all of these sampling techniques.

Analysis and review visit schedule

Where relevant, once the provider has provided the further evidence requested, the review team will assess that evidence. They may also commission additional advice on specific aspects or areas of the provision, as described above.

The review team will then discuss their initial judgements about whether the Core practices under review have been met and identify which Core practices, or which aspects of those Core practices, require further investigation at the review visit. Based on that discussion, they will agree:

- any additional evidence requests to the provider
- the schedule for the review visit, including its duration, the activities the team will engage in and the types of staff and students (and potentially others, such as representatives of awarding bodies and employers, particularly in the case of apprenticeship provision) whom the team should meet.
Chapter 3: The review visit

58 The purpose of the review visit is to allow the review team to test whether and how the outcomes expressed by the Core practices of the Quality Code under review are being delivered or achieved in those areas the review is focused on.

59 The activities the team will engage in during the review will vary according to the scope of the review, and may include:

- further assessment of documentary evidence
- meetings with staff, students and possibly others involved in the delivery of a provider’s provision, including employers in the case of apprenticeship provision
- observations of teaching and learning activities
- assessment of learning resources and other facilities.

60 The overall schedule of activities will be communicated to the provider in advance, with some flexibility built in (for example, to allow the team to focus on particular practices or areas of concern, types or examples of evidence). The team has discretion to lengthen the visit - such as, where a serious issue emerges which was not apparent beforehand. Where it is not possible to extend the review visit, it may be necessary to organise a second, follow-up visit.

61 At the end of the review visit, once the team is satisfied it has tested each Core practice under review, the review team will meet in private to reflect on all the evidence it has gathered, establish what each piece of evidence has shown, and, on that basis, agree a judgement about whether the provider meets or does not meet each of the Core practices according to the criteria set out in Annex 5. For each Core practice under review, there are two possible judgements: ‘meets the Core practice’, or ‘does not meet the Core practice’. The review team will also express the degree of confidence they have in each judgement based on the range of evidence they have been able to assess. The degree of confidence expressed will be high, moderate or low.

62 Judgements will represent the reasonable judgement that the review team is able to come to, based on the evidence and time available.
Chapter 4: The review report and post-visit activity

Review report

63 The final stage of the review process is the production by the review team of a review report. The report will be structured according to the Core practices under review and provide evidence to the OfS as to whether each of these practices has been met. This will include a description of how the team came to that judgement (how the provider demonstrated it met each practice; how a representative sample of the provision offered was constructed; the team's evaluation or analysis of the evidence considered including the first-hand experience during the visit; and, based on that analysis, its overall judgement).

64 Once the team has drafted its report, it will be reviewed by a group of QAA officers chaired by a senior manager with responsibility for the delivery of the review process. The purpose of that review will be to check that the draft report provides evidence to the OfS which is consistent with objectives and procedures set out in this guidance document.

65 Following QAA internal moderation undertaken by an independent panel of QAA officers who were not involved in the review of the provider, the draft report will be shared with the provider in order that the provider may draw the team's attention to any factual inaccuracies and any misinterpretations leading from those inaccuracies. The review team will then consider the provider's response and make any changes it deems necessary, incorporating those changes in a final report which will then be submitted to the OfS. The final report will not be published.

66 The OfS will use the judgements of the review and the content of the review report to inform:

- its assessment of whether a provider continues to satisfy the relevant conditions of registration
- its assessment of the risk that a provider may breach a condition of registration in the future.

Representations against review outcomes

67 Representations against QSR outcomes may be made where:

- the revised draft report (that is, the report produced in response to the provider's comments on the first draft) contains any negative judgements - that is, 'does not meet the Core practice' in one or more Core practices and
- the provider believes that the revised draft report contains factual inaccuracies, and/or misinterpretations arising from those inaccuracies or
- it is alleged that the agreed review process has not been followed.

Representations stage

68 Where a provider decides to make representations, it must signal this intention to QAA, and the QAA will send a copy of the provider's submission on factual accuracy and misinterpretation, together with a copy of the team's response to the comments, to at least two independent reviewers who are trained in the QSR method but who have no prior involvement in the review and no apparent conflict of interest. The independent reviewers will have access to the evidence assessed during the course of the review but will refer to it
The independent reviewers will be required to consider the documentation presented, and to decide on the balance of probabilities whether 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. The independent reviewers will usually give their opinions independently of one another but may be convened to make a joint decision where different opinions are returned.

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.

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.

More information can be found about the representation process on the QAA website.

Representations on procedural irregularity

Where the provider wishes to raise a matter of procedural irregularity in the course of the review, a submission will be made at the representations stage, explaining the alleged irregularity and providing evidence in support of the allegation. Unsubstantiated allegations of procedural irregularity will be rejected on submission and returned to the provider.

The same process will apply as for the consideration of representations on inaccuracy and misinterpretation, except that 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 re-do part of the review, or the appointment of a new QAAO, reviewer or reviewers to ensure that the procedure is correctly applied.

Sharing information about representations with the OfS

Details of representations against review outcomes and the results of those representations may be shared with the OfS.

Providing feedback on QSR for monitoring and intervention

Once the review has been completed, QAA will invite the provider to give feedback on the process. Feedback from providers will form part of the evidence for the evaluation of the review process.

Annex 1: Definition of key terms

The Office for Students (OfS) is the independent regulator for higher education in England, established by the Higher Education and Research Act 2017 (HERA). The legal functions of the OfS include publishing the Regulatory framework for higher education in England and maintaining the Register of English higher education providers that are officially registered with, and subject to regulation by, the OfS. The regulatory framework sets out baseline requirements which are the minimum regulatory requirements and conditions that higher education providers are required to meet for registration with the OfS. The appointment of a Designated Body to carry out quality and standards assessment functions to support the OfS's regulatory approach was a requirement of HERA, and QAA was designated by the Secretary of State for Education to carry out this role.

Threshold academic standards define the minimum acceptable levels of achievement that a student has to demonstrate to be eligible for an academic award. For equivalent awards, the threshold level of achievement is agreed across the UK and is described by the qualification descriptors set out in the relevant qualification frameworks. For QSR for monitoring and intervention, the applicable sector-recognised standards are specified in the OfS's regulatory framework and those that apply to England are set out in Table 1, paragraphs 4.10, 4.12, 4.15, 4.17-4.18, 6.13-6.18 and in the Table in Annex C, in The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies (FHEQ), 2014. Threshold academic standards define the minimum standards that degree-awarding bodies must use to make the award of qualifications at a particular level of the relevant qualifications framework.

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

The UK Quality Code for Higher Education (the Quality Code), published March 2018, provides a reference point for effective quality assurance of higher education. The Quality Code sets out a series of Expectations which clearly and succinctly express the outcomes providers should achieve in setting and maintaining the standards of their awards, and in managing the quality of their provision. The Code includes Core practices which represent effective ways of working that underpin the delivery of the Expectations and will deliver positive outcomes for students. These must be demonstrated by all UK higher education providers. Common practices focus on enhancement. In England, providers may wish to work towards these, but are not required to do so as they are not regulatory requirements and will not be assessed as part of the OfS's regulatory framework or through a QSR. The advice and guidance, made up of sector-developed themes, is designed to support providers in developing and maintaining effective quality assurance practices. This is not mandatory for providers and will not be used in a QSR, but illustrative of a range of possible approaches.

All students refers to all students irrespective of background or any protected characteristics, studying at any level and by any mode (for example, undergraduate and postgraduate; full-time and part-time; distance, work-based and on-campus learners; HE apprentices; students studying under transnational education (TNE) arrangements).
**Academic quality** is concerned with how well the learning opportunities made available to students enable them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning resources are provided.

**High quality** is defined as quality which can consistently lead to credible and recognised positive outcomes for students. High quality is defined in the Quality Code as the minimum level of quality that is expected of all providers of UK higher education.

**Core practices** are practices that are required in all UK HE regulatory jurisdictions.

**Over time** refers to the need for the achievements represented by a qualification to be comparable with those of previous and future graduates with the same qualification.

**The student academic experience** encompasses students' experiences of their course and of the resources, support, facilities and opportunities that a provider makes available to support their learning.

**Partnerships** covers all arrangements where a provider works with others to design and/or deliver courses and/or to award qualifications. These can include validation and subcontracting (or franchising) arrangements, work-based learning arrangements and collaboration with employers (including to deliver apprenticeships), transnational education (TNE) arrangements, and international partnerships and collaborations. The processes that providers will need to follow to assure high quality will vary considerably depending on the type of partnership concerned and the risks involved.

Providers should have effective arrangements in place to ensure that standards are credible and secure, and students' academic experiences are of high quality, irrespective of where or how courses are delivered or who delivers them. **Transnational education (TNE)** refers to all types of higher education study courses, or sets of courses of study, or educational services (including those of distance education) in which the learners are located in a country different from the one where the awarding institution is based. Such courses may belong to the education system of a state different from the state in which it operates or may operate independently of any national education system.

**Professional, statutory and regulatory bodies (PSRBs)** are organisations that set the standards for particular professions and regulate the standards of entry. PSRBs determine professional qualifications (as distinct from academic qualifications). They may stipulate academic requirements that must be met in order for an academic course to be recognised as leading to, or providing exemption from part of, a professional qualification.

Where providers choose to offer courses that lead to, or provide exemption from, specific professional qualifications, the requirements of the relevant PSRB will influence the design of academic courses, but the responsibility for the academic standards remains with the provider that is awarding the academic qualification. Where providers have PSRB accreditation for their courses, review teams will explore how accreditation requirements are taken into account in the setting and maintaining of standards and the quality assurance of courses. Review teams will also explore how accurately information about accredited status is conveyed to students.

**Value** refers to the credibility and standing of qualifications, and their reliability as a reflection and consistent record of academic achievement.
Annex 2: The provider submission

In accordance with its overall purpose and key features, QSR for monitoring and intervention focuses primarily on the outcomes delivered or achieved by providers in the areas under review. Providers can demonstrate how they achieve these outcomes using the following sources of evidence:

- a submission given by the provider and its supporting evidence
- a student submission where appropriate (the student submission can be uploaded at any time up to one week prior to the commencement of the review visit)
- a responsibilities checklist (for providers without degree awarding powers - see Annex 8)
- written evidence from the provider requested by the review team following its initial assessment of the provider and student submissions
- evidence gathered during the review visit, which may include:
  - written documentation demonstrating how a provider meets the practices
  - meetings with staff, students and others involved in the delivery of a provider's provision, including employers in the case of apprenticeship provision
  - assessed student work
  - observations of teaching and learning
  - assessments of learning resources and other facilities.

This annex provides further information about the provider's submission and how it should be put together. Other parts of this document address the other sources of evidence.

The purposes and structure of the provider submission

The provider submission is likely to be the first piece of evidence the review team will encounter in the review process. Its purposes are:

- to briefly describe the provider's main characteristics (such as, mission, size, subject areas) and any partnership arrangements including (for example) subcontractual or franchised arrangements and/or working with employers for the delivery of apprenticeship provision
- to explain how the provider meets the Core practices of the Quality Code in the areas under review, and how the provider can demonstrate this.

Therefore, the provider's submission should be structured in two main parts: an introductory section describing its main characteristics; and the main body of the submission explaining how it meets the Core practices under review. The main body should be subdivided into discrete sub-sections for each Core practice.

Length of submission and number of pieces of supporting evidence

The provider's submission (that is, the introduction and main body excluding supporting evidence, but including any annexes or appendices) may not exceed 20 pages of A4 and, in cases where a review has a limited scope, would be expected to be much shorter.

To ensure the submission is clear and legible for the review team, the following guidelines on formatting must be adhered to:

- Arial font, 11 point (minimum)
• single-line spacing (minimum)
• 2 cm margins (minimum).

Tables, diagrams or any non-text content may be included in the 20-page limit.

It is crucial that the main body of the submission identifies and clearly references the evidence to support the narrative. At this stage, the evidence should be limited primarily to descriptive information which supports or expands on the narrative in the main body of the submission, such as the provider's academic regulations. This is so that the reviewers may familiarise themselves with the provider's characteristics, structures and processes, enabling them to effectively and efficiently target subsequent requests for information about how the provider achieves the outcomes described by the Core practices of the Quality Code under review, about which the reviewers ultimately make their judgements. Therefore, we would typically expect to receive about 30 pieces of supporting evidence with the provider submission, although there is no maximum limit. Annex 4 provides further guidance about the evidence which should accompany the submission (see ‘Submission’ in the third column of the matrix). Providers delivering courses leading to awards from other degree-awarding bodies or awarding organisations should also provide a responsibilities' checklist for each different partnership (see Annex 8 for more information).

It is perfectly acceptable to reference the same key pieces of evidence in several different parts of the submission. For example, the provider's academic regulations may be germane to all of the Core practices dealing with academic standards.

**How the provider submission is used**

The review team will use the provider submission and its supporting evidence to familiarise themselves with the provider and the ways in which it meets the Core practices under review. Along with the student submission, it will provide the basis for the review team’s initial assessment, the outcome of which will be an indication of areas that warrant further attention and a request for further information in those areas. Annex 4 gives examples of the types of evidence the review team may ask for after the initial assessment (see ‘After initial assessment’ in the third column of the matrix).

The submission will continue to be used throughout the rest of the review process, both as a source of information and as a way of navigating the supporting evidence.

Where the review team considers that the provider's submission does not provide sufficient assurance that a Core practice can be met, the submission will be returned to the provider. QAA will explain to the provider why the review team has come to that conclusion and will inform the OfS that the provider was not able to provide sufficient evidence. By providing clear information to providers during briefing sessions and in the guidance, we envisage this happening in very few cases.

**Technical requirements for the provider submission and supporting evidence**

The provider submission and supporting evidence must be uploaded to QAA's secure electronic site. The precise date for doing this will be confirmed in writing. We will also explain by letter how the submission and supporting evidence should be uploaded.

The following table summarises the requirements above and describes other technical requirements, such as file naming conventions, which the provider should observe in compiling and uploading the submission to QAA’s secure electronic site.
| **Length of submission and number of pieces of supporting evidence** | The provider's submission (excluding supporting evidence but including any annexes or appendices) may not exceed 20 pages of A4. To ensure the submission is clear and legible for the review team, the following guidelines on formatting must be adhered to:  
• Arial font, 11 point (minimum)  
• Single-line spacing (minimum)  
• 2 cm margins (minimum).  
We would typically expect to receive about 30 pieces of supporting evidence, although there is no maximum limit. |
| --- | --- |
| **Structure** | The provider submission and supporting evidence should be supplied in a coherent structure:  
• all files together, with no subfolders or zipped files  
• documents clearly labelled numerically, beginning 001, 002 and so on  
• ensure that each document has a unique reference number - do not number the same document with different numbers and submit it multiple times. |
| **File naming convention** | Only use alphanumeric characters (a-z and 0-9); for spaces use the underscore (_) and the hyphen (-).  
Do not use full stops and any other punctuation marks or symbols, as these will not upload successfully. |
| **File types to avoid** | Do not upload:  
• shortcut files (also known as .lnk and .url files)  
• temporary files beginning with a tilde (˜)  
• administrative files such as thumbs.db and .DS_Store. |

For technical assistance with uploading files, please contact the QAA service desk on 0044 (0)1452 557123, or email helpdesk@qaa.ac.uk. The service desk operates from Monday to Friday between 9.00 and 17.00.
Annex 3: The student submission

Where a submission by students is likely to contribute to and strengthen the evidence base for the review, students will be invited to provide one. The invitation will be made when, or soon after, the details of the review are confirmed with the provider by the OfS. The student submission may be submitted at any time up to one week prior to the commencement of the review visit.

The purpose of the submission is to help the review team understand students' views about the part or parts of the provision under review. The review team will consider the student submission very carefully and use it to help decide which aspects of the provision they want to look at in more detail. The student submission is, therefore, an important piece of evidence for the review.

What format should it take?

The student submission may take a variety of forms, such as video, interviews, presentations, podcast or a written submission. In QAA’s experience, students tend to find a written submission the easiest and quickest format to work with.

What should go in it?

The contents of the submission should reflect the nature of the review, that is to say the part or parts of the provision under review and the Core practices the review team is responsible for making judgements about.

The submission should not include anything about areas outside the scope of the review. So, for instance, if the review is focused on the academic experiences of part-time students, the submission should not reflect the views of other kinds of students. Nor should the submission include anything about the non-academic elements of students’ experiences, such as fees, accommodation or social activities, unless the students concerned regard these as having a direct impact on their learning.

The student submission should not name individual members of staff or raise any personal cases or grievances.

How should students go about putting it together?

The best student submissions reflect the views of as many students in or affected by the area under review as possible. However, getting the views of large numbers of students on a number of different issues can be very time consuming. Therefore, we encourage students to use existing information, such as external and/or internal student survey results and outcomes of existing meetings between staff and students, rather than conduct surveys especially for the student submission. The provider will be able to let students know what existing information is available.

Whatever approach is taken to gathering evidence, the submission should explain what the evidence-base is. This is so that the team can get a sense of how representative it is and decide whether they need to engage with particular groups of students in other ways.

How long should it be?

There is no word limit or target for a written submission, or equivalents in other formats. We envisage that the length of submissions will vary according to the scope of the review.
**When does it have to be submitted?**

The student submission should be uploaded to the QAA electronic site at any time up to one week prior to the commencement of the review visit.

**Will it be shared with the provider?**

Given that the student submission is such an important piece of evidence, in the interests of transparency and fairness, it must be shared with the provider - at the latest, when it is uploaded to the secure electronic site.
Annex 4: Evidence matrix

QSR for monitoring and intervention is an outcomes-based review method and, as such, it is the provider's responsibility to present evidence that it considers demonstrates how it delivers the outcomes described in the Core practices of the Quality Code under review. A provider should make clear how it achieves the desired outcomes within its own context, specialisms and operating model within those parts of its provision under review. The evidence matrix that follows, gives examples of indicative evidence that may demonstrate that a Core practice is met. It is neither prescriptive nor exhaustive. We encourage providers to present alternative types of evidence if they consider it will help review teams gain a better understanding of their adherence to the Core practices under review.

The following matrix describes:

- the Core practice that is being tested and the outcomes a provider will need to demonstrate
- the types of evidence that may inform the judgements against each Core practice
- when that evidence will be requested or collected
- the approach review teams will take to sampling evidence where that evidence is available in different or multiple areas (such as in different courses)
- the purpose of collecting particular types of evidence.

The evidence matrix will help providers prepare for, and participate in, the review process; and guide reviewers in their application of the review method. Reviewers will receive additional guidance and training that ensures they are sensitive to a provider's individual context and approach, in their assessment.

Not all types of evidence will be applicable or available to all providers. Providers will need to consider how best to demonstrate the Core practices are met within their own contexts and in those parts of the provision under review.

As the evidence listed in the matrix is indicative, it is neither prescriptive nor exhaustive, the matrix shall not prevent review teams from requesting or using alternative types of evidence that will help them to offer more secure judgements in the interests of students. Requests for evidence after the initial assessment stage will vary, depending on the level of assurance reached at this initial stage.

Sampling key

The sampling approach column uses numerical identifiers which have the following meanings:

- **1**: Representative sample of courses or areas to reflect the full range of the provider's provision (for example, modes of study, distance-learning, provision delivered in partnership)
- **2**: Risk-based sample of courses or areas which appear not to satisfy one or more Core practices (for example, because the underlying processes are not clearly defined in the provider's submission)
- **3**: Randomised sampling, to mitigate against sampling or confirmation bias in the two approaches above.

Reviewers will employ one or more of these approaches at the initial assessment stage depending primarily on the size of the provider and the strength of its submission. In a small provider, for instance, there may only be a handful of courses to choose from. For small
providers, and for those reviews with a confined scope (such as those of a specific group of subjects), it will not be possible or appropriate to employ any or all of these sampling techniques.
<table>
<thead>
<tr>
<th>Core practice</th>
<th>Type of evidence</th>
<th>When the evidence is likely to be collected</th>
<th>Sampling approach</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1) The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications frameworks.</td>
<td>Academic regulations and assessment framework (including classification/grading rubric)</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To identify institutional approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards.</td>
</tr>
<tr>
<td></td>
<td>Approaches to setting and maintaining threshold standards</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To interrogate the robustness and credibility of the provider's approach to ensuring threshold standards.</td>
</tr>
<tr>
<td></td>
<td>Approved course documentation</td>
<td>After initial assessment</td>
<td>1, 2 and 3</td>
<td>To test that specified threshold standards for courses sampled are consistent with relevant national qualifications frameworks.</td>
</tr>
<tr>
<td></td>
<td>External examiner or verifier reports</td>
<td>After initial assessment</td>
<td>1, 2 and 3: Likely that courses sampled will be the same as those sampled for course documentation</td>
<td>To check that external examiners or verifiers confirm threshold standards are consistent with national qualifications frameworks, and that credit and qualifications are awarded only where those threshold standards have been met.</td>
</tr>
<tr>
<td></td>
<td>Third party endorsements (such as PSRB reports) where available</td>
<td>After initial assessment</td>
<td>All courses for which such information is available</td>
<td>To identify how other organisations regard threshold standards and award procedures.</td>
</tr>
<tr>
<td></td>
<td>Assessed student work</td>
<td>After initial assessment and/or at review visit</td>
<td>1, 2 and 3: Likely that work sampled will be from courses sampled for course documentation and external examiner or verifier reports</td>
<td>To test that students’ assessed work reflects the relevant threshold standards.</td>
</tr>
<tr>
<td>Core practice</td>
<td>Type of evidence</td>
<td>When the evidence is likely to be collected</td>
<td>Sampling approach</td>
<td>Purpose</td>
</tr>
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<tr>
<td><strong>Continued from previous page…</strong></td>
<td>Meeting with staff involved in assessment</td>
<td>Review visit</td>
<td>Sample of staff from courses analysed above</td>
<td>To test that staff understand and apply the provider's approach to setting and maintaining threshold standards.</td>
</tr>
<tr>
<td>S2) The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.</td>
<td>Academic regulations and assessment framework</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To identify institutional approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards.</td>
</tr>
<tr>
<td>Approaches to setting and/or maintaining comparable standards</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td></td>
<td>To interrogate the robustness of the provider's approach to setting and maintaining comparable standards and to ensure that this approach is credible and evidence-based.</td>
</tr>
<tr>
<td>Approved course documentation</td>
<td>After initial assessment</td>
<td>1, 2 and 3</td>
<td></td>
<td>To test that specified standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers.</td>
</tr>
<tr>
<td>External examiner or verifier reports</td>
<td>After initial assessment</td>
<td>1, 2 and 3: It is likely that courses sampled will be the same as those sampled for course documentation</td>
<td></td>
<td>To check that external examiners or verifiers confirm that standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers, and that credit and qualifications are awarded only where those standards have been met.</td>
</tr>
<tr>
<td>Core practice</td>
<td>Type of evidence</td>
<td>When the evidence is likely to be collected</td>
<td>Sampling approach</td>
<td>Purpose</td>
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<tr>
<td>Continued from previous page…</td>
<td>Third party endorsements (such as PSRB reports), where available</td>
<td>After initial assessment</td>
<td>All courses for which such information is available</td>
<td>To identify how other organisations regard the standards and award procedures.</td>
</tr>
<tr>
<td></td>
<td>Assessed student work (including classification/grading rubric)</td>
<td>After initial assessment and/or at review visit</td>
<td>1, 2 and 3: It is likely that work sampled will be from courses sampled for course documentation and external examiner or verifier reports</td>
<td>To test that marks and awards given to students are reasonably comparable with those achieved in other UK providers.</td>
</tr>
<tr>
<td></td>
<td>Meeting with students</td>
<td>Review visit</td>
<td>Sample of students from courses analysed above</td>
<td>To assess whether students understand what is required of them to reach standards beyond the threshold.</td>
</tr>
<tr>
<td></td>
<td>Meeting with staff involved in assessment</td>
<td>Review visit</td>
<td>Sample of staff from courses analysed</td>
<td>To test that staff understand and apply the provider’s approach to setting and maintaining comparable standards.</td>
</tr>
<tr>
<td>S3) Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.</td>
<td>Relevant academic regulations or policies</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To identify how the provider ensures the standards of its awards are credible and secure where these are delivered by partners.</td>
</tr>
<tr>
<td>Approaches to securing standards in partnership work</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To assess whether the provider has credible, robust and evidence-based approaches necessary for securing standards in partnership work.</td>
<td></td>
</tr>
<tr>
<td>Partnership agreements</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To interrogate the basis for the maintenance of academic standards within specific partnerships, and that those arrangements are in line with the provider's regulations or policies.</td>
<td></td>
</tr>
<tr>
<td>External examiner or verifier reports</td>
<td>Submission and/or after initial assessment</td>
<td>1, 2 and 3: It is likely to be drawn from the same partnerships as the agreements requested</td>
<td>To test whether external examiners or verifiers consider that standards are credible and secure, thus confirming the effectiveness of the underpinning arrangements.</td>
<td></td>
</tr>
<tr>
<td>Third party endorsements (such as PSRB reports), where available</td>
<td>After initial assessment</td>
<td>All courses delivered in partnership for which such information is available</td>
<td>To identify how other organisations regard the standards of awards of courses delivered in partnership.</td>
<td></td>
</tr>
<tr>
<td>Assessed student work</td>
<td>After initial assessment and/or at review visit</td>
<td>1, 2 and 3: It is likely to be drawn from the same courses as those sampled above</td>
<td>To test that standards of awards are credible and secure, thus confirming the effectiveness of the underpinning arrangements.</td>
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</tr>
<tr>
<td>Meet with staff from delivery partners and with staff from the awarding body/organisation who manage the partnership agreement and relationship with the provider</td>
<td>Review visit</td>
<td>1, 2 and 3: It is likely to be drawn from the same courses as those sampled above</td>
<td>To test that staff understand and discharge effectively their responsibilities to the awarding body. To test the awarding body/organisation's understanding of their responsibilities and how this is implemented and monitored in practice.</td>
<td></td>
</tr>
<tr>
<td>Requirement</td>
<td>Description</td>
<td>Submission</td>
<td>Approval</td>
<td>Purpose</td>
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<tr>
<td>S4) The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.</td>
<td>Academic regulations and/or institutional policy describing requirements for involvement of external expertise, and assessment and classification processes</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To identify how external experts are used in setting and maintaining academic standards, and how the provider's assessment and classification processes operate.</td>
</tr>
<tr>
<td>Use of external expertise in setting and maintaining academic standards</td>
<td></td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To assess whether the use of external expertise in setting and maintaining academic standards, and assessment and classification processes are credible, robust and evidence-based.</td>
</tr>
<tr>
<td>Assessment and classification processes</td>
<td>Approved course documentation</td>
<td>After initial assessment</td>
<td>1, 2 and 3</td>
<td>To assess the reliability, fairness and transparency of assessment and classification processes for the courses sampled.</td>
</tr>
<tr>
<td></td>
<td>External examiner or verifier reports and provider's responses</td>
<td>Submission and/or after initial assessment</td>
<td>1, 2 and 3: It is likely that courses sampled will be the same as those sampled for course documentation</td>
<td>To interrogate the use of external examiners or verifiers, and that provider considers and responds to externals' reports regarding standards appropriately. To identify externals' views about reliability, fairness and transparency of assessment and classification processes.</td>
</tr>
<tr>
<td></td>
<td>Records of course approval (and/or review where available)</td>
<td>After initial assessment</td>
<td>1, 2 and 3</td>
<td>To test that external experts are used according to the provider's regulations or policies.</td>
</tr>
<tr>
<td></td>
<td>Third party endorsements (such as PSRB reports), where available</td>
<td>After initial assessment</td>
<td>All courses for which such information is available</td>
<td>To identify how other organisations regard the use of externals and the reliability, fairness and transparency of assessment and classification processes.</td>
</tr>
<tr>
<td>Continued from previous page…</td>
<td>Meetings with staff and students</td>
<td>Review visit</td>
<td>Sample from courses analysed above</td>
<td>To test that staff understand the requirements for the use of external expertise, and the provider's assessment and classification processes. To identify how students regard the reliability, fairness and transparency of assessment and classification processes.</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------</td>
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<td>-------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Meetings with external experts</td>
<td>Review visit</td>
<td>Likely to be required only where a concern emerges from the analysis of written evidence above</td>
<td>To test that external experts understand their role and identify their views about the reliability, fairness and transparency of assessment and classification processes.</td>
</tr>
<tr>
<td>Q1) The provider has a reliable, fair and inclusive admissions system.</td>
<td>Relevant academic regulations</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To identify institutional policy relating to: the recruitment, selection and admission of students; roles and responsibilities of staff involved in the admissions process; support for applicants; how the provider verifies applicants' entry qualifications; how the provider facilitates an inclusive admissions system; and how it handles complaints and appeals.</td>
</tr>
<tr>
<td>Provider approach to delivering admissions</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To assess whether admissions systems are reliable, fair and inclusive.</td>
<td></td>
</tr>
<tr>
<td>Generic (i.e. non-subject specific) information for applicants</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To test whether the information given to applicants is transparent, inclusive and fit for purpose.</td>
<td></td>
</tr>
<tr>
<td>Continued from previous page…</td>
<td>Arrangements with recruitment agents</td>
<td>Submission</td>
<td>Provider level, for all courses affected</td>
<td>To interrogate how the provider ensures that third parties understand and implement the provider's admissions policy and process effectively.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Approved course documentation</td>
<td>After initial assessment</td>
<td>1, 2 and 3</td>
<td>To test whether admissions requirements for courses sampled reflect provider's overall regulations and/or policy.</td>
<td></td>
</tr>
<tr>
<td>Admissions records</td>
<td>Review visit</td>
<td>3: Randomly selected sample of admissions records/decisions, both successful and unsuccessful</td>
<td>To assess whether reliable, fair and inclusive admissions decisions were made for the applicants sampled.</td>
<td></td>
</tr>
<tr>
<td>Meetings with admission staff and students</td>
<td>Review visit</td>
<td>To reflect the evidence gathered after initial assessment stage above</td>
<td>To test whether staff understand their responsibilities, are appropriately skilled and supported and can articulate how the provider's approach to inclusivity is manifest in the admissions process. To assess students' views about the admissions process.</td>
<td></td>
</tr>
<tr>
<td>Q2) The provider designs and/or delivers high-quality courses.</td>
<td>Relevant academic regulations</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To identify the provider's approach to designing and delivering high-quality courses.</td>
</tr>
<tr>
<td>Provider approaches to designing and/or delivering high-quality courses</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To assess whether the provider has credible, robust and evidence-based approaches for designing high-quality courses.</td>
<td></td>
</tr>
<tr>
<td><strong>Continued from previous page…</strong></td>
<td><strong>Approved course documentation</strong></td>
<td><strong>After initial assessment</strong></td>
<td><strong>1, 2 and 3</strong></td>
<td>To test that all elements of the courses sampled are high quality (curriculum design, content and organisation; learning, teaching and assessment approaches) and that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>External examiner or verifier reports</strong></td>
<td>Submission and/or after initial assessment</td>
<td><strong>1, 2 and 3:</strong> It is likely to be the same courses as those sampled for course documentation</td>
<td>To identify external examiners’ or verifiers’ views about the quality of the courses sampled.</td>
<td></td>
</tr>
<tr>
<td><strong>Students' views (student submission, internal and external surveys, module and course evaluations)</strong></td>
<td>Submission or student submission</td>
<td>Sample of surveys and evaluations to reflect the courses sampled above</td>
<td>To identify students' views about quality of the courses sampled.</td>
<td></td>
</tr>
<tr>
<td><strong>Third party endorsements (such as PSRB reports), where available</strong></td>
<td>After initial assessment</td>
<td>All courses for which such information is available</td>
<td>To identify other organisations' views about the quality of the courses for which such information is available.</td>
<td></td>
</tr>
<tr>
<td><strong>Meetings with students and staff</strong></td>
<td>Review visit</td>
<td>Staff and students drawn from courses sampled above</td>
<td>To assess how staff ensure courses are high quality. To assess students' views about quality of the courses sampled.</td>
<td></td>
</tr>
<tr>
<td><strong>Meetings with third parties (e.g. employers of graduates)</strong></td>
<td>Review visit - likely to be used where, for example, employers have particularly close ties to the course (e.g. a degree apprenticeship)</td>
<td>By exception - likely to be used where, for example, employers have particularly close ties to the course (e.g. a degree apprenticeship)</td>
<td>To identify third parties' views about the quality of the courses sampled.</td>
<td></td>
</tr>
<tr>
<td>Q3) The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td><strong>Continued from previous page…</strong></td>
<td><strong>Observations of teaching and learning</strong></td>
<td><strong>Review visit</strong></td>
<td><strong>1, 2 and 3</strong></td>
<td></td>
</tr>
<tr>
<td><strong>N.B. This includes academic and professional support staff.</strong></td>
<td><strong>Relevant academic regulations or institutional policy or policies</strong></td>
<td><strong>Submission</strong></td>
<td><strong>N/A - provider level</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>To test whether course delivery is high quality.</strong></td>
<td><strong>To identify how the provider recruits, appoints, inducts and supports staff so that it meets the outcome.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Approaches to recruiting, selecting and developing sufficient appropriately qualified and skilled staff</strong></td>
<td><strong>Submission</strong></td>
<td><strong>N/A - provider level</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>To assess whether the provider has credible, robust and evidence-based approaches for ensuring that they have sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Third party endorsements (e.g. from a PSRB or awarding organisation reports)</strong></td>
<td><strong>Submission</strong></td>
<td><strong>For all courses or areas where such endorsements are available</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>To identify other organisations’ views about sufficiency, qualifications and skills of staff.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Staffing structure chart or similar</strong></td>
<td><strong>Submission</strong></td>
<td><strong>N/A - provider level</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>To identify the roles or posts the provider has to deliver a high-quality learning experience and assess whether they are sufficient.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Students’ views (student submission, internal and external surveys, module and course evaluations)</strong></td>
<td><strong>Submission or student submission</strong></td>
<td><strong>1, 2 and 3: To select specific courses for survey and evaluation results</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>To identify students’ views about sufficiency, qualifications and skills of staff.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Job descriptions and details (e.g. CVs) of persons holding specific posts, and the records of their recruitment</strong></td>
<td><strong>After initial assessment, and (if not closed down then) at review visit</strong></td>
<td><strong>1, 2 and 3</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>To assess whether the staff sampled are appropriately qualified and skilled to perform their roles effectively.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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7 For smaller providers this is likely to reflect individual posts. For larger providers the staffing structure may reflect groups or similar posts or teams.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings with students, staff and other key stakeholders involved in course delivery</td>
<td>Review visit</td>
<td>To assess that the staff sampled were recruited according to the provider's policies and procedures (e.g. that post holders' prior qualifications and experience were properly checked).</td>
</tr>
<tr>
<td>Observations of teaching and learning</td>
<td>Review visit</td>
<td>To reflect the evidence gathered after the initial assessment stage above. It is likely that the review team will wish to meet the staff whose details they have considered at that stage. To cross-check outcomes identified by desk-based activities to: • test that staff are appropriately qualified and skilled • assess whether students consider that the provider has sufficient staff and that those staff are appropriately qualified and skilled.</td>
</tr>
<tr>
<td>Q4) The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.</td>
<td>Relevant strategies or approaches for facilities, learning resources and student support services</td>
<td>Submission</td>
</tr>
<tr>
<td>Approaches for ensuring sufficient and appropriate facilities, learning resources and student support services</td>
<td>Submission</td>
<td>N/A - provider level</td>
</tr>
<tr>
<td><strong>Continued from previous page…</strong></td>
<td>Students' views (student submission, internal and external surveys, module and course evaluations)</td>
<td>Submission or student submission</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td>Third party endorsements (e.g. from a PSRB or awarding organisation reports)</td>
<td>Submission</td>
</tr>
<tr>
<td></td>
<td>Provider's job roles, structures and resources</td>
<td>Submission</td>
</tr>
<tr>
<td></td>
<td>Job descriptions of staff employed in relevant functions</td>
<td>After initial assessment</td>
</tr>
<tr>
<td></td>
<td>Meetings with staff and students</td>
<td>Review visit</td>
</tr>
<tr>
<td></td>
<td>Direct assessment of facilities, learning resources and support services</td>
<td>Review visit (or online, e.g. virtual learning environments)</td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
<td>Method</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Q5) The provider actively engages students, individually and collectively, in the quality of their educational experience.</td>
<td>Relevant academic regulations or policy</td>
<td>Submission</td>
</tr>
<tr>
<td>Provider approaches for engaging students</td>
<td>Submission</td>
<td>N/A - provider level</td>
</tr>
<tr>
<td>Examples of the provider changing or improving provision as a result of student engagement</td>
<td>Submission</td>
<td>N/A - provider level</td>
</tr>
<tr>
<td>Students' views (student submission, internal and external surveys, module and course evaluations)</td>
<td>Submission or student submission</td>
<td>1, 2 and 3: To select specific courses for survey and evaluation results. It is likely to reflect sample identified under other Core practices</td>
</tr>
<tr>
<td>Meetings with students</td>
<td>Review visit</td>
<td>Sample to include students in a range of representative roles - provider (faculty/department) and course-level as relevant to the provider</td>
</tr>
<tr>
<td>Q6) The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.</td>
<td>Relevant academic regulations or policy</td>
<td>Submission</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Provider approaches for complaints and appeals</td>
<td>Submission</td>
<td>N/A - provider level</td>
</tr>
<tr>
<td>Information for students</td>
<td>Submission</td>
<td>N/A - provider level</td>
</tr>
<tr>
<td>Numbers and types of complaints and appeals received, and outcomes (including time to outcome)</td>
<td>Submission</td>
<td>Provider level: Data for all complaints and appeals for the previous three years</td>
</tr>
<tr>
<td>Meetings with students</td>
<td>Review visit</td>
<td>No specific sample; relevant questions will be asked of students sampled under other Core practices</td>
</tr>
<tr>
<td>Examples of specific complaints and appeals</td>
<td>Review visit</td>
<td>3: Random sample of a handful of complaints and appeals from different courses (if possible)</td>
</tr>
</tbody>
</table>
Q7) Where the provider offers research degrees, it delivers these in appropriate and supportive research environments.

<table>
<thead>
<tr>
<th>Relevant academic regulations and/or policies for: recruitment, admissions, induction, supervision, monitoring and review; development of research and other skills; assessment; and training and support for supervisors</th>
<th>Submission</th>
<th>N/A - provider level</th>
<th>To identify how the provider's regulations or equivalent provide for the maintenance of an appropriate and supportive research environment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider approaches to delivering and developing research degree delivery</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To assess whether the provider has credible, robust and evidence-based approaches to delivering research degrees in an appropriate and supportive research environment.</td>
</tr>
<tr>
<td>Students' views (student submission, internal and external surveys, module and course evaluations)</td>
<td>Submission or student submission</td>
<td>1, 2 and 3: To select specific courses for survey and evaluation results</td>
<td>To identify students' views about the research environment.</td>
</tr>
<tr>
<td>Measures of research environment. These may include measures of research strength and activity (Research Excellence Framework outcomes, Research Council or other grants); CVs of supervisory staff; and measures of success in supporting research students to develop research and other skills</td>
<td>After initial assessment</td>
<td>1, 2 and 3</td>
<td>To measure the supportiveness of the research environment.</td>
</tr>
</tbody>
</table>
Meetings with research students and supervisory staff  
Review visit  
To reflect the evidence gathered after the initial assessment stage above. It is likely that the review team will wish to meet the staff whose details they have considered at that stage  
To test whether staff understand their responsibilities and are appropriately skilled and supported. To assess students' views about the research environment.

| Question (Q8) | Relevant academic regulations or policies | Submission | N/A - provider level | To assess how the provider ensures courses are high quality irrespective of where or how courses are delivered or who delivers them.  
Approaches to delivering a high-quality academic experience in partnership work  
Submission | N/A - provider level | To assess whether the provider has credible, robust and evidence-based approaches to ensuring a high-quality academic experience in partnership work.  
Partnership agreements  
Submission | N/A - provider level | To test the basis for the maintenance of high quality within specific partnerships, and that those arrangements are in line with the provider's regulations or policies. |
<table>
<thead>
<tr>
<th>External examiner or verifier reports</th>
<th>Submission and/or after initial assessment</th>
<th>1, 2 and 3: It is likely to be drawn from the same partnerships as the agreements requested</th>
<th>To test that external examiners or verifiers consider courses delivered in partnership to be of high quality, thus confirming the effectiveness of the underpinning arrangements.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third party endorsements (such as PSRB reports), where available</td>
<td>After initial assessment</td>
<td>All courses delivered in partnership for which such information is available</td>
<td>To assess how other organisations regard the quality of courses delivered in partnership.</td>
</tr>
<tr>
<td>Meet with staff and students from courses delivered in partnership</td>
<td>Review visit</td>
<td>Drawn from sampled courses</td>
<td>To test whether staff understand and discharge effectively their responsibilities to the awarding body. To assess students' views about quality of courses delivered in partnership. To test that the awarding body/organisation/lead provider is meeting its responsibilities.</td>
</tr>
<tr>
<td>Meet with staff from the awarding body/organisation who manage the partnership agreement and relationship with the provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q9) The provider supports all students to achieve successful academic and professional outcomes.</td>
<td>Relevant academic regulations or institutional policy</td>
<td>Submission</td>
<td>N/A - provider level</td>
</tr>
<tr>
<td>Provider approaches to support students in achieving academic and professional outcomes</td>
<td>Submission</td>
<td>N/A - provider level</td>
<td>To assess whether the provider has credible, robust and evidence-based approaches for ensuring that all students are supported to achieve successful academic and professional outcomes.</td>
</tr>
<tr>
<td>Students' views (student submission; internal and</td>
<td>Submission or student submission.</td>
<td>1, 2 and 3: To select specific courses for</td>
<td>To identify students' views about student support mechanisms.</td>
</tr>
<tr>
<td>Activity</td>
<td>Timeframe</td>
<td>Survey and Evaluation Results</td>
<td>Objective</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>External surveys; module and course evaluations</td>
<td>After initial assessment for survey and evaluation results, and/or at review visit</td>
<td></td>
<td>To test whether students are given comprehensive, helpful and timely feedback.</td>
</tr>
<tr>
<td>Assessed student work</td>
<td>After initial assessment and/or at review visit</td>
<td>1, 2 and 3: It is likely to be drawn from the same courses as those sampled</td>
<td>To test whether students are given comprehensive, helpful and timely feedback.</td>
</tr>
<tr>
<td>Meetings with students and staff involved in providing academic and non-academic support</td>
<td>Review visit</td>
<td>Sample of students to include those who have made particular use of student support mechanisms according to specific needs</td>
<td>To test whether staff understand their responsibilities and are appropriately skilled and supported. To assess students' views about student support mechanisms. To assess whether students who have made particular use of student support services regard those services as accessible and effective.</td>
</tr>
</tbody>
</table>
Annex 5: Assessment framework

This annex sets out the criteria review teams will use to come to judgements. Further details will form part of the training and guidance that reviewers will receive before they undertake a review.

The purposes of the framework are to guide reviewers in their application of the review method, and to help providers and other stakeholders understand how the reviewers come to their judgements. It may be helpful to read this table in conjunction with the evidence matrix in Annex 4. As with the evidence matrix, the core element of the assessment framework is the practice that is being judged, and the outcomes that reviewers are expecting to see in the area under review.

In QSR for monitoring and intervention, review teams make judgements against the Core practices of the Quality Code. For each Core practice under review in the part or parts of the provision under review, there are two possible judgements: meets the Core practice ('met') or does not meet the Core practice ('not met').

The assessment framework is neither prescriptive nor exhaustive; it illustrates what the evidence, in aggregate, will tend to show or demonstrate to support a 'met' or 'not met' judgement in each case.

It is not necessary to meet all of the criteria to support a particular judgement and reviewers will not use the information in this table as a checklist - judgements will be made according to a provider's context and the scope of the review. Not all criteria or parts of criteria will be applicable to all reviews. For instance, for a review focusing on the employability of a provider's graduates against the Core practice - 'The provider supports all students to achieve successful academic and professional outcomes' - the review team may emphasise those parts of the criteria dealing with professional rather than academic outcomes.

How judgements are made

QSR for monitoring and intervention involves an incremental and iterative decision-making process. Reviewers will make initial hypotheses based on the provider's submission and its supporting evidence (and the student submission, where available) and continually revisit those hypotheses as the review progresses, cross-checking their findings against the different sources of evidence put forward by the provider, and comparing and validating them with other members of the review team. At the end of the review visit, once it has its complete set of evidence, the review team will meet in private to reflect on how well a provider has demonstrated it meets the Core practices under review. The team will consider all the evidence it has gathered, including the experience during the visit, establish what each piece of evidence has shown, and, on that basis, agree whether the provider meets or does not meet each of the Core practices according to the criteria set out below.

In practice, for any given Core practice it is possible that the evidence will meet criteria for both a 'met' and 'not met' judgement. In such circumstances, the review team will use a 'best fit' approach to decide, on balance, which judgement the evidence tends to support. The overriding principle will be whether the outcome expressed by the Core practice has been, or is likely to be, achieved.
<table>
<thead>
<tr>
<th>Core practice</th>
<th>The provider is likely to meet the Core practice where...</th>
<th>The provider is not likely to meet the Core practice where...</th>
</tr>
</thead>
</table>
| S1) The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications frameworks. | • Assessed student work demonstrates that credit and qualifications are awarded only where the relevant threshold standards have been met.  
• Staff understand and apply the provider's approach to setting and maintaining standards.  
• Approaches for maintaining threshold standards are robust and credible and fully understood by staff.  
• It has clear and comprehensive academic regulations and frameworks to support the setting and maintenance of academic standards at the relevant threshold level.  
• The threshold standards described in definitive course documentation are consistent with relevant national qualifications framework.  
• External examiner or verifiers (and other third parties, where relevant) confirm that threshold standards are consistent with the relevant national qualifications framework, and credit and qualifications are awarded only where those threshold standards have been met. | • Assessed student work demonstrates that credit and qualifications are awarded where the relevant threshold standards have not been met.  
• Staff do not understand and/or apply the provider's approach to setting and maintaining standards.  
• Approaches for maintaining threshold standards are not robust and credible and staff do not fully understand them.  
• Academic regulations and frameworks are not clear or comprehensive enough to support the setting and maintenance of academic standards.  
• The threshold standards described in definitive course documentation are not consistent with relevant national qualifications framework.  
• External examiner or verifiers (and other third parties, where relevant) indicate that threshold standards are inconsistent with the relevant national qualifications framework, and/or that credit and qualifications are awarded where those threshold standards have not been met. |
| S2) The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers. | • Assessed student work demonstrates that credit and qualifications are awarded only where the relevant standards have been met.  
• Staff understand and apply the provider's approach to setting and maintaining standards.  
• Students understand what is required to reach standards beyond the threshold.  
• Approaches for setting and maintaining comparable standards are robust and credible.  
• The provider has clear and comprehensive academic regulations and frameworks to support the setting and maintenance of academic standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.  
• The standards described in definitive course documentation beyond the threshold level that are reasonably comparable with those achieved in other UK providers. | • Assessed student work demonstrates that credit and qualifications are awarded where the relevant standards have not been met.  
• Staff do not understand and/or apply the provider's approach to setting and maintaining standards.  
• Students do not understand what is required to reach standards beyond the threshold.  
• Approaches for setting and maintaining comparable standards are not robust or credible.  
• Academic regulations and frameworks are not clear or comprehensive enough to support the setting and maintenance of academic standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.  
• The standards described in definitive course documentation beyond the threshold level are not comparable with those achieved in other UK providers. |
• External examiner or verifiers (and other third parties, where relevant) confirm that standards beyond the threshold level are reasonably comparable with those in other UK providers, and credit and qualifications are awarded only where those standards have been met.

• External examiner or verifiers (and other third parties, where relevant) indicate that standards beyond the threshold level are not comparable with those in other UK providers, and/or credit and qualifications are awarded where those standards have not been met.

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

• Staff from both the delivery partner and the awarding body/organisation understand their respective responsibilities for academic standards.
• It has robust and credible approaches to secure standards in provision delivered in partnership.
• The provider has clear and comprehensive regulations or policies for the management of partnerships with other organisations, to ensure that the standards of its awards are credible and secure.
• Partnership agreements are clear and comprehensive, up-to-date and reflect the provider’s regulations or policies for the management of partnerships.
• External examiner or verifier reports, information from third parties and assessed student work confirm that the standards of awards delivered in partnership are credible and secure (cross-reference to the Core practices on academic threshold standards and standards beyond the threshold).

• Staff from the delivery partner and/or the awarding body/organisation do not fully understand their respective responsibilities for academic standards.
• It does not have robust and credible approaches to secure standards in provision delivered in partnership.
• The provider’s regulations or policies for the management of partnerships with other organisations are not clear or comprehensive, presenting a risk to academic standards.
• Partnership agreements are unclear and/or partial, and/or have expired or are not signed and/or do not reflect the provider’s regulations or policies for the management of partnerships.
• External examiner or verifier reports, information from third parties and assessed student work indicate that the standards of awards delivered in partnership are not credible and/or secure (cross-reference to the Core practices on academic threshold standards and standards beyond the threshold).

S4) The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.

• Assessed student work confirms assessment and classification are carried out in line with the provider’s and course’s requirements.
• Students confirm that the provider’s assessment and classification processes are reliable, fair and transparent.
• Staff understand the requirements for the use of external expertise, and the provider’s assessment and classification processes.
• Approaches for using external expertise in both setting and maintaining academic standards and assessment and classification are robust and credible.
• The provider has clear and comprehensive regulations and/or policies describing its requirements for using external expertise in setting and maintaining academic standards.

• Assessed student work indicates that assessment and classification are not carried out in line with the provider’s and course’s requirements.
• Students indicate that the provider’s assessment and classification processes are unreliable, unfair and/or opaque.
• Staff do not understand the requirements for the use of external expertise, and/or the provider’s assessment and classification processes.
• The provider does not have robust and credible approaches for using external expertise in both setting and maintaining academic standards and assessment and classification.
• The provider does not require the use of external expertise in setting and maintaining standards, or its requirements for doing so are neither clear nor comprehensive.
| Continued from previous page.... | • The provider has clear and comprehensive regulations and/or policies for assessment and classification, and these processes are reliable, fair and transparent.  
• Records of course approval and review confirm that external expertise is used according to the provider's regulations.  
• External examiner or verifier reports, and the provider's responses to them, confirm the use of external expertise and that the provider gives that expertise due consideration.  
• External examiner or verifier reports confirm that the provider's assessment and classification processes are reliable, fair and transparent.  
• The provider's regulations and/or policies for assessment and classification are unreliable, unfair and/or opaque.  
• Records of course approval and review indicate that external expertise is not employed, or not used as required by the provider's regulations.  
• External examiner or verifier reports (or the lack of them), and the provider's responses to them, indicate that external expertise is not employed and/or that the provider does not give that expertise due consideration.  
• External examiner or verifier reports indicate that the provider's assessment and classification processes are unreliable, unfair and/or opaque. | • Admissions records demonstrate that the provider's policies are implemented in practice; any deviations relate to minor omissions or oversights which do not harm the integrity of the procedure or the interests of applicants.  
• Staff involved in admissions understand their role and are appropriately skilled and trained.  
• Students tend to agree that the admissions system is reliable, fair and inclusive.  
• Its approaches for ensuring that admissions systems are reliable, fair and inclusive are robust and credible.  
• The provider has a clear policy or policies for the recruitment and admission of students which is reliable, fair and inclusive.  
• Information for applicants is transparent, accessible and fit for purpose.  
• The provider manages any arrangements with recruitment agents effectively to ensure that its policies and requirements are strictly adhered to.  
• The admissions requirements set out in approved course documentation are consistent with the provider's policy or policies.  
• Admissions records indicate that the provider's policies are not implemented in practice; risking or causing harm to the integrity of the procedure and/or the interests of applicants.  
• Staff involved in admissions do not fully understand their role and/or are not appropriately skilled and trained.  
• Students indicate that the admissions system is unreliable, unfair and/or not inclusive.  
• Its approaches for ensuring that admissions systems are reliable, fair and inclusive are not robust or credible.  
• The provider's policy or policies for the recruitment and admission of students are unreliable, unfair and/or not inclusive.  
• Information for applicants is opaque, hard to access and/or not fit for purpose.  
• Any arrangements with recruitment agents are not managed effectively, creating a risk that agents will not adhere to the provider's admissions policy or requirements.  
• The admissions requirements set out in approved course documentation are inconsistent with the provider's policy or policies. |
| --- | --- | --- |
| Q1) The provider has a reliable, fair and inclusive admissions system. | • The provider has a reliable, fair and inclusive admissions system.  
  - Admissions records demonstrate that the provider's policies are implemented in practice; any deviations relate to minor omissions or oversights which do not harm the integrity of the procedure or the interests of applicants.  
  - Staff involved in admissions understand their role and are appropriately skilled and trained.  
  - Students tend to agree that the admissions system is reliable, fair and inclusive.  
  - Its approaches for ensuring that admissions systems are reliable, fair and inclusive are robust and credible.  
  - The provider has a clear policy or policies for the recruitment and admission of students which is reliable, fair and inclusive.  
  - Information for applicants is transparent, accessible and fit for purpose.  
  - The provider manages any arrangements with recruitment agents effectively to ensure that its policies and requirements are strictly adhered to.  
  - The admissions requirements set out in approved course documentation are consistent with the provider's policy or policies. | • The provider has a reliable, fair and inclusive admissions system.  
  - Admissions records indicate that the provider's policies are not implemented in practice; risking or causing harm to the integrity of the procedure and/or the interests of applicants.  
  - Staff involved in admissions do not fully understand their role and/or are not appropriately skilled and trained.  
  - Students indicate that the admissions system is unreliable, unfair and/or not inclusive.  
  - Its approaches for ensuring that admissions systems are reliable, fair and inclusive are not robust or credible.  
  - The provider's policy or policies for the recruitment and admission of students are unreliable, unfair and/or not inclusive.  
  - Information for applicants is opaque, hard to access and/or not fit for purpose.  
  - Any arrangements with recruitment agents are not managed effectively, creating a risk that agents will not adhere to the provider's admissions policy or requirements.  
  - The admissions requirements set out in approved course documentation are inconsistent with the provider's policy or policies. |
### Q2) The provider designs and/or delivers high-quality courses.

- Students tend to regard their courses as being of high quality.
- Staff are able to articulate what 'high quality' means in the context of the provider, and to show how the provision meets that definition.
- Observations of teaching and learning demonstrate clarity of objectives, good planning and organisation, a sound method or approach, good delivery, appropriate content, effective use of resources and student engagement.
- It has robust and credible approaches for designing and delivering high-quality courses.
- The provider's regulations or policies for course design and delivery facilitate the design and delivery of high-quality courses.
- Approved course documentation indicates that the teaching, learning and assessment design enable students to meet and demonstrate the intended learning outcomes.
- External examiner or verifier reports and information from third parties confirm that the courses concerned are high quality.

### Q3) The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.

N.B. This includes academic and professional support staff.

- Observations of teaching and learning indicate that teaching staff are appropriately qualified and skilled (cross-reference to Core practice on high quality courses).
- It has robust and credible approaches for the recruitment, appointment, induction and support of sufficient appropriately qualified and skilled staff.
- The provider's regulations or policies for the recruitment, appointment, induction and support for staff provide for a sufficient number of appropriately qualified and skilled staff.
- Staff sampled and/or met by the review team have been recruited, appointed, inducted and supported according to the provider's regulations or policies.
- There are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience.
- Students tend to agree that there are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience.

### Students tend not to regard their courses as being of high quality.

- Students tend not to regard their courses as being of high quality.
- Staff are unable to articulate what 'high quality' means in the context of the provider, and/or to show how the provision meets that definition.
- Observations of teaching and learning demonstrates unclear objectives, inadequate planning and organisation, unsound methods or approaches, poor delivery, inappropriate content, ineffective use of resources and/or non-engagement of students.
- It does not have robust and credible approaches for designing and delivering high-quality courses.
- The provider's regulations or policies for course design and delivery do not facilitate the design and delivery of high-quality courses.
- Approved course documentation indicates that the teaching, learning and/or assessment design may not enable students to meet and demonstrate the intended learning outcomes.
- External examiner or verifier reports and/or information from third parties raise serious concerns about the quality of students' academic experience, of which the provider is unaware and/or unable or unwilling to address.

- Students tend not to agree that there are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience.
| Q4) The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. | • Relevant staff understand their roles and responsibilities.  
• The review team's own assessment of particular facilities and learning resources confirms that they provide a high-quality academic experience.  
• The provider's strategies or approaches for facilities, learning resources and student support services are credible, realistic and demonstrably linked to the delivery of successful academic and professional outcomes for students.  
• Evidence from third parties indicates that facilities, learning resources and student support services are sufficient and appropriate.  
• Students tend to regard facilities, learning resources and student support services as sufficient and appropriate, and facilitating a high-quality academic experience. |
| | • Relevant staff are not able to clearly articulate their roles and responsibilities.  
• The review team's own assessment of particular facilities and learning resources indicates that they do not provide a high-quality academic experience.  
• The provider's strategies or approaches for facilities, learning resources and student support services are not credible, incomplete/unrealistic and/or are not demonstrably linked to the delivery of successful academic and professional outcomes for students.  
• Evidence from third parties raises concerns about the facilities, learning resources and support services.  
• Students tend not to regard facilities, learning resources and student support services as sufficient and appropriate, and/or facilitating a high-quality academic experience. |
| Q5) The provider actively engages students, individually and collectively, in the quality of their educational experience. | • There are examples of the provider changing and improving students' learning experience as a result of student engagement.  
• Students report that the provider engages them in the quality of their educational experience.  
• The provider has a clear and effective approach to engaging students, individually and collectively, in the quality of their educational experience.  
• It has robust and credible approaches to actively engage students, individually and collectively, in the quality of their educational experience. |
| | • There are no examples of the provider responding appropriately to student engagement, or the examples given are isolated and/or negligible.  
• Students report that they are not engaged in the quality of their educational experience, and/or that the provider does not respond appropriately to their input.  
• The provider's approach to engaging students is unclear and/or ineffective.  
• It does not have robust and credible approaches to actively engage students, individually and collectively, in the quality of their educational experience. |
### Q6) The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.

- Examples of complaints and/or appeals scrutinised by the review team have been dealt with according to the provider's procedures.
- Any deviations from the procedures relate to minor omissions or oversights, which do not harm the integrity of the procedure or the interests of students.
- Students do not raise any serious concerns about the fairness, transparency or accessibility of the procedures, or their application.
- Its approaches to develop fair, transparent and accessible complaints and appeals procedures are robust and credible.
- The provider's procedures for handling complaints and appeals are definitive, fair and transparent, and deliver timely outcomes.
- The provider's procedures for handling complaints and appeals are accessible to students, i.e. students can find and understand those procedures quickly and easily.

### Q7) Where the provider offers research degrees, it delivers these in appropriate and supportive research environments.

- Research students tend to agree that the research environment is appropriate and supportive.
- Supervisory staff understand their responsibilities.
- It has robust and credible approaches for the development of an appropriate and supportive research environment.
- The provider's regulations and/or policies for its research degree provision (recruitment, admissions, induction, supervision, monitoring and review, development of research and other skills, and assessment) are clear and comprehensive.
- The research environment facilitates the achievement of successful outcomes by research students.
- The provider has sufficient appropriately qualified and skilled supervisory staff.

- Examples of complaints and/or appeals scrutinised by the review team have not been dealt with according to the provider's procedures.
- Deviations from the procedures cause actual or potential harm to the integrity of the procedure and/or the interests of students.
- Students raise serious concerns about the fairness, transparency and/or accessibility of the procedures, and/or their application.
- The provider's procedures for handling complaints and appeals are unclear, ambiguous, unfair and/or opaque, and/or take an unreasonably long time to deliver an outcome.
- It does not have robust and/or credible approaches to develop fair, transparent and accessible complaints and appeals procedures.
- The provider's procedures for handling complaints and appeals are difficult for students to find, access and/or understand.
<table>
<thead>
<tr>
<th>Q8) Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high quality irrespective of where or how courses are delivered and who delivers them.</th>
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</thead>
<tbody>
<tr>
<td><strong>•</strong> Staff from both the delivery partner and the awarding body/organisation understand their respective responsibilities for quality.</td>
</tr>
<tr>
<td><strong>•</strong> It has robust and credible approaches to ensure a high-quality academic experience for provision delivered in partnership.</td>
</tr>
<tr>
<td><strong>•</strong> The provider has clear and comprehensive regulations or policies for the management of partnerships with other organisations, to ensure that the academic experience is high quality, irrespective of where or how courses are delivered and who delivers them.</td>
</tr>
<tr>
<td><strong>•</strong> Partnership agreements are clear and comprehensive, up-to-date and reflect the provider's regulations or policies for the management of partnerships.</td>
</tr>
<tr>
<td><strong>•</strong> External examiner or verifier reports and information from third parties confirm that the academic experience is high quality (cross-reference with other relevant Core practices).</td>
</tr>
<tr>
<td><strong>•</strong> Staff from the delivery partner and/or the awarding body/organisation do not fully understand their respective responsibilities for quality.</td>
</tr>
<tr>
<td><strong>•</strong> It does not have robust and credible approaches to ensure a high-quality academic experience for provision delivered in partnership.</td>
</tr>
<tr>
<td><strong>•</strong> The provider's regulations or policies for the management of partnerships with other organisations are not clear or comprehensive, presenting a risk to quality.</td>
</tr>
<tr>
<td><strong>•</strong> Partnership agreements are unclear and/or partial, and/or have expired or are not signed and/or do not reflect the provider's regulations or policies for the management of partnerships.</td>
</tr>
<tr>
<td><strong>•</strong> External examiner or verifier reports, information from third parties and assessed student work indicate that the academic experience for students on courses delivered in partnership is not of a high quality (cross-reference with other relevant Core practices).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q9) The provider supports all students to achieve successful academic and professional outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>•</strong> Assessed student work demonstrates that students are given comprehensive, helpful and timely feedback.</td>
</tr>
<tr>
<td><strong>•</strong> Staff (both academic and professional support) understand their role in supporting student achievement.</td>
</tr>
<tr>
<td><strong>•</strong> Students tend to agree that they are adequately supported to achieve successful academic and professional outcomes.</td>
</tr>
<tr>
<td><strong>•</strong> The provider's policy or approach to student support facilitates successful academic and professional outcomes.</td>
</tr>
<tr>
<td><strong>•</strong> Its approaches to support students to achieve successful academic and professional outcomes are comprehensive, robust and credible.</td>
</tr>
<tr>
<td><strong>•</strong> Assessed student work demonstrates that students are not given comprehensive, helpful and timely feedback.</td>
</tr>
<tr>
<td><strong>•</strong> Staff (both academic and professional support) do not fully understand their role in supporting student achievement.</td>
</tr>
<tr>
<td><strong>•</strong> Students raise serious concerns about the provider's support for their achievement of successful academic and professional outcomes.</td>
</tr>
<tr>
<td><strong>•</strong> The provider's policy or approach to student support is unclear and/or partial, creating a risk that students will not be adequately supported.</td>
</tr>
<tr>
<td><strong>•</strong> Its approaches to support students to achieve successful academic and professional outcomes are not comprehensive, robust and/or credible.</td>
</tr>
</tbody>
</table>
Annex 6: The role of the facilitator

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

The role of the facilitator is to:

- act as the primary contact for the QAA Officer (QAAO) during preparations for the review, including the on-site visit
- ensure all key provider staff and students are available as set out in the review visit schedule
- act as the review team's primary contact during the on-site visit
- provide advice and guidance to the team on the provider submission and any supporting documentation
- provide advice and guidance to the team on the provider's structures, policies, priorities and procedures
- keep an updated list of evidence to be presented to the review team throughout the review, to be confirmed by the QAAO
- ensure that the provider has a good understanding of the matters raised by the review team, thereby contributing to the effectiveness of the review
- meet the review team at the team's request during the on-site visit, in order to provide further guidance on sources of information and clarification of matters relating to the review.

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

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

Appointment and briefing

The person appointed as facilitator should possess:

- a good working knowledge of the provider's proposed quality assurance arrangements against the Quality Code in those areas under review, its approach to monitoring and review, and an appreciation of quality and standards matters
- knowledge and understanding of the review method, and the OfS regulatory framework
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review team.

Protocols

The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with the QAA Officer. The facilitator should not act as an advocate for the provider. However, the facilitator may legitimately:

- bring additional information to the attention of the team
- seek to correct factual inaccuracy
- assist the provider in understanding matters raised by the team.
The review team will decide how best to use the information provided by the facilitator. The facilitator is not a member of the team and will not make judgements about the provision.

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

In particular, written material produced by team members is confidential, and no information gained may be used in a manner that allows individuals to be identified. However, providing appropriate confidentiality is observed, the facilitator may make notes on discussions with the team and report back to other staff, so that the provider has a good understanding of the matters raised by the team at this stage. This can contribute to the effectiveness of the review process.

The facilitator will not have access to QAA’s electronic communication system for review teams. The review team also has the right to ask the facilitator to disengage from the visit at any time, if they consider that there are conflicts of interest, or that the facilitator’s presence will inhibit discussions.
Annex 7: QSR Reviewers and advisers

QSR for monitoring and intervention will be conducted by review teams comprising external experts. The experts will have significant experience and expertise in higher education in those areas they are responsible for making judgements about. They will also understand the new regulatory framework for higher education in England and be able to assimilate and evaluate different kinds of evidence.

The size and composition of each review team will be tailored to the scope of the review and the characteristics of the provider. Where the review is concerned with academic standards, the team will include academics with expertise in the subject areas in which the provider offers courses. Where the provider offers courses in a range of different subjects, more than one subject expert is likely to be involved.

Expertise and experience

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

- ability to make reliable, consistent, evidence-based judgements
- an understanding of the status and function of the revised Quality Code and the OfS's regulatory framework
- an understanding of how QSR for monitoring and intervention delivers in practice the OfS's regulatory principles
- ability to work effectively as part of a team
- strong analytical skills with the ability to assimilate and evaluate large quantities of evidence
- excellent oral and written communication skills
- ability to work effectively with electronic and/or web-based communication systems
- ability to adhere to agreed protocols, procedures and deadlines.

Beyond these common characteristics, different reviewers will have different kinds of experience and expertise. Some will have subject-specific expertise and experience in designing and delivering higher education courses, assessing the achievement of students and observing teaching and learning. Others will have particular expertise and experience in the management and delivery of academic and administrative support services; and/or in representing the interests of students.

In aggregate, each review team will demonstrate expertise and experience in all those areas where the team is responsible for making judgements.

Training and ongoing support

Training for experts will be provided by QAA. Both new team members and those who have taken part in previous review methods, will be required to take part in training before they conduct a review. The purpose of the training is to ensure that all team members:

- fully understand the review process's aims and objectives
- fully understand the OfS's regulatory principles
- are familiar with all the procedures and techniques involved
- are able to act consistently in interrogating and cross-checking evidence and coming to judgements
- understand their own roles and tasks, and QAA's expectations of them.
We also provide opportunities for continuing development of review team members and operate procedures for managing reviewers' performance. The latter incorporates the views of providers who have undergone review.

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

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

The QAA Officer coordinating the review also provides feedback on each reviewer.

We share the feedback generated with reviewers at regular intervals, to allow them to understand, and reflect on, the views of their peers. The feedback is anonymous - those receiving the feedback cannot see who has provided it.

**Specialist advisers**

To support the review team, QSR for monitoring and intervention may also involve the use of specialist advisers at the analysis stage. The role of the adviser will be to analyse specific aspects or areas of the provision and give advice to the review team about the provider's adherence to the Core practices of the Quality Code in those areas, and whether and how that should be further explored at the review visit. The use of an adviser shall be at the review team's discretion. We envisage using advisers by exception, where the provider has and/or its provision has particularly unusual or distinctive characteristics.

The details of those involved in the review - review team members, QAA Officer and advisers (where involved) - will be shared with the provider before they take part in the process, to allow the provider to draw attention to any possible conflicts of interest.
Annex 8: Responsibilities checklist for providers without degree awarding powers

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

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

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

<table>
<thead>
<tr>
<th>Name of awarding body or organisation</th>
<th>Area or function</th>
<th>Provider</th>
<th>Awarding body/ organisation</th>
<th>Shared</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Use of external expertise in maintaining academic standards
| Course design and/or delivery
| Setting assessments
| First marking of student work
| Moderation or second marking of student work
| Giving feedback to students on their work
| Student recruitment
| Student admissions
| Widening access
| Selection or approval of teaching staff
| Facilities, learning resources and student support services

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<table>
<thead>
<tr>
<th>Student engagement</th>
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</thead>
<tbody>
<tr>
<td>Responding to external examiners and other third parties</td>
</tr>
<tr>
<td>Annual monitoring</td>
</tr>
<tr>
<td>Student complaints and concerns</td>
</tr>
<tr>
<td>Student appeals</td>
</tr>
<tr>
<td>Managing relationships with other partner organisations (such as placement providers)</td>
</tr>
</tbody>
</table>
Annex 9: Responsibilities checklist for providers with Pearson Education Ltd provision

Where providers undergoing QSR are delivering courses leading to awards from other degree-awarding bodies or awarding organisations, it is imperative that review teams understand what the provider is responsible for and what the awarding body or organisation is responsible for.

For courses leading to Higher National Certificates (HNCs) and Higher National Diplomas (HNDs) awarded by Pearson, QAA and Pearson have jointly produced this standard responsibilities checklist for review team members to use.

Awarding organisation: Pearson Education Ltd

<table>
<thead>
<tr>
<th>Area or function</th>
<th>Summary of what the provider is responsible for</th>
<th>Summary of what the awarding organisation is responsible for</th>
</tr>
</thead>
</table>
| Use of external expertise in maintaining academic standards | Preparing for External Examiner visits and seriously considering and acting upon recommendations which are outcomes of visits.  
| Course design and/or delivery                         | Designing effective learning materials and a learning and teaching strategy that meets the learning outcomes of the Higher Nationals (HNs).  
Processes and procedures to ensure that the learning materials and the learning and teaching strategy are regularly reviewed and modified as appropriate to ensure their continued relevance and validity.  
pp 36–40; 45-58 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19)  
Providing definitive programme information relating to the HNs as delivered at their institution, including a tailored programme specification. | Designing and approving the HN qualifications and gaining recognition by Ofqual.  
Ensuring the relevance and validity of the qualification, identifying, implementing and approving modifications and ensuring recognition of these by Ofqual  
Providing the definitive information for the HNs (including the overall qualification specification). |
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
<th>Responsible for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting assessments</td>
<td>Operational responsibility for ensuring that students have appropriate opportunities to show they have achieved the intended learning outcomes and grading descriptors (where appropriate). This includes responsibility for setting assessments in direct compliance with Pearson requirements.</td>
<td>Setting the learning outcomes and assessment criteria attached to each outcome - these must be strictly adhered to. Provision of generic grade descriptors that must be contextualised to the assessment set. Oversight through monitoring by external examiners at their annual visit that the assessments are appropriate and at the national standard.</td>
</tr>
<tr>
<td>First marking of student work</td>
<td>Undertaken by the provider.</td>
<td>The marking is monitored by the external examiner to ensure that the standard of student work is appropriate to the grade awarded and to ensure consistency both within and across institutions.</td>
</tr>
<tr>
<td>Moderation or second marking of student work</td>
<td>Undertaken by the provider (known as internal verification)</td>
<td>As above</td>
</tr>
<tr>
<td>Giving feedback to students on their work</td>
<td>The provider is responsible for this.</td>
<td>Feedback on assessments is expected and monitored by the external examiner at their annual visit.</td>
</tr>
<tr>
<td>Student recruitment</td>
<td>Marketing of and recruitment of students to the programmes they provide.</td>
<td>Requires centres to recruit learners with integrity.</td>
</tr>
<tr>
<td>Student admissions</td>
<td>Activities associated with the admission of students to the programme, including: promoting and marketing the programme; setting admissions criteria; selecting applicants; making offers and enrolment, induction and orientation of new students. Making student registrations in a timely fashion. pp 41-44 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19)</td>
<td>Maintenance of a register of students registered by centres on the HNs. At Centre Approval, ensuring the centre has policies and procedures for student admissions</td>
</tr>
</tbody>
</table>
| Widening access | All students should have an equal opportunity to access their qualifications and assessments. pp 41-42 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19) pp 83 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19) | All learners should have equal opportunity to access Pearson qualifications, assessments, related products and services, and the content of Pearson qualifications and assessments should reflect the wide diversity of audiences.  
<p>| Selection or approval of teaching staff | The provider is responsible for the appointment of teaching staff and ensuring they have the right skills and experience to deliver a high-quality programme p 24-26 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19) | Reviewing CVs of teaching staff at Centre Approval and as part of Pearson's ongoing quality assurance processes. |
| Facilities, learning resources and student support services | Delivery of the programme, including provision of learning resources and all aspects of learning and teaching strategy. Appointment of teaching staff. Strategic oversight of the identification and provision of learning | Appointment of external examiners for all providers. Oversight, at Centre Approval, of the arrangements and resources put in place by the providers. Reviewing providers to ensure they continue to have the capacity, the subject specific |</p>
<table>
<thead>
<tr>
<th><strong>Student engagement</strong></th>
<th>Developing, implementing and facilitating arrangements and processes that ensure the engagement of students, individually and collectively, in the enhancement and assurance of the educational experience.</th>
<th>External examiners meet students at their visit to the provider as part of the overall quality assurance and monitoring of the programme and of provision at the provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responding to external examiners and other third parties</strong></td>
<td>Responsibility for putting into effect the recommendations of external examiners.</td>
<td>Approve and sign off providers’ actions in response to external examiner reports at subsequent external examiner visits, as well as actions arising from other Pearson quality assurance processes.</td>
</tr>
<tr>
<td><strong>Annual monitoring</strong></td>
<td>Ensuring appropriate processes are in place to routinely monitor and periodically review the programme as delivered by them and to keep under constant review all aspects of standards management, quality assurance and day-to-day delivery of the programme.</td>
<td>Ultimate responsibility for the monitoring and review of HN programme(s), including directing providers to take necessary action as appropriate via Pearson's quality assurance processes.</td>
</tr>
</tbody>
</table>

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9 A review of one or more programmes of study, undertaken periodically (typically once every five years), using nationally agreed reference points, to confirm that the programmes are of an appropriate academic standard and quality. The process typically involves experts from other institutions.
| Student complaints and concerns | Implementation of a fair and accessible complaints procedure for the informal, and where appropriate, formal investigation and determination of a student complaint.\(^\text{10}\)  
\[\text{p 83 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19)}\]  
Provision of information to students on their right to apply for external review by the Office of the Independent Adjudicator (OIA)\(^\text{11}\)  
\[\text{p 18 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19)}\] | Dealing with direct or referred student complaints, relating to the overall quality or standards of the qualification itself if the student remains dissatisfied after exhausting the provider's internal complaints procedure. |  
\[\text{p 82 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19)}\] |  
\[\text{Determining external appeals made by students, following the exhaustion of the provider's internal appeal procedure. Pearson's determination of an appeal is final (subject to the involvement of the OIA or the relevant regulatory bodies).}\] |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
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<tbody>
<tr>
<td>Provision of information to students on their right to apply for</td>
<td>students on their right to apply for external review by the OIA in relation to the provider's handling of the academic appeal (but not in relation to the academic decision).</td>
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<td>Managing relationships with other partner organisations (such as</td>
<td>Designing and implementing key quality assurance processes to ensure the quality of student learning opportunities.</td>
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<td>placement providers)</td>
<td>pp 11-13; 21-23 BTEC Centre Guide to Quality Assurance and Assessment: Levels 4-7 (2018-19)</td>
</tr>
<tr>
<td>Oversight of the quality of the student learning opportunities and</td>
<td>Oversight of the quality of the student learning opportunities and collaborative arrangements for delivery, by way of external examiner visits, Centre Approval and, Pearson's ongoing quality assurance processes.</td>
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<td>collaborative arrangements for delivery, by way of external</td>
<td></td>
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<td>examiner visits, Centre Approval and, Pearson's ongoing quality</td>
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<td>assurance processes.</td>
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</table>