



# **Recognition Scheme for Educational Oversight**

**A handbook for study abroad providers undergoing  
review from September 2017**

June 2017

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## About educational oversight by QAA

1 Educational oversight by a designated body is a requirement for Tier 4 sponsor status. In this context, the **Quality Assurance Agency for Higher Education (QAA)** has been recognised as the designated body for higher education providers by UK Visas and Immigration (UKVI).

2 The process described in this handbook is called Recognition Scheme for Educational Oversight (RSEO). RSEO has been developed for higher education providers based overseas that are seeking educational oversight by QAA. RSEO consists of periodic reviews, an **annual return** and interim **monitoring visits** between reviews. Introduced in 2011-12, RSEO reflects the core principles of all QAA review processes. In line with QAA's mission, RSEOs are intended in part to contribute to the improvement of higher education in the UK and to reinforce the reputation of the UK as a destination for international students.

3 RSEO covers 'third-party' providers of short-term study abroad programmes in the UK, which form part of degree courses offered by overseas providers in their home country (study abroad providers). Details on the provisions for exemption may be found in the Tier 4 Sponsor Guidance, published by the Home Office.<sup>1</sup>

4 In submitting their application for educational oversight, providers agree that they are within the scope of the **QAA Concerns Scheme** (or within the scope of the protocol for managing potential risks to quality and academic standards in Scotland) and have agreed to cooperate with any related investigations.<sup>2</sup> Section 4 of the handbook gives further details about the Concerns Scheme.

5 RSEO reviews lead to judgements on:

- the provider's management of the **quality of learning opportunities** available to students
- the **reliance** that can be placed on the **information** the provider produces about the learning opportunities available to students.

Both judgements are graded and, for Tier 4 sponsor status, UKVI requires the provider to achieve a top graded judgement in each. In addition, there is a **commentary**, not a judgement, on the provider's management of its responsibilities for **academic standards**. Section 2 of the handbook gives further details about judgements.

## About QAA

6 The mission of QAA is to safeguard standards and improve the quality of UK higher education wherever it is delivered around the world. In furtherance of this mission, QAA undertakes reviews of higher education offered by universities, colleges, alternative providers, and recognised overseas providers.

## About this handbook

7 This handbook is intended for staff at higher education providers seeking educational oversight by QAA, and for RSEO review **panel members**. There is a glossary of terms in Annex D. In addition to this handbook, QAA will provide support for providers and panel members through **briefings** and training.

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<sup>1</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/514312/Tier\\_4\\_Sponsor\\_Guidance\\_-\\_Document\\_1\\_-\\_Applying\\_for\\_a\\_Tier\\_4\\_licence\\_2016-04.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/514312/Tier_4_Sponsor_Guidance_-_Document_1_-_Applying_for_a_Tier_4_licence_2016-04.pdf) (PDF, 624KB)

<sup>2</sup> [www.qaa.ac.uk/concerns](http://www.qaa.ac.uk/concerns)

## Section 1: Key features of the Recognition Scheme for Educational Oversight

8 The Recognition Scheme for Educational Oversight (RSEO) consists of periodic reviews, an annual return and interim monitoring visits between reviews. This section gives an overview of RSEO, including its aims, objectives and scope. A more detailed description of how RSEO works follows in Section 2. The annual return and monitoring process are described in separate guidance published on the QAA website.

9 RSEO aims to:

- safeguard academic standards and contribute to the improvement of the quality of higher education offered in the UK
- encourage all parties to work together to ensure that students benefit from a high-quality learning experience
- produce reports that are useful to providers, students and other interested parties.

10 As mentioned in paragraph 5, review panels make judgements about the effectiveness of the provider's procedures for the management and **improvement** of the quality of learning opportunities available to students, and the reliance that can be placed on the information the provider produces about these learning opportunities. Review panels are not required to reach a judgement in relation to academic standards. Instead, they produce a commentary on how effectively the provider discharges its responsibilities for academic standards. The commentary is set in the context of the provider's relationship with the overseas provider that awards the degrees. In the case of study abroad providers, this relationship may be with a US-accredited provider acting as a School of Record and providing the transcript necessary for students to gain academic credit from their home provider for their study abroad.

11 QAA will publish a **report** at the end of the review process. Documents related to the review, which are not already in the public domain, are regarded as confidential and will only be disclosed to a third party when QAA believes the release is appropriate to comply with the law.

12 Approximately nine months after their first review, providers must submit an annual return and may receive monitoring visits each year before the next full review. Providers who make commendable progress at a monitoring visit will be exempt from a monitoring visit the following year, unless specified material changes in circumstances have occurred, which would either extend the monitoring visit or trigger a full review. Where further improvement is required or where the provider is not making acceptable progress at the end of the monitoring process, providers will need to undergo a full RSEO visit in order to maintain educational oversight. It is expected that full reviews will take place every four years. The process for the annual return and for monitoring visits is described more fully in separate guidance published on the QAA website.

## Section 2: Recognition Scheme for Educational Oversight - how it works

### Overview

13 The emphasis of RSEO is on the effectiveness of all aspects of the provider's procedures for managing its higher education. Each RSEO report is published on the QAA website. The process is summarised in a timeline on page 8.

### Review panel

14 There will be three members of the RSEO review panel: **two panel members** and a **QAA officer** leading the process. Providers will have the opportunity to check team membership for **conflicts of interest**.

15 A **facilitator**, a member of staff nominated by the provider, will act as the key point of contact between the provider and the QAA officer before, during and after the visit. Further information about the various roles can be found in the glossary in Annex D.

16 While individual panel members may take responsibility for drafting particular sections of the report, the whole team reaches a consensus on the judgements about the management and improvement of the quality of learning opportunities, and whether information about learning opportunities is fit for purpose, accessible and trustworthy. The team will also reach a consensus regarding the commentary on the management of any responsibilities for academic standards.

### Role of students

17 The review seeks to identify students' views of their education, both before and during the visit. The QAA officer is responsible for discussing with the provider methods of obtaining a **student submission**, which is voluntary. The student submission may take a variety of forms and should reflect the students' own views of their experience as learners. The review panel will expect the provider's self-evaluation to explain how it engages students in the quality assurance process. Further details about the self-evaluation can be found in paragraphs 23-25 and Annex C.

18 There will be a confidential meeting with a representative group of students during the visit to the provider. Given the importance of meeting students, providers will want to think carefully about the timing of the review and the availability of students.

### Key stages of RSEO

19 The key stages of RSEO are set out under three headings:

- Preparing for RSEO
- The review visit
- After the review.

## Preparing for RSEO

20 Before the review visit is scheduled to take place, QAA will do the following:

- notify the provider of the dates of the review
- invite the provider to attend a briefing, which will contain further advice and guidance on preparing a self-evaluation and on helping students to prepare a submission
- invite the provider to identify a facilitator no later than 12 weeks before the visit. The facilitator should be a member of staff who has a thorough understanding of the provider's higher education provision. More information about the role of the facilitator is provided in the glossary in Annex D.

### Preliminary meeting

21 The **preliminary meeting** is held at the provider's headquarters and involves staff, any student representatives, and the QAA officer. This will take place no later than 10 weeks before the initial visit of the review panel to the provider's headquarters.

22 The purpose of the preliminary meeting is to discuss the arrangements for the RSEO visit. It is also an opportunity for the QAA officer to meet key staff and student representatives, clarify the process, and provide an opportunity for staff and students to ask questions.

### Self-evaluation

23 The self-evaluation is a key element of RSEO. It should be submitted to QAA six weeks in advance of the review visit. The self-evaluation should provide an analytical self-reflection on the provider's approach to the management of academic standards, the management and improvement of the quality of learning opportunities, and information about its higher education provision. It should clearly identify roles, responsibilities and reporting structures. For further information about preparing the self-evaluation, see Annex C. The briefing will also offer advice on preparing a self-evaluation.

24 The self-evaluation should provide relevant evidence of status, accreditation and recognition. QAA will carry out checks in order to confirm these details, referring as necessary to accreditation or other quality assurance bodies based in the home country.

25 The self-evaluation should cover all aspects of the provider's higher education provision and needs to be fully referenced to supporting evidence. The RSEO panel will carry out a careful analysis of the self-evaluation prior to the review visit. The review panel may also ask for additional evidence or for clarification about particular matters prior to the visit in order to avoid delays during the visit.

### The review visit

26 The visit by the review panel will normally last for one day. It is designed to allow reviewers to scrutinise evidence on site, and to meet the provider's staff, students and other stakeholders. Reviewers do not observe teaching, but will consider evidence of how the provider assures the quality of teaching and other learning opportunities. Reviewers are responsible for analysing the evidence, which leads to their conclusions and judgements. The role of the QAA officer is one of leadership and facilitation. The QAA officer supports the panel in making its evidence-based judgements. The visit concludes with a private meeting of the review panel, at which members will arrive at conclusions and judgements. The conclusions and judgements will not be disclosed to the provider at this stage. Instead, the provider will be informed of the outcomes in the key findings letter within two weeks of the end of the RSEO visit (see paragraph 38).

## Judgements

27 At the end of the one-day visit, the review panel will agree summaries of evidence and provide the following:

- a commentary on the provider's management of its responsibilities for academic standards (the commentary will state whether or not the review panel was able to conclude that the provider satisfactorily manages its responsibilities for academic standards, as set out in contractual arrangements with its academic partners)
- a provisional judgement on the management and improvement of the quality of learning opportunities
- a provisional judgement as to whether reliance can or cannot be placed on the information the provider produces about the learning opportunities it offers.

28 For quality of learning opportunities, the review panel will make judgements of confidence, limited confidence or no confidence. A provisional **confidence** judgement will be made where:

- the provider is found to be effective in managing its responsibilities for quality
- the prospects for quality being maintained at current levels appear sound
- the provider has rigorous mechanisms for the management of its higher education provision.

29 A provisional **limited confidence** judgement will be made where:

- significant concerns exist about aspects of a provider's current or likely future management and improvement of the quality of its higher education provision.

30 A provisional **no confidence** judgement will be made where:

- major concerns exist about significant aspects of a provider's current or likely future capacity to secure and maintain the quality of its higher education provision.

31 The review panel will also reach a judgement on whether or not information about learning opportunities that the provider produces for its intended audiences is fit for purpose, accessible and trustworthy. This includes:

- information for the public about the provider, including its status
- information about its higher education provision and the awards to which it leads
- information for prospective students
- information for current students
- information for students upon completion of their studies
- information for those with responsibility for academic standards and quality.

32 A judgement that **reliance can** be placed on the information the provider produces for its intended audiences about the learning opportunities it offers will be reached where the provider:

- recognises all the information that it is responsible for publishing within the area under review
- has effective mechanisms for making sure that the information is fit for purpose, accessible and trustworthy
- has supplied evidence that this is the case.

33 A judgement that **reliance cannot** be placed on the information the provider produces for its intended audiences about the learning opportunities it offers will be reached where:

- a provider does not recognise all of the information that it is responsible for producing, and/or
- does not have effective mechanisms for ensuring that the information is fit for purpose, accessible and trustworthy.

34 The outcome indicating a satisfactory review for UKVI Tier 4 purposes is that the provider receives judgements of confidence in its management of the quality of learning opportunities, and reliance on the information produced about the learning opportunities offered.<sup>3</sup>

35 Further details of the criteria for making judgements are set out in full in the glossary in Annex D.

### Recommendations

36 RSEO reports may also include **recommendations**, which are categorised according to priority:

**Essential** recommendations refer to issues that the review panel believes are currently putting quality and/or standards at risk and hence require urgent corrective action. Judgements of limited or no confidence will normally be accompanied by one or more recommendations for action considered to be essential and, almost certainly, others for action considered to be advisable and/or desirable.

**Advisable** recommendations relate to matters that the review panel believes have the potential to put quality and/or standards at risk and hence require preventative corrective action.

**Desirable** recommendations relate to matters that the review panel believes have the potential to enhance quality, build capacity and/or further secure standards.

### Features of good practice

37 RSEO reports may also identify features of good practice. These relate to matters that the review panel regards as making a particularly positive contribution to the provider's management of academic standards and/or academic quality, and which are worthy of wider dissemination within and/or beyond the provider.

## After the review visit

### Key findings letter

38 Within two weeks of the end of the RSEO visit, the QAA officer will send the provider a key findings letter which will summarise the review panel's conclusions. The letter will be copied to UKVI. All judgements, good practice and recommendations remain provisional until the report is finalised.

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<sup>3</sup> See:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/514312/Tier\\_4\\_Sponsor\\_Guidance\\_-\\_Document\\_1\\_-\\_Applying\\_for\\_a\\_Tier\\_4\\_licence\\_2016-04.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/514312/Tier_4_Sponsor_Guidance_-_Document_1_-_Applying_for_a_Tier_4_licence_2016-04.pdf) (PDF, 624KB)

## Draft report

39 The review panel is responsible for writing a report of its findings. The draft report sets out the provisional judgements, good practice and recommended actions as described above, together with contextual information and supporting evidence.

40 Six weeks after the end of the visit, the QAA officer will send a draft version of the report to the provider for comment. This gives the provider the opportunity to draw the review panel's attention to any areas that it regards as inaccurate or incomplete and, if necessary, to submit additional evidence. The review panel will be able to consider only supporting evidence that was available at the time of the review visit. The review panel will then decide whether or not any aspect of the report, including the provisional judgements, should be amended in response. When the judgements are finalised, QAA will also inform UKVI.

41 If the review panel finds that it has confidence in the provider's ability to manage its responsibilities for the quality of learning opportunities, and concludes that reliance can be placed on the information the provider produces about the learning opportunities it offers, the provider will be asked at this stage to produce an **action plan** to accompany the report.

## Action plan

42 The action plan describes how the provider intends to take forward the review panel's findings, and the effectiveness of the action taken will form part of the evidence base for any future review activity, including the annual return and monitoring visit. The plan will also constitute a published record of the provider's commitment to developing its provision. A template for the action plan can be found in Annex A, with further guidance on how to complete it.

## Process for unsatisfactory judgements

43 If the review panel makes a judgement of 'no confidence' or 'limited confidence', and/or 'no reliance', a second draft of the report will be produced. Where the second draft report (that is, the version of the report produced in light of the provider's comments on the first draft) contains unsatisfactory judgements, we will not publish that report but rather send it back to allow the provider to consider whether it wishes to appeal the judgements. Any appeal should be made within one month of dispatch of the second draft report, and should be based on that second draft. An appeal based on a first draft report will not be considered. **QAA will not publish a report, meet a third party request for disclosure of the report, or consider a provider's action plan while an appeal is pending or is under consideration.** Please refer to the procedure on appeals for further information.<sup>4</sup>

44 Where an unsatisfactory judgement is not appealed, the review report will be published within one week after the appeal deadline and the provider will be notified of publication. Where an appeal against an unsatisfactory judgement is unsuccessful, the report will be published within one week after the end of the appeal process and the provider will be notified of publication. Upon publication of the report, the provider will receive confirmation that it will not be eligible to use the QAA Review Graphic (or the QAA Quality Mark, if a QAA subscriber) and will be asked to remove it from all communications materials.

45 Please see the latest Tier 4 Sponsor Guidance published by UKVI for the consequences of receiving a negative judgement.

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<sup>4</sup> [www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions](http://www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions)

## Final report

46 Normally, once the review panel has considered and responded to the provider's comments, it will confirm the judgements. QAA will set out these judgements in writing to the provider. The final report will normally be published on the QAA website **12 weeks after the end of the visit**. The final publication date will be deferred if a second draft report is required, or if a provider appeals the review panel's confirmed judgements. QAA will notify the provider when the final version of the report has been published.

**Table 1: Indicative timeline for a single visit<sup>5</sup>**

<b>Time +/- visit</b>	<b>Actions required</b>	<b>Who</b>
-14 weeks (minimum)	QAA informs provider of the review visit	QAA following consultation with provider
-10 weeks (minimum)	Preliminary meeting	QAA officer Provider
-6 weeks	Provider submits self-evaluation and student submission	Provider
-3 weeks	Panel requests additional documentation	QAA officer
-2 weeks	Provider uploads additional documentation	Provider
0 weeks	Review visit to provider (one day)	Provider Student representatives QAA review panel
+2 weeks	Key findings letter to provider and UKVI	QAA officer
+6 weeks	Draft report to provider for comments on factual accuracy	QAA officer
+10 weeks	Provider submits comments on factual accuracy to QAA (and, where necessary, supporting evidence), and action plan	Provider
+12 weeks	Review report published at <a href="http://www.qaa.ac.uk">www.qaa.ac.uk</a>	QAA

<sup>5</sup> Please note that timings may be altered to take account of public holidays.

### **Section 3: The interval between reviews**

47 The interval between reviews for study abroad providers requiring educational oversight is normally four years. Following the first review, providers will submit an annual return and will receive monitoring visits each year before the next full review. Providers who do not pass the monitoring process may request a further review in order to maintain educational oversight. Further guidance on the annual monitoring process is published separately on the QAA website.

## Section 4: Concerns, complaints and appeals

### Concerns about the standards and quality of higher education

48 As well as undertaking reviews of providers, QAA can also investigate concerns about the standards and quality of higher education provision, and the information that providers produce about their learning opportunities. Where there is evidence of weaknesses that go beyond an isolated occurrence, and where the evidence suggests broader failings in the management of quality and standards, QAA can investigate. These concerns may be raised by students, staff, organisations, or anyone else.

49 Where a concern becomes known to QAA in the immediate build-up to a review or annual monitoring visit, QAA may investigate the concern within that visit rather than conduct a separate investigation. If QAA chooses to investigate through the visit, the information and accompanying evidence will be passed to the reviewers. If the duration of the review or annual monitoring visit has already been set, the panel may need to revise its decision. QAA may also add extra reviewers to the review panel. QAA will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The panel's view of the validity and seriousness of the concern may affect the outcome of the review or annual monitoring visit.

50 Where a concern becomes known to QAA during a review or annual monitoring visit, QAA may investigate the concern during the visit and this could be grounds for extending the visit. If QAA chooses to investigate the concern in this way, the information and accompanying evidence will be passed to the reviewers. QAA will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review or annual monitoring outcome. Alternatively, QAA may choose to investigate the concern after the visit has ended and this may also affect the outcome, and delay publication of the report.

51 QAA may also use a review or annual monitoring visit to follow up on a provider's response to the outcomes of a Concerns full investigation following the publication of the investigation report, or its response to Concerns initial enquiries. If QAA intends to use the review or annual monitoring for this purpose, the QAA Officer will inform the provider and describe how the review or annual monitoring is likely to be affected. It may, for instance, involve the submission by the provider of additional evidence, or an additional meeting at the visit. The reviewers' view of the provider's response to the Concerns investigation may affect the review or annual monitoring outcome.

52 QAA has separate and more detailed guidance on how it considers Concerns during reviews.<sup>6</sup>

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<sup>6</sup> [www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2850](http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2850)

## Complaints and appeals

53 QAA distinguishes between complaints and appeals. A complaint is an expression of dissatisfaction with services QAA provides or actions QAA has taken. In the first instance, if you are not happy with the service you have received, please tell the person you have been dealing with so that they can provide an explanation. If you are not satisfied with the explanation you receive, please write to us setting out your complaint. Further information about complaints can be found on the QAA website at:  
[www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions](http://www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions).

54 Appeals are challenges to specific decisions, in specific circumstances, and these are handled through QAA's Consolidated Appeals Procedure.<sup>7</sup> An appeal may be lodged if, and only if, the review panel's final judgements are any one of the following:

- unsatisfactory commentary in academic standards
- no confidence in the quality of learning opportunities
- limited confidence in the quality of learning opportunities
- reliance cannot be placed on the information the provider produces for its intended audiences about the learning opportunities it offers.

55 An appeal can be lodged on either or both of the following grounds:

### Procedure

56 That there was a procedural irregularity in the conduct of the review, such that the legitimacy of the decision or decisions reached is called into question. Examples include the review panel failing to carry out agreed procedures; reaching decisions that are disproportionate; failing to take account of relevant information or taking account of irrelevant information; or exceeding its powers.

### New material

57 There is material that was in existence at the time the review panel made its decision, which, had it been made available before the review had been completed, would have influenced the judgement(s) of the panel, and in relation to which there is a good reason for it not having been provided to the review panel.

58 For further information about appeals in RSEO, please see the QAA website:  
[www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions](http://www.qaa.ac.uk/about-us/complaints-about-qaa-and-appeals-against-decisions).

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<sup>7</sup> [www.qaa.ac.uk/en/AboutUs/Documents/Consolidated-Appeals-Procedure-Aug-15.pdf](http://www.qaa.ac.uk/en/AboutUs/Documents/Consolidated-Appeals-Procedure-Aug-15.pdf) (PDF, 99KB)

## Annex A: Guidance notes on completing the action plan

Following an RSEO visit, the provider should develop an action plan to a QAA template. The action plan should identify how the provider will take action on the findings of the review. The template for the action plan can be found at the end of this annex.

The action plan forms part of the final published version of the report. It is important, therefore, that the action plan is completed by the provider, in consultation with any relevant third parties, and signed by the head of the provider. It should be completed and returned to QAA by the given deadline.

The action plan, its implementation and its impact will form part of the evidence base for any future annual monitoring or visits. It will also constitute a published record of the provider's commitment to take forward the findings of the RSEO.

### Completing the action plan

#### Column 1: Good practice and recommendations

This column is completed by the QAA Officer and repeats precisely the wording of the good practice and/or recommendations identified in the key findings section of the report.

**The following columns are completed by the provider, if necessary in conjunction with any third parties:**

#### Column 2: Intended outcomes

State the outcomes that will be achieved in response to the good practice and recommendations. Outcomes for good practice should involve wider dissemination and/or improvement. Outcomes for recommendations should show improvement. The provider's responsibilities to any third parties should be considered when developing the intended outcomes.

It may be helpful to consider the following questions:

- What will be different as a result of the action/s taken?
- What will success look like?
- How can success be measured?

Recommendation	Intended outcome
Ensure that formal committees have appropriate powers and membership, and that they record and disseminate their actions and outcomes systematically.	Successful implementation of formal committees and formal meeting minutes. All academic committee minutes (including faculty committees and student councils) show that all action points are reported and tracked until completed and closed.

#### Column 3: Actions to be taken to achieve intended outcomes

Each point of good practice and each recommendation must be accompanied by at least one action. Each action should be SMART (specific, measurable, achievable, realistic, and time-bound).

Each action must be specific and detailed. Actions such as 'maintain', 'enhance' or 'continue' are difficult to complete and evaluate effectively, and should be avoided.

The actions should allow the provider to achieve the intended outcomes. Several actions may be needed and multiple actions may be used as milestones. If there are multiple actions for one recommendation, provide a target date for each action.

Recommendation	Intended outcomes	Actions to be taken to achieve intended outcomes
Ensure that formal committees have appropriate powers and membership, and record and disseminate their actions and outcomes systematically	<p>Successful implementation of formal committees and formal meeting minutes</p> <p>All academic committee minutes (including faculty committees and student councils) show that all action points are reported and tracked until completed and closed</p>	<p>Create terms of reference for each committee and review annually</p> <p>Develop a flow chart of activities to illustrate responsibilities and reporting mechanisms for each committee</p> <p>Assign formal minute-taking responsibilities for each committee</p> <p>Implement system of recording and tracking all actions and outcomes</p>

#### Column 4: Target date/s

Set dates for when the actions will be completed. The more specific the action, the easier it will be to set a realistic target date. Ensure that there is a specific target date for each milestone or subsidiary action.

If an action is to happen more than once, state the first date for the action to take place. The word 'ongoing' should not be used.

For example:

- 17 Sep 2016 and then the third week of every month
- 04 Jan 2017, 8 February 2017, 8 March 2017
- Second week of every term starting January 2017.

#### Column 5: Action by

State the role or job title of the specific person or committee who is responsible for carrying out the action and who is to be accountable for this. Do not include individuals' names, just their role titles. Ensure that the role/committee is different from that in the 'Reported to' column.

#### Column 6: Reported to

Identify the role of the person or committee who will monitor the success of the action. A clear designation helps to maintain accountability and ensure successful completion of the action plan. Again, do not include individuals' names, just their role titles.

## Column 7: Evaluation (process or evidence)

This column **must** be completed **before** returning the action plan to QAA. Identify the processes or evidence that will be used to evaluate the action taken. How will the provider consider whether it has been an appropriate means of addressing the matter identified in the report?

Due to the timescale for completing the action plan, QAA does not expect that actions will have been completed at the point it is submitted to it. Therefore, identify what process or evidence will show how successful the action has been and what the outcomes of the action are.

For example:

- end-of-semester course feedback
- quarterly academic board meeting minutes
- teaching and learning policy and completed teaching observation reports.

## Housekeeping

Before the action plan is returned to QAA, please consider the below.

- Is the action plan in the original format provided by QAA? If not, complete the template that is attached to the draft report.
- Spell out all acronyms and abbreviations in full.
- Check that the intended outcomes are measurable.
- Check that specific dates have been set for each action (do not use the term 'ongoing').
- Check that the 'action by' role is different from the 'reported to' role.
- Remove any individual names such as 'Dr Jones' and replace with their job titles, such as 'Director of Studies'.

## Action plan example

<b>No Name College action plan relating to the Recognition Scheme for Educational Oversight October 2016</b>						
<b>Good practice</b>	<b>Intended outcomes</b>	<b>Actions to be taken to achieve intended outcomes</b>	<b>Target date/s</b>	<b>Action by</b>	<b>Reported to</b>	<b>Evaluation (process or evidence)</b>
The review panel identified the following areas of <b>good practice</b> that are worthy of wider dissemination within the provider:						
<ul style="list-style-type: none"> <li>the highly effective system used to log all communications to and from academic partners, which records actions taken and the provider's responses, ensuring that all staff are kept well informed (paragraph 1.2).</li> </ul>	<p>All outstanding issues with academic partners are dealt with in the month they are logged</p> <p>All actions and responses are published on staff section of virtual learning environment</p> <p>Virtual learning environment log shows pages have been accessed by 75 per cent of staff</p>	<p>Use of communication log is discussed at monthly Academic Committee meetings</p> <p>All actions and responses are reviewed and updated</p> <p>Publish log actions and responses on staff section of virtual learning environment (This is a new method of communication and enhances what we currently do)</p>	<p>Monthly (second Wednesday of each month)</p> <p>Set up pages by April 2017</p> <p>Monitor monthly</p>	<p>Academic Committee</p> <p>E-Communications Manager</p>	<p>Senior Management Team</p> <p>Senior Management Team</p>	<p>Communications log</p> <p>Academic Committee meeting minutes</p> <p>Virtual learning environment usage logs</p>
<b>Essential</b>	<b>Intended outcomes</b>	<b>Actions to be taken to achieve intended outcomes</b>	<b>Target date/s</b>	<b>Action by</b>	<b>Reported to</b>	<b>Evaluation (process or evidence)</b>
The panel considers that it is						

<b>essential</b> for the provider to:						
<ul style="list-style-type: none"> <li>develop and embed a robust system for course design and approval (paragraph 1.3).</li> </ul>	Effective processes are in place to approve and periodically review the validity and relevance of courses	In consultation with the Academic Board, Senior Management Team and academic partners develop new system for course design and approval	March 2017	Academic Board	Senior Management Team	<p>Course design and approval policies and procedures</p> <p>Signed programme approval documents</p> <p>Academic Board meeting minutes</p> <p>Student enrolment data</p>
<b>Advisable</b>	<b>Intended outcomes</b>	<b>Actions to be taken to achieve intended outcomes</b>	<b>Target date/s</b>	<b>Action by</b>	<b>Reported to</b>	<b>Evaluation (process or evidence)</b>
The panel considers that it is <b>advisable</b> for the provider to:						
<ul style="list-style-type: none"> <li>introduce a more reliable method for the systematic collection of data on student retention and achievement (paragraph 1.5).</li> </ul>	<p>Coherent, comprehensive and accurate student data on retention and achievement</p> <p>Student retention 85 per cent or higher</p>	<p>Develop and implement new system of data compilation and analysis</p> <p>Annual data returns produced and shared with staff</p>	<p>March 2017 to be implemented by May 2017</p> <p>Annually from September 2017</p>	<p>Director of Studies and Course Convenor</p> <p>Faculty directors</p>	Senior Management Team	<p>Senior Management Team meeting minutes;</p> <p>Academic Board minutes</p>

		Includes section on previous year's actions and responses to actions				
<b>Desirable</b>	<b>Intended outcomes</b>	<b>Actions to be taken to achieve intended outcomes</b>	<b>Target date/s</b>	<b>Action by</b>	<b>Reported to</b>	<b>Evaluation (process or evidence)</b>
The panel considers that it is <b>desirable</b> for the provider to:						
<ul style="list-style-type: none"> <li>formalise the teaching observation processes (paragraph 2.6).</li> </ul>	<p>Teaching and learning policy is approved and implemented</p> <p>90 per cent of teaching staff undergo an annual teaching observation</p> <p>Where a development requirement is identified, additional support is provided and at least one observation per semester takes place until no longer required</p>	<p>Develop and approve teaching and learning policy to include teaching observation process</p> <p>Implement and embed teaching observation process</p> <p>Annually evaluate the effectiveness of teaching observation process and modify teaching and learning policy and procedures accordingly</p>	<p>June 2017</p> <p>From August 2017</p> <p>July each year from 2017</p>	<p>Academic Committee</p> <p>Faculty directors</p> <p>Director of Studies</p>	<p>Senior Management Team</p> <p>Academic Committee</p>	<p>Teaching and learning policy; teaching observation forms</p> <p>Teaching observation records; Academic Committee meeting minutes</p> <p>Senior Management Team meeting minutes</p>

## Annex B: Information about learning opportunities

The purpose of this annex is to give providers and RSEO panels an indication of the types of information to be considered under the heading of 'information about learning opportunities'.

Information about learning opportunities means information in the public domain about academic standards and the quality of learning opportunities. Some information will be published by the overseas partner or home provider on the providers' behalf; some will be supplied by the provider and published by external organisations; and some will be published by the provider itself.

RSEO considers whether or not the provider has effective procedures for ensuring that the information it is responsible for publishing about itself is accurate and complete. The indicative list below sets out the type of information about academic standards and the quality of learning opportunities that QAA would expect the provider to make available. It should be emphasised that this list is indicative only because different providers will have different responsibilities for publishing information according to their status and their arrangements with other organisations. In all cases, however, they should be clear about where responsibility actually lies and have effective systems and communication in place to ensure that inaccurate and out-of-date information published by others is identified and rectified.

RSEO panels will consider:

- general contextual information about the provider, for example:
  - mission statement
  - corporate plan
  - quality improvement plan
  - statement of quality assurance processes and procedures
  - learning and teaching, and assessment strategies for higher education
  - higher education strategy
  - information about agreements with third parties, including UK and overseas partners
  - details of links with employers, internship and work placement providers
  
- information about the academic standards and quality of programmes, for example:
  - the qualifications, level of study, details of internships (as relevant), including where the student is registered, how credit or other transfer arrangements work and who is responsible for awarding any resulting qualification
  - applications and admissions arrangements
  - prospectuses, programme guides or similar
  - student handbooks
  - module/unit guides
  - policies, processes and procedures for managing academic standards, quality of learning opportunities and information about learning opportunities
  - the academic environment in which students will be studying and the support made available to them, both academic and pastoral
  - what providers expect of current students and what current students can expect of the provider
  - results of internal student surveys
  - arrangements for assessment and external examination procedures
  - policies for student complaints, appeals and representations
  - information for students on completion of their studies.

In drawing a conclusion on information about learning opportunities, RSEO is not concerned with:

- the accuracy and completeness of information that is not available to students or other external stakeholders, such as management information (although teams may be interested in the provider's use of this kind of information in the management of academic standards and the management and enhancement of the quality of learning opportunities)
- auditing the accuracy of quantitative information
- information about the provider that is published by other organisations.

## Annex C: Preparing a self-evaluation

### Points to remember

Self-evaluation is a key feature of all QAA reviews. It should contain an evaluative, self-critical commentary and supporting evidence. An effective self-evaluation is key to the provider gaining substantial benefit from RSEO and to the smooth running of the review. QAA therefore encourages providers to give due time and attention to preparing this document. It is important to remember that all the evidence should be in existence and not specially written for the review. The self-evaluation should take the form of a portfolio of existing documents accompanied by a short commentary that signposts and contextualises the evidence contained within them, and that reflects on the effectiveness of processes and procedures. QAA officers may offer guidance on the form and structure of the self-evaluation. They may also advise on the sort of supporting evidence to include. QAA officers will not comment on a draft self-evaluation.

In simple terms, the self-evaluation explains:

- what the provider is doing
- why the provider is doing it
- how the provider is doing it
- how the provider knows that what it is doing works
- how the provider can improve what it is doing.

The self-evaluation should be structured in the following way:

- introduction and context
- analysis of management of academic standards
- analysis of management and improvement of the quality of learning opportunities
- analysis of management of information about learning opportunities
- evaluative summary to include strengths, areas for development, and actions currently being taken to improve previously identified areas for development
- an electronic numbered master list of evidence with documents clearly named and numbered, and clearly cross-referenced to the appropriate text in the self-evaluation.

The commentary should reflect the provider's capacity for critical self-reflection on the effectiveness of its processes and procedures for managing higher education, including internships and placements. A possible approach is to provide an opening statement containing an evaluation, and then qualify it with supporting evidence, for example:

There is a comprehensive staff development policy (1 Policies: doc 1i) and the provider offers a wide range of staff development activities, which are recorded systematically (4 Staff development and training: doc 4ii). The analysis of the impact of higher education developmental activities on academic standards and the quality of learning opportunities is underdeveloped.

Such a statement would typically be followed by a clear indication of what is being done to address an area identified for development, for example:

The provider's Director of Quality and human resources managers are currently reviewing the staff development policy. It will be strengthened by requiring course convenors to conduct an annual evaluation of the impact of staff development and training on the standard and quality of teaching. This will serve to improve the planning and sharpen the focus of future events. The revised policy (2 Draft Policies: doc 2i) will be available from the start of the semester, supported by training for course convenors and briefings for staff (6 Minutes, Course Convenors team meeting, 23 July 2015, para 2).

## Submission

The self-evaluation should be sent to QAA six weeks before the start of the visit. Once it has been approved by the QAA officer, the review panel will analyse the self-evaluation prior to the visit. QAA may return the self-evaluation to the provider for further work if it does not enable the team to identify the provider's responsibilities and understand how these are discharged. In these circumstances, the QAA officer will advise the provider. The QAA officer may also contact the provider with a list of questions or requests for additional information and/or evidence prior to the review visit.

## Desk-based scrutiny

On receipt of the self-evaluation, the review panel will analyse it along with the additional supporting documentation provided. With the support of the QAA officer, the review panel will particularly want to ascertain the following:

- the status of the provider to offer provision in the UK
- the nature of the provision offered, and the respective roles, responsibilities and relationships between all of the partners involved, in the UK and overseas
- relevant quality assurance reports produced by or about the awarding bodies
- any relevant accreditation arrangements for delivering programmes abroad
- details of **partnership agreements** between the credit awarding institution(s), the provider and its delivery organisations in the UK (if any)
- criteria for participation in study abroad programmes
- arrangements for the recruitment and admission of students
- entry requirements for full programmes of study delivered in the UK.

## Annex D: Glossary

A more comprehensive glossary of terms that are frequently used in QAA's work and publications is available at [www.qaa.ac.uk/about-us/glossary](http://www.qaa.ac.uk/about-us/glossary).

<p><b>Academic standards</b></p>	<p>Academic standards are defined as the level of achievement a student has to reach in order to achieve a particular award or qualification. In the UK, there are nationally agreed reference points for the academic standards of the various levels of higher education qualifications set out in the frameworks for higher education qualifications published by QAA.</p> <p>A credit awarding institution is responsible for the academic standards of all awards granted in its name. RSEO considers academic standards against all aspects of the provider's higher education provision, leading to a commentary that is subsequently published as part of the final report. (See <b>Commentary</b>.)</p>
<p><b>Action plan</b></p>	<p>After the RSEO visit, the provider will be asked to develop an action plan, set out in a format provided by QAA, describing how the provider plans to take action on the findings of the review visit. The action plan forms part of the final version of the report.</p> <p>QAA will monitor the implementation of the action plan through the next review. The action plan, its implementation and impact will, therefore, form part of the evidence base for any future review activity. It will also constitute a published record of the provider's commitment to take forward the findings of RSEO.</p>
<p><b>Advisable recommendation</b></p>	<p>RSEO reports will include recommendations about how a provider might improve the management of its higher education provision. Recommendations are categorised according to priority.</p> <p>Advisable recommendations relate to matters that the review panel believes have the potential to put quality and/or standards at risk and hence require preventative corrective action.</p>
<p><b>Annual return</b></p>	<p>The annual return is part of the monitoring process which takes place between full review visits, on a four-year cycle. The annual return includes links to key documents that provide evidence of any action taken in response to all previous good practice and recommendations. The annual return is submitted to QAA around nine months after the last review visit, and is normally followed by a monitoring visit. Separate guidance on annual returns and monitoring visits can be found on the QAA website.</p>
<p><b>Awarding institution</b></p>	<p>Not all providers subject to RSEO will have powers to award higher education qualifications. Students may be enrolled at a home provider, or a School of Record, and their study/internship in the UK may be recognised by their home provider as part of the degree for which they are enrolled. Providers may be working with one or more higher education provider(s), which retain responsibility for the academic standards of all awards granted in their name(s) and for ensuring that the quality of learning opportunities offered through collaborative arrangements are adequate to enable students to</p>

	<p>achieve the academic standard required for their awards. Although RSEO is not concerned with how the overseas providers discharge their responsibilities within these arrangements, they are important stakeholders in the process.</p>
<b>Briefing</b>	<p>The briefing is the first stage of the RSEO process. Its purposes are to describe RSEO in more detail, allow providers to ask any questions about the method, and to give further advice and guidance on preparing a self-evaluation and on helping students to prepare a submission.</p>
<b>Commentary</b>	<p>For RSEO, QAA will provide a commentary, rather than a judgement, on the management of academic standards.</p> <p>The commentary will state whether or not the review panel was able to conclude that the provider satisfactorily manages its responsibilities for academic standards, as set out in contractual arrangements with its academic partners.</p>
<b>Concerns Scheme</b>	<p>QAA investigates concerns about the standards and quality of higher education provision raised by students, staff, and other people and organisations, where we think these concerns indicate serious systemic or procedural problems.</p> <p>QAA can investigate concerns about:</p> <ul style="list-style-type: none"> <li>• academic standards - the level of achievement a student has to reach in order to achieve a particular award or qualification</li> <li>• academic quality - everything that a provider provides to ensure its students have the best possible opportunity to achieve the required standard, including teaching, learning resources and academic support</li> <li>• the accuracy and completeness of the information providers publish about their higher education provision.</li> </ul> <p>Concerns may be followed up through educational oversight reviews or as a separate process. Further information about the concerns process can be found on the QAA website: <a href="http://www.qaa.ac.uk/concerns">www.qaa.ac.uk/concerns</a></p>
<b>Confidence</b>	<p>Review panels are required to make a judgement about the provider's management of the quality of learning opportunities. The judgements are: confidence, limited confidence or no confidence.</p> <p>A judgement of confidence will be reached where:</p> <ul style="list-style-type: none"> <li>• the provider is found to be effective in managing its responsibilities</li> <li>• the prospects for quality being maintained at current levels appear sound</li> <li>• the provider has rigorous mechanisms for the management of its higher education programmes in accordance with the requirements of third parties.</li> </ul> <p>Such a judgement will be reached on the basis of evidence that the provider has sound structures and procedures for assuring and</p>

	<p>improving quality, that it is successful in managing them, and that they are applied effectively to each higher education programme. This judgement will be accompanied by recommendations for actions that are considered advisable and/or desirable (but never essential); however, the overall judgement should not be seen as being qualified by such recommendations.</p> <p>A judgement of confidence is, therefore, an expression of belief in a provider's commitment and ability to identify and address any situation that potentially threatens the delivery of the quality of student learning opportunities, or the provider's ability to meet its contractual obligations. This includes considering and addressing in a mature and engaged manner, through its own procedures and those of its academic partners, any recommendations contained in the report.</p>
<p><b>Conflicts of interest</b></p>	<p>Panel members will not be eligible to be part of a team when a conflict of interest is identified. Conflicts include:</p> <ul style="list-style-type: none"> <li>• any provider that the member has worked in, or for, during the last five years</li> <li>• any provider where the member has undertaken validation during the last three years</li> <li>• any provider where the member has undertaken external examination during the last three years</li> <li>• any provider where the member has recently made an application for a post or study</li> <li>• any provider where the member is a board member</li> <li>• any provider where a close relative may be either working or studying (especially within the member's subject area)</li> <li>• any provider that are in close geographical proximity (within five miles) to the member's institution or one that the member has worked for and that offer a similar subject(s)</li> <li>• any provider where the member has undertaken publication or research with a member of its staff or students within the previous three years</li> <li>• any provider where the member has acted in the capacity as a consultant within the previous three years</li> <li>• any provider which is considered to be a direct competitor of the member's own institution</li> <li>• any provider which is either an awarding body or delivery partner of the member's home institution.</li> </ul>
<p><b>Desirable recommendation</b></p>	<p>RSEO reports may include recommendations about how the provider might improve the management of its higher education provision.</p> <p>Recommendations are categorised according to priority. Desirable recommendations relate to matters that the review panel believes have the potential to enhance quality, build capacity and/or further secure standards.</p>
<p><b>Essential recommendation</b></p>	<p>RSEO reports may include recommendations about how the provider might improve the management of its higher education provision. Recommendations are categorised according to priority.</p>

	<p>Essential recommendations refer to issues that the review panel believes are currently putting quality and/or standards at risk and hence require urgent corrective action.</p> <p>When essential recommendations are made at the end of the review, they will be reflected in a judgement of limited confidence or no confidence, and/or that 'reliance cannot be placed on the information about learning opportunities that the provider is responsible for publishing about itself'.</p>
<b>Evidence</b>	<p>RSEO is an evidence-based process. This means that review panels conduct their enquiries primarily by comparing evidence about the provider's management of its higher education provision with its own policies and procedures, the agreements it has with its academic partners, and the expectations of relevant external reference points.</p> <p>Evidence comes in a wide range of forms and will vary from provider to provider. It is likely to include formal agreements with academic partners, policies and procedures for the management of the student learning experience of higher education programmes, review and inspection reports of other organisations, and any information arising from meetings with staff and students.</p> <p>Some of this evidence, such as review reports by other organisations, will be available publicly. Other elements should be supplied by the provider as part of its self-evaluation or supporting evidence. There is guidance on developing the self-evaluation in Annex C of this handbook. Once the review panel has read the self-evaluation, the QAA officer may ask for more evidence to be available at the review visit itself. The QAA officer will confirm at the preliminary meeting, or at least three weeks before the review visit, precisely what further evidence is required.</p>
<b>Facilitator</b>	<p>For the review, the provider is invited to nominate a facilitator. The facilitator acts as a single point of contact between the provider and the QAA officer, and through her/him, the review panel. The facilitator's responsibilities include, in consultation with the QAA officer, ensuring that panel members have the relevant evidence to enable them to conduct the review (including when the panel members are off-site), bringing additional information to the attention of the panel members and helping to clarify any matters of fact.</p> <p>In addition, the facilitator attends all meetings of the review panel other than those with students, or where judgements are discussed. The facilitator does not contribute to the review report or its judgements.</p>
<b>Good practice</b>	<p>Good practice is practice that the review panel regards as making a particularly positive contribution to the provider's management of academic standards and/or academic quality in the context of that particular provider, and which is worthy of wider dissemination within and/or beyond the provider.</p>

	RSEO reports are likely to include features of good practice. QAA will disseminate good practice identified through RSEO in periodic publications.
<b>Improvement</b>	For the purposes of RSEO, QAA uses the term 'improvement' to mean the continuous development of a provider's management of the learning experience of students on its higher education provision, for the benefit of students, and within the context of its agreement(s) with academic partners.
<b>Information about learning opportunities</b>	<p>Information about learning opportunities is information about the academic standards and the quality of learning opportunities that is in the public domain. This includes information available to students and staff. In some cases, the credit awarding institutions are responsible for publishing information on the provider's behalf; some information about learning opportunities will be provided by the provider and published by external organisations; and, in other cases, publication will be the direct responsibility of the provider.</p> <p>RSEO considers whether or not the information that the provider produces for its intended audiences is fit for purpose, accessible and trustworthy. An indicative list of this information is provided in Annex B. It should be emphasised that this list is indicative only because providers will have different responsibilities for publishing information according to their agreements with academic partners.</p> <p>A judgement that <b>reliance can be placed</b> on the information the provider produces for its intended audiences about the learning opportunities it offers will be reached where the provider:</p> <ul style="list-style-type: none"> <li>• recognises all the information that it is responsible for producing within the area under review</li> <li>• has rigorous mechanisms for the management of these responsibilities, which ensure that the information it produces is fit for purpose, accessible and trustworthy</li> <li>• has supplied evidence that this is the case.</li> </ul> <p>A judgement that <b>reliance cannot be placed</b> on the information the provider produces for its intended audiences about the learning opportunities it offers will be reached where:</p> <ul style="list-style-type: none"> <li>• the provider does not recognise all of the information that it is responsible for producing, and/or</li> <li>• does not have effective mechanisms for ensuring that the information is fit for purpose, accessible and trustworthy.</li> </ul>
<b>Limited confidence</b>	A judgement of limited confidence indicates that there is evidence that the provider's capacity to manage the quality of learning opportunities soundly and effectively is limited or is likely to become limited in the future. The reason for this judgement may be significant weaknesses either in the management of the provider's structures and procedures or in their implementation.

	<p>Confidence may be limited either because of the extent or the degree of weaknesses identified. The determining factor in reaching a judgement of limited confidence is not simply evidence of problems in some programmes - no provider could be expected to avoid these entirely. It is, instead, the fact that the provider may not have been fully aware of the problems and/or has failed to take prompt and appropriate action to remedy them. The review panel may also express limited confidence where the provider makes a less than full use of independent external persons in internal quality management procedures. Limited confidence judgements are likely to be accompanied by a number of recommendations graded essential or advisable.</p>
<b>Monitoring visit</b>	<p>The monitoring visit takes place around three months after the submission of the annual return. The monitoring visit will normally last for one day, and will normally include meetings with the provider's staff and students. The monitoring panel will normally consist of a QAA officer and one panel member. The review panel will produce a short update to the existing review report. Separate guidance on monitoring visits can be found on the QAA website.</p>
<b>No confidence</b>	<p>RSEO panels are asked to make a judgement about the provider's management of quality. The judgements are confidence, limited confidence or no confidence.</p> <p>Where major doubts exist about significant aspects of a provider's current or likely future capacity to deliver, secure and maintain the quality of learning opportunities, the provider will receive a judgement of no confidence. A no confidence judgement will be made with reference to what academic partners require of the provider. The report will identify the main areas of concern, discuss the means by which such a situation was able to arise and be sustained, and advise students and other stakeholders of the existence of failing or unsatisfactory quality of provision. It will contain one or more recommendations considered essential and others considered advisable and/or desirable.</p> <p>A judgement of no confidence will reflect serious procedural inadequacies or implementation failures, and will be indicative of fundamental weaknesses in the provider's capacity to manage its responsibilities for providing higher education of an appropriate quality. It will have serious implications for any academic partners, which are likely to wish to take urgent action. A judgement of no confidence will result in a failing review.</p>
<b>Panel</b>	<p>The review panel normally comprises the QAA officer and two panel members. QAA will avoid known conflicts of interest.</p> <p>QAA will send brief details of proposed panels to providers not less than 14 weeks before the review visit, allowing the provider one week to draw QAA's attention in writing to any conflicts of interest they believe QAA has not identified.</p>

<b>Panel member</b>	Panel members are external peers with current or recent experience of managing, developing, delivering and/or assessing higher education in higher education providers. Panel members are not employees of QAA, although they are paid for taking part in RSEO. Panel members are trained specifically for the role by QAA.
<b>Partnership agreement</b>	<p>Providers have formal partnership agreements, and many of these describe precisely the provider's responsibilities for any given higher education programme.</p> <p>These agreements will be very useful to RSEO panels in identifying the parameters of each particular review. Such agreements will form a key part of the provider's self-evaluation. Where an agreement does not identify the provider's responsibilities in detail, then it may be appropriate for the provider and the academic partner to provide further information.</p>
<b>Peer review</b>	RSEO is a peer review process. This means that the reviews are conducted by people with current or very recent experience of managing, developing, delivering and/or assessing higher education. As a result, RSEO reports are based upon a working knowledge of UK higher education and, more specifically, an understanding of the challenges of managing academic standards and quality effectively.
<b>Preliminary meeting</b>	<p>Typically 10 weeks before an RSEO visit, there is a preliminary meeting for the visit between the provider's staff, students and the QAA officer.</p> <p>The purpose of the preliminary meeting is to develop the agenda for the visit and identify further evidence for the provider to supply to the team, based on an analysis of the provider's self-evaluation and the student submission. This meeting also gives the provider the opportunity to ask the QAA officer any questions.</p>
<b>QAA</b>	<p>The Quality Assurance Agency for Higher Education (QAA) was established in 1997 and is an independent body funded by subscriptions from UK universities and providers of higher education, and through contracts with the main UK higher education funding bodies.</p> <p>QAA's mission is 'to safeguard standards and improve the quality of UK higher education wherever it is delivered around the world'. QAA does this by working with universities and other higher education providers to define academic standards and quality, and by carrying out and publishing reviews against these benchmarks.</p>
<b>QAA officer</b>	Each RSEO review is managed by a QAA officer. The QAA officer is responsible for guiding the provider on preparing its self-evaluation; chairing the preliminary meeting; discussing and agreeing the programme for the RSEO visit with the provider; identifying the most effective way of engaging with students; leading the review panel at the visit; editing RSEO reports; responding to any comments on the report from the provider; and keeping in touch with the provider.

	The QAA officer is the provider's first and main point of contact throughout RSEO.
<b>Quality of learning opportunities</b>	<p>Quality of learning opportunities means the effectiveness of everything that is done or provided (the 'learning opportunities') by the provider to ensure that its students have the best possible opportunity to meet the intended learning outcomes of their programmes and the academic standards of the awards they are seeking.</p> <p>The review considers the quality of learning opportunities against all aspects of the provider's provision, leading to a judgement that is subsequently published.</p>
<b>Recommendations</b>	RSEO reports will include recommendations for the provider about how it might improve the management of its higher education provision. Recommendations are for actions categorised as essential, advisable or desirable according to priority.
<b>Reliance can/cannot be placed on information about learning opportunities</b>	See the entry 'information about learning opportunities'.
<b>Reports</b>	<p>RSEO culminates in a report of the panel's findings. Reports will be published on QAA's public website.</p> <p>Providers and relevant academic partners will always be invited to provide comments on a draft report and to indicate any areas that they consider incomplete or inaccurate. The QAA officer will provide further guidance on the procedures for making comments on reports.</p>
<b>Review</b>	In this handbook 'review' means Recognition Scheme for Educational Oversight (RSEO). RSEO evaluates all aspects of the provider's management of its higher education provision and leads to judgements about the management of that provision within the context of the provider's contractual arrangements with its academic partners.
<b>Self-evaluation</b>	<p>RSEO is based on a self-evaluation prepared by the provider. The self-evaluation describes the responsibilities that the provider has for the management of its higher education provision and evaluates the effectiveness of the policies and procedures it has adopted for discharging these responsibilities. An effective self-evaluation is key to the provider gaining substantial benefit from RSEO and to the smooth running of the review. QAA therefore encourages providers to give its preparation due time and attention. The preparation of a self-evaluation is a major focus of the briefing that QAA will arrange for providers.</p> <p>In order to limit the burden of the exercise, providers should as far as possible describe their responsibilities, processes and procedures with reference to a portfolio of existing documents, with any new</p>

	material limited to a commentary that signposts and/or contextualises the existing material for the review panel.
<b>Student submission</b>	<p>One of RSEO's aims is to support providers in reviewing and improving the management of their higher education provision for the benefit of students. Within this context, in developing their conclusions about the provider's provision, review panels need to draw on students' views about their experiences as learners. Teams will meet students at the visit. QAA will also invite students to prepare a submission before the visit, to help students make sure that their views inform the arrangements for the visit.</p> <p>Student submissions may take a variety of forms, such as a summary of responses to recent student questionnaires or a written report of student focus groups. QAA has provided further guidance to students in a separate guidance note. The principle of the submission, irrespective of its form, is that it should reflect the students' own views of their experiences as learners. Providers may, however, have a valuable role to play in helping their students to prepare a submission, for example by sharing information with them. QAA will provide further guidance to providers during preparations for RSEO. After the briefing, QAA officers will also have the responsibility of discussing with the provider how the provider might assist students to develop a submission for RSEO.</p> <p>The student submission is voluntary. If students are not able to make a submission, despite the best efforts of the provider and the QAA officer, this will not prejudice the outcomes of RSEO.</p>
<b>Visit</b>	<p>Each RSEO visit normally takes one day. The purpose of visits is to allow the review panel to scrutinise evidence on-site, meet the provider's staff, students and other stakeholders (where appropriate), and consider the extent of the provider's engagement with relevant external reference points.</p> <p>The QAA officer will discuss and agree the programme for each visit with the provider beforehand. During the visit itself, it is helpful if the provider can make a room available as a workroom for the review panel and a separate and larger room available for meetings.</p>

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