INTERNATIONAL PROGRAMME ACCREDITATION

Guidance for providers

August 2026

This review method is ESG compliant

Contents

Compliance with the ESG

The Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015) provide the framework for internal and external quality assurance in the European Higher Education Area. QAA's review methods are compliant with these standards, as are the reports we publish. More information is available on our website.

Introduction

Overview

‘At the heart of all quality assurance activities are the twin purposes of accountability and enhancement.’

Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015)

1 This document sets out the review method for international higher education providers that have chosen to engage in the process leading to International Programme Accreditation (IPA). It is intended to give higher education providers the information needed to understand how the process will be conducted and the activities that will take place as part of the review. As such, it forms the terms of reference for what is expected of the provider and from The Quality Assurance Agency for Higher Education (QAA) during the review process.

2 In this document, 'you' refers to the higher education provider pursuing accreditation and 'we' refers collectively to QAA, including the managers, officers, reviewers and professional support services involved in delivery.

3 International Programme Accreditation (IPA) is available for higher education programmes that are delivered outside of the UK. It is a voluntary activity, that provides an independent review of one or more programmes of study within a cognate subject area. It provides a service for institutions that wish to undergo a cyclical review of selected programmes aligned with international standards – namely the Standards and Guidelines for Quality Assurance in the European Higher Education Area (the ESG 2015) and results in a published QAA report with actionable insights into the quality and standards of the programmes that were reviewed. If completed successfully, the provider is granted the right to use the QAA International Programme Accreditation mark in relation to each of the programmes reviewed. The accreditation is valid for five years, subject to a successful mid-cycle review.

4 IPA draws upon our experience, honed over more than a quarter of a century, of conducting external reviews of providers in the UK and beyond. It builds on the previous QAA IPA method delivered between 2024 and 2026. IPA makes use of QAA’s Subject Benchmark Statements, which are a product of extensive sector collaboration and written by subject specialists, as a key reference point. QAA Characteristics Statements, technical documents that describe the distinctive features and structures of different types of qualification awarded at one or more levels of the qualifications’ frameworks, are another key reference point. These core statements support our work on behalf of the sector to protect the global reputation of higher education and contribute to the sharing of international best practice. For more information on the work of QAA, see annex 1.

5 IPA reviews programmes as a whole and the effectiveness of the quality assurance and enhancement processes that are used to ensure a high-quality student experience. It accredits one or more programmes from within a cognate subject area that are selected by the institution and reviewed in detail during the process by an expert team of independent peers. You may combine different levels e.g. undergraduate, postgraduate including PhDs and different modes of delivery e.g. full-time and part-time, face to face and online/hybrid. The review focuses on the completion of a self-evaluation document, which is supported by documentary evidence and data that is likely to be already available to you.

6 IPA is separate to QAA's Institutional Quality Accreditation (IQA) (formerly known as International Quality Review) which reviews quality assurance and enhancement policies, process and practice at institutional level. IQA is not a pre-requisite for IPA, but the documentation required and the review process for IPA are typically more proportionate for institutions that have already had their instructional quality assurance policy and procedures assessed through an IQR or IQA review. In addition, if you hold current IQR or IQA status with QAA you have the option of undertaking the IPA visit online, which will provide you with a financial saving. This is possible as we will have undertaken an institutional visit and reviewed your facilities during the assessment for IQR or IQA. We will discuss the most appropriate option for you during the application process. Gaining IPA accreditation for selected programmes does not grant institutional accreditation, which can only be achieved through an IQA. IPA does not, nor does it seek to, replace national requirements and does not authorise an institution to offer programmes outside of its national regulatory systems or within the UK national higher education context.

7 QAA recognises that providers may wish to pursue IPA for various reasons. This could be to demonstrate their commitment to independent external scrutiny and quality enhancement at programme level or to assure stakeholders of their adherence to internationally recognised expectations for internal programme quality assurance. Such stakeholders could include international bodies and agencies, current and prospective students, academic partners and other professional, statutory or regulatory bodies who value evidence of independent and cyclical external review that is aligned to international standards.

8 Programme accreditation is the outcome of the IPA process. Accreditation is conferred by QAA on all programmes that have demonstrated that they have met the criteria specified for international programme accreditation. Accreditation demonstrates that the aims, outcomes, delivery and assessment of your programme(s) are in line with international expectations and that your quality assurance processes at programme level are not only effective but also align with internationally recognised standards as articulated in the ESG 2015 Part 1. QAA will formally recognise your institution's accreditation by providing a certificate.

9 A successful IPA review also means that you are eligible to display the QAA International Programme Accreditation Mark, which is part of our commitment to improving public understanding of higher education standards and quality. You can display this mark on pages on your website and marketing materials that relate to the accredited programmes to assure the public that you have undergone a programme review and achieved a successful result through an independent quality assurance process.

Use of the International Programme Accreditation Mark is subject to terms and conditions that we will supply following the successful outcome of your review.

10 Our approach for international programme review is aligned with the standards and guidelines set out in the ESG 2015 Part 1. However, as the focus of the accreditation is at programme level, specific programme-related **criteria and guidelines** (see annex 4) have been developed and mapped to the ESG 2015. The method design also aligns with the Standards for external quality assurance outlined in Part 2 of the ESG 2015, by being reliable, useful, predefined, implemented consistently and published.

11 The IPA process is conducted in English, and you will take full responsibility for any translations from and into English which are deemed necessary for the process.

International recognition of QAA

We are a full member of the European Association for Quality Assurance in Higher Education (ENQA) - the umbrella organisation for quality assurance agencies in the European Higher Education Area. Full membership of ENQA shows that an agency complies with the Standards and Guidelines for Quality Assurance in the European Higher Education Area. Compliance with these standards is checked every five years through an independent review. Our last ENQA review report is published on the ENQA website.

Aims and objectives

12 The **overall aim** of IPA is to conduct an external, independent review of programmes to ascertain alignment with the specified criteria and standards. Overall, it is seeking to confirm that the programme(s) being accredited:

- deliver a high-quality student experience that meets international standards
- implement policies and processes within a cohesive governance structure that assure and regularly review programmes from design through to delivery
- ensure that students and other stakeholders have an integral role in maintaining and enhancing the delivery and standards of the programme(s) in question.

13 Therefore, IPA has both an assurance and an enhancement function. A successfully implemented programme quality assurance system generates information that a provider can use for assurance (accountability) as well as for determining how it can improve (enhancement). Programme quality assurance and quality enhancement are therefore interrelated and support the development of a quality culture that is embraced by all – from the students and academic staff to the leadership and management of the academic unit.

14 The **objectives** of IPA are to:

- provide public assurance that the standards of academic awards and quality of the learning experience are safeguarded and continually improved in line with international standards
- enable providers to demonstrate a commitment to external scrutiny and the enhancement of quality assurance to the benefit of the student experience
- encourage opportunities for programme teams to review, reflect and refine the aims, objectives, content and delivery of the programme and the processes that they use to monitor it
- provide independent evidence on programme quality and standards that can be used with multiple stakeholders, including prospective or current academic partners or students
- ensure continuous quality assurance and enhancement of the programme(s) by requiring a mid-point review.

Criteria for the IPA

15 The criteria developed for IPA are as follows (the **criteria and guidelines** are listed in full in annex 4):

1. **Programme objectives and learning outcomes**: The programme has clearly defined, published, and has relevant objectives and learning outcomes that align with the mission of the institution and the European Qualifications Framework (EQF) or equivalent national qualifications framework.

2. **Curriculum content and structure**: The curriculum has been developed and approved using effective and approved institutional processes and structures. It is logically structured, up-to-date with current scholarship and professional practice, and effectively integrates theory and practice. It ensures all graduates meet the required international and professional standards.

3. **Teaching, learning and assessment**: The teaching and learning methods are designed to help students to achieve the intended learning outcomes and encourage their active participation. Assessment procedures are fair, consistent, transparent and appropriate to the subject area.

4. **Teaching staff qualifications and support**: Teaching staff are appropriately qualified, have relevant expertise and experience, and engage in continuous professional development to ensure they remain up to date. The institution provides a supportive environment for its staff.

5. **Resources and facilities**: Students have access to sufficient learning resources, including library facilities, IT infrastructure, and appropriate teaching and learning spaces. Adequate student support services and career counselling are also provided.

6. **Quality assurance (QA) and management**: Robust internal quality assurance systems are used to monitor, review, and enhance the quality of the programme. This includes the use of accessible data systems that enable the tracking of student success. Planned enhancements ate tracked, communicated to stakeholders and their effectiveness is evaluated.

7. **Public Information, admission and certification**: Information about the programme(s) including their accreditation status, entry requirements and learning outcomes is accurate, objective and publicly available. Programme certification clearly states the qualification achieved and its recognition by relevant authorities.

8. **Stakeholder and societal engagement**: Employers, alumni, professional bodies, community partners, government agencies and other relevant stakeholders are involved, where appropriate, in the development, monitoring, enrichment and enhancement of the programmes of study.

16 In order that each IPA is appropriate to the subject area from which the programmes are taken, relevant reference points will be used to provide context and standards. It is recommended that you also take into consideration the QAA Subject Benchmark Statements when referring to curriculum content and levels in your programme self-evaluation. The Subject Benchmark Statements describe the nature of study and the benchmark academic standards expected of graduates in specific subject areas and particular qualifications. They were developed for UK providers by the academic community and, in some cases, with the involvement of an appropriate expert body. They provide a picture of what graduates in a particular subject might reasonably be expected to know, do and understand at the end of their course or programme. They can be used as a key frame of reference in the design, delivery and review of academic programmes. While they provide general guidance, they are not intended to prescribe set approaches and instead allow for flexibility and innovation for programme teams by encouraging programme teams to carefully consider what is appropriate within the context and purpose of their programmes. While they are primarily focussed on undergraduate programmes, they can be useful to consider in relation to postgraduate provision.

17 IPA recognises that you may use other reference points within your institution which inform your approach to quality and standards, and which are likely to be useful in demonstrating alignment with aspects of the criteria above. These are likely to include:

- the relevant qualifications and credit frameworks operating in your country or region
- country-specific quality assurance, regulatory and legislative frameworks
- the requirements of subject-related professional, statutory and/or regulatory bodies.

Key stages of the process

18 IPA includes an initial **enquiry and application** stage, a core **review** element and a further follow-up **mid-cycle review.** Further information on these stages is outlined below. Indicative timelines for each stage of IPA are set out in annex 2.

19 As a cyclical review method, you will be expected to engage in a mid-cycle review in the third year following accreditation, and then a follow-up IPA (or reaccreditation) five years after the original review. The first IPA will always include the following sequential stages. Reaccreditation will only include stages 2 and 3.

Stage 1: Enquiry, eligibility and application stage

What happens after you make an enquiry?

20 We welcome enquiries from any higher education provider outside of the UK interested in undertaking a review of their programmes for the purposes of accreditation. To help you understand the potential benefits, process and outputs from an IPA review, we deliver online webinars, details of which are available on our QAA website or by emailing accreditation@qaa.ac.uk.

21 Once you have expressed an interest in IPA, an initial online meeting will be held to discuss your needs. This will be a joint discussion about the programmes to be included, what you hope this review and accreditation will deliver for you and an appropriate timeframe for your institution. We will also provide more information on the review process. This will involve a broad outline of the review features, the timescales for delivery, the likely costs involved and payment arrangements. It may be that we advise you to consider alternative QAA Services if these are better suited to your specific needs.

22 More than one programme can be included in the same IPA if they are sufficiently similar and/or in the same or closely related subject areas. The rationale for this is that the review team will be selected based on their subject expertise. You may combine different levels e.g. undergraduate, postgraduate including PhDs and different modes of delivery e.g. full-time and part-time, face to face and online/ hybrid. Multiple IPAs can be delivered in parallel if a provider wishes to have programmes accredited in unrelated subject areas.

23 If you already hold an IQA or IQR from the QAA, we will advise on how the IPA can be streamlined which normally means the submission that your institution prepares will be shortened and there is the option of the review visit being undertaken online.

Who is eligible for a programme review?

24 To be eligible for IPA you must meet the following criteria:

- your institution is registered, or otherwise appropriately recognised, as a higher education institution by the national quality assurance authority or other relevant agency or ministry of the country or countries in which it is located
- the national quality assurance authority or other relevant agency or ministry is aware of the institution's intention to pursue IPA from QAA
- your institution is financially viable and sustainable
- your institution has the legal right to use the infrastructure, main facilities and resources of the premises in which it delivers higher education.

Which programmes are eligible for IPA review?

25 For the programme(s) selected to be eligible for IPA, they must have:

- been fully approved by the required bodies within the institution and/or national agencies and relevant public bodies
- been operational for a minimum of three years at the time of application
- recruited a minimum of three cohorts of students, at least one of which has graduated.

26 Eligibility will also depend on the outcome of a risk assessment by QAA. For example, we will assess the safety and stability of the environment in which your institution is operating. We reserve the right to revise this assessment in the face of significant events.

How do you apply to be considered for IPA?

27 When you are ready to apply for IPA, we will supply you with a formal application form to prepare, which will include a list of key documents you need to supply. We will provide you with access to a secure document site to upload your application form and supporting documentation.

28 The application form is designed to gather the information required for us to ensure that you meet the eligibility criteria and to determine the format and scope of the IPA. The following documents are required to accompany the application form:

- proof of licence to practise (the right to operate as a higher education institution)
- proof of recognition by the relevant national authority
- proof of validation of each programme's final award by an appropriate awarding body (this may be the institution or a national body)
- information on each of the programmes being submitted for accreditation:
    - student enrolment and graduation data for the past three years
    - programme specifications or equivalent that show the structure of the programme(s) (please see glossary in annex 11).

29 You are expected to notify your national quality assurance authority or other relevant agency or ministry of your intention to request an IPA from QAA. We will also inform the appropriate authority in your country that we will be undertaking accreditation activity with your institution.

What happens after you submit your application?

30 Your application will be assessed for alignment with the eligibility criteria set out above. We may seek additional documentation at this stage to complete the assessment, which will take no more than four weeks from receiving your application. There is no fee for making an application for IPA.

31 Following this, we will notify you of the outcome of your application:

- Successful applications proceed to the review stage, following contract signing and payment of the fee.
- If unsuccessful, we will advise you on what you need to do to meet the eligibility criteria.

32 For successful applications we will also confirm the duration of the review visit and the size of the review team, both of which are dependent upon the number of programmes being considered within the IPA as a larger number of programmes will require additional time to consider and a greater breadth of expertise from a larger review team. The review team composition will be between three and four reviewers, and the duration of the review visit will be between one to three days. If you hold current IQR or IQA status with QAA, the review visit will be of shorter duration as QAA will have already assessed your institutional policy and approach for quality assurance (ESG 2015 1.1) and will focus upon how these are implemented at programme level.

Stage 2: Review and accreditation

How long will the review stage take?

33 We will work with you to establish a timeline for the review, including deadlines for our respective responsibilities. A typical review will take 18 weeks from the date of your self-evaluation document submission to receipt of the final report, with the visit normally occurring eight weeks after you submit your initial documentation. An indicative timeline for the review stage is set out in annex 2. This is an example of QAA's standard approach, but we can discuss possible variations to this timeline when we confirm the contract.

What support is available at this stage to help you prepare?

34 A **QAA Officer** appointed to coordinate the review process and act as your primary point of contact with. You will be told who the QAA Officer is and how to contact them. The Officer will be available throughout the process to provide clarification about the review process but cannot act as a consultant for the preparations for review.

35 You will nominate a named '**facilitator**' to act as your main point of contact. The facilitator helps to organise and ensure the smooth running of the review and improve the flow of information (see annex 5 for further details of their role).

36 A **preparatory meeting** will be held between you and QAA. This is a supportive process that is designed to fully familiarise your programme team(s) with what to expect and preparations required for the review. The meeting enables us to provide a more detailed briefing on the method and associated logistical arrangements with the named facilitator, and other colleagues immediately involved in the review preparations. The QAA Officer will seek to answer any questions about the methodology and be available to answer further questions as they arise throughout the process. The meeting will cover:

- the review process and the roles of those involved
- the production of the self-evaluation document and supporting evidence
- confirmation of the arrangements for the visit
- how students can engage in the process, including in the production of the submission and in meetings during the review visit.

Following the preparatory meeting, the QAA Officer will write to confirm the details agreed and deadlines for the next steps.

Who will conduct the review?

37 Potential members of the **review team** will be identified, conflicts of interest checked with you and the final team appointed. All peer reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision alongside expertise in the subject of the programme(s) being reviewed. Student reviewers are recruited from postgraduate students or sabbatical officers who have taken time out of

their studies to undertake a role for their university's Students' Union. They all have experience of contributing, as a representative of students' interests, to the management of academic standards and quality. We believe that students play a critical role in the quality assurance of higher education and provide valuable insight from the perspective of being, or having recently been, recipients of higher education delivery. More information on the appointment, training and support of our reviewers is available in annex 5.

How are students involved in the review?

38 Students are among the main beneficiaries of external review and therefore have opportunities to inform and contribute to the process throughout. We encourage you to involve your students in the preparations for review, including working with students to co-create your self-evaluation document. We will expect to meet students and their representatives during the review visit. At least one meeting with students will be held without any of your staff present. Wherever possible, we would encourage you to work with your representative student body and/or programme student representatives in inviting the students to meet the team. We would expect the students we meet to represent the diversity of the students studying on the programme(s) selected for review.

What will you need to submit for the review?

39 You will be required to produce a **self-evaluation document**: a standard template will be provided for you to use which differs depending on whether you currently hold institutional accreditation, for example un-accredited institutions will need to provide evidence of their institutional quality assurance policy and processes. This is a key document and reference point for the review which sets out how you consider that your programme(s) meet the criteria for international programme accreditation and identifies the evidence you have that supports your claims.

40 You will need to read the criteria and the guidelines carefully and reflect on them as a team. In a similar way to the ESG 2015, guidelines explain why each criterion is important and describe how they might be met. They set out good practice in the relevant area for consideration by those involved in quality assurance. Implementation will vary depending on different contexts. The guidelines should be carefully considered in producing the self-evaluation to understand the typical scope and areas to cover.

41 Yourself-evaluation should include the full range of your activity on the programmes included in the IPA, including the various modes, locations and levels of study, full and part-time, on and off campus, flexible and distance learning, provision delivered in partnership including in workplace settings. Guidance on the content, how to structure the self-evaluation and any technical requirements to facilitate upload to our systems is provided in annex 6.

42 Your self-evaluation will require supporting documentary evidence to demonstrate how your programmes meet the baseline requirements of the criteria for IPA accreditation. The guidelines accompanying each of the criteria provide further detail on common practices. The template includes a list of required evidence and suggests other supplementary evidence that you may wish to consider. For multiple programmes in a

cognate subject area, you will prepare a single self-evaluation form and highlight any differences between the programmes within the commentary. The template indicates where evidence is required for each programme and you can supplement this in other criteria if you feel that there are significant differences.

43 As this is an international accreditation, institutions may produce different types of documentation, in some cases having several documents that constitute, for example, a programme specification. A glossary is included with the self-evaluation template to help you to understand what is required and your QAA Officer can also clarify.

44 You may provide other evidence as suggested in the self-evaluation form, but it must be relevant to the criteria that you are demonstrating that you meet. It should be drawn from the documentation that you routinely produce during your own quality assurance procedures. Except for the self-evaluation document and the two templates included with it, **we do not expect you to create any new materials specifically for the review**.

How and when should evidence be provided?

45 You will be required to upload your self-evaluation and supporting evidence electronically to a secure document site by a mutually agreed deadline. We will provide you with step-by-step guidance to allow the secure online transfer of electronic files to our systems.

46 The QAA Officer will contact you throughout the process with any requests for additional information or evidence. This can happen at any stage, although typically you should expect to receive requests after the team has conducted its initial desk-based analysis of your self-evaluation. During the visit, the team may also ask for further documents that are referred to in meetings, and you may wish to draw additional information or evidence to the attention of the team considering the discussions held. Your QAA Officer will specify the point at which no further evidence can be accepted by the team.

47 Requests for information and evidence will always be kept to the minimum required to make reliable and sound judgements, and you can always seek clarification and/or explanation from your QAA Officer on the requests made. We seek to ensure that all requests are specific, proportionate and reasonable - for example, minutes of a specific meeting - to assist you when responding. We will use all the evidence obtained during the review process to assess the quality and standards of the programme and the claims made in your self-evaluation.

How should you prepare for the visit?

48 The term ‘visit’ is used to refer to both online and onsite visits. Where you have had a previous visit from QAA for the purposes of an IQA or IQR (re)accreditation that is still current, the visit is likely to be conducted online. Where this is not the case, the QAA will be required to visit your premises in person to evaluate the facilities. The duration of the visit will depend on the number of programmes being accredited and the complexity of the portfolio. These details will have been confirmed with you at the application stage.

49 Around six weeks before the visit, the team will meet privately to share initial findings from the analysis of your submission and to determine its preferred schedule of meetings for the visit. At this stage the team will also identify the lines of enquiry (areas that the team intends to explore further during the review process) that it wishes to pursue at the visit; these will normally be areas where the team is unable to confirm that you have met the criteria at this stage and also any potential good practice.

50 Shortly after the team has met, the QAA Officer will send you the lines of enquiry and the proposed schedule for the visit and will seek your comments on the latter. The schedule will include the team's preferred order of meetings and the participants requested for each. You will also be requested to provide any further documentation that the team has identified as necessary. The QAA Officer will work with your facilitator to advise on the arrangements required. The facilitator will be responsible for arranging the necessary meetings for the visit, ensuring they start on time, and that the agreed participants attend.

How is the visit conducted?

51 **Onsite visits**: The team will conduct a visit to your institution typically for one to three consecutive days to meet with stakeholders. Meetings held during the visit are likely to involve face-to-face meetings and may include meetings where some or all participants attend via the use of online meeting software. Where you have multiple campuses, the onsite visit will normally be held at a single delivery location but there may be cases where specialist facilities require a visit to another location.

52 **Online visits**: The team will conduct the visit online over the equivalent of one to three days to meet with stakeholders using online meeting software. Online visits follow the same pattern of meetings and protocols as face to face. It is expected that you will arrange for the nominated participants to follow our online protocols.

What will happen at the visit?

53 The visit is likely to include meetings with the programme and unit (faculty, department, school) management team, academic and professional services staff, and possibly employers involved with the programme(s). An indicative schedule of meetings is included in annex 3, but it will depend on the programmes being reviewed. Importantly, the team will have meetings with students and, where possible, with alumni. This enables the team to gain first-hand information on the experience of learners and on their engagement with your quality processes. During an in person visit, the review team will also assess the resources available to support student learning. For online visits, a video submission of the resources will be required.

54 The focus of meetings during the visit will include all aspects of programme quality and standards as identified in the criteria for IPA accreditation.

55 The team will adhere strictly to the schedule, starting and finishing meetings on time. The schedule also allows time for the team to have private team meetings where they can discuss and explore themes identified during the review. A protocol for the conduct of

meetings is provided in annex 8. We ask you to make sure that everyone attending a meeting with the team are made aware of the protocol.

56 The visit will include a final meeting between the team, your facilitator and other key programme related staff as requested. This is an opportunity for the team to summarise the main lines of enquiry and issues that it has pursued, and may still be pursuing, and ask final questions. You can also use this opportunity to offer final clarification and/or present evidence that will help the team secure its findings. This is not a feedback meeting about the findings of the review.

57 At the end of the visit, the team and the QAA Officer hold a private meeting to agree the judgement and report commentary for each Condition, including any statements of good practice, conditions and/or recommendations for improvement.

What will the review report include?

58 Once the team has formed its judgements, and these have been considered through our internal quality process, we will send you a copy of the draft report. This will include the team's judgements for each programme, and reasoning for this judgement, against each of the criteria for IPA accreditation. There will be **one report** that will cover all the programmes submitted for accreditation, differentiating between them where required and showing the individual judgements for each. In circumstances where the provider requires individual reports for each programme, this will be available on payment of an additional fee. The QAA Officer will ensure that the team supports its judgements and findings with sufficient and identifiable evidence that was available throughout the review and that the review report reflects this evidence base. The QAA Officer compiles the report using the findings presented to them by the reviewers and QAA retains editorial responsibility for the final text of the report. An outline of the report content is provided in annex 7.

59 Once you have received the draft report you will be invited to submit any comments you wish to make about factual accuracy or misinterpretations leading from those inaccuracies. The team will consider your response, should you decide to make one, and make any changes it deems necessary before sending you the final version.

What judgements will be made?

60 Review judgements for each programme are based on evidence supported by the information available to the team at the time of the review. Review teams make decisions from:

- reading and considering your self-evaluation document, supporting evidence and any further information submitted or publicly available
- discussing topics with staff and students and other stakeholders during the visit
- analysing and reflecting on those documents and discussions.

61 Each **criterion** will be individually given a '**meets** or '**does not meet'** judgement. The judgement relates to how all the evidence demonstrates that the criterion has been met and

may include recommendations for improvement and statements of good practice. In considering the judgements, the guidelines associated with each criterion will be taken into consideration, but they are included as guidance on typical and good practice rather than as an exhaustive checklist. Failure to evidence one or more of the guidelines does not mean that the criterion is not met.

62 IPA provides the following outcomes for **each programme**, based upon the judgements assigned to each of the criteria:

- **all criteria are met** – a **positive judgement** where all criteria have been met. This may be accompanied by statements of good practice and recommendations. This outcome allows the programme(s) concerned to be awarded QAA accredited status.

  You will be asked to prepare an **action plan** based on the how you might capitalise on the statements of good practice and make progress against the recommendations contained in the accreditation report. This plan is for internal use and should be used to plan and track progress with actions and any changes to them. It will be a required element of the submission for the mid-cycle review.

- **all criteria are met, subject to meeting conditions** – a **provisionally positive judgement** where one or two criteria are not met and relate to a small number of weaknesses that may be rectified in a short space of time. The review team will then set **conditions** that indicate follow-up action that will be required to enable the outstanding criteria to be met and complete the review successfully.

  This judgement may also include statements of good practice and recommendations also being made for which you will be asked to prepare an **action plan** as outlined above. This outcome offers the potential for the programme(s) with conditions to be awarded QAA accreditation when the conditions have been met. Following this, an amended report will be published, which will include the original conditions and how they have been met.

- **does not meet the criteria** – where more than two criteria are not met the team will consider the review of that programme to be unsuccessful and return a **negative judgement**.

  In this case, the judgement will note recommendations that indicate what is required for each criterion to be met to help you prepare for a further assessment should you wish to reapply in the future. It may also include statements of good practice and recommendations for development. This outcome means the programme(s) concerned cannot be awarded QAA accredited status. With a negative judgement you are entitled to appeal the outcome. Where you choose not to appeal, or where the appeal is unsuccessful, the final report received will be published.

63 The **judgement matrix** below shows how the team determines findings in relation of each of the programmes that is being accredited:

STEP 1 Determine the outcome for each criterion	
A criterion is met if either of the following statements is true:	**A criterion is not met if either of the following statements is true:**
There are no recommendations in relation to this criterion. **OR** Any recommendations for improvement do not relate to issues that, individually or collectively, present any serious risks to the meeting of this criterion, and they relate only to: • minor omissions or errors • a need to amend or update details in documentation where the amendment will not require or result in major curricular, operational or procedural change • the requirement to complete activity that is already underway in a small number of areas that will allow you to demonstrate that the programme(s) meet the criterion more fully.	There are recommendations for improvement in relation to this criterion and these relate, either individually or collectively, to: • weakness in the operation of part of your programme quality management structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to quality assurance of a programme • serious issues with the level/ standard of a programme which fails to deliver to the expected national/ international standards **OR,** more seriously to: • ineffective operation of parts of your institution's governance structure (as it relates to quality assurance) which impacts on the quality of the programme • significant breaches in the application of institutional quality assurance procedures to the programme(s) concerned. **Please NOTE that each programme is assessed against the criteria so the failure of one programme to meet a criterion does not necessarily mean that all programmes do not meet it.**

STEP 2 Determine the overall judgement		
Meets the criteria	**Meets the criteria subject to meeting conditions**	**Does not meet the criteria**
All eight criteria have been met.	Up to two criteria have not been met. Condition(s) will then be set that require priority action by your institution within 12 months to ensure each criterion is met.	More than two criteria have not been met.

What happens if approval is ‘subject to meeting conditions’?

64 With a 'meets the criteria subject to meeting conditions' judgement, the review of the programme(s) concerned will be extended by a maximum of 12 months to allow you to address the issues identified. You will have up to 12 months to provide evidence that you have met the conditions; if you submit this evidence after 6 months you will need to provide QAA with assurance that no other changes have taken place that could impact upon the accreditation status of the programme. The programme team will need to identify the ways in which it can make changes to meet the criteria, operationalise these changes, monitor and evaluate them.

65 When you have completed the actions regarding the conditions, you will be required to provide a short commentary and supporting evidence to demonstrate that the issues identified by the team have been addressed. You can choose when to submit within the 12-month period based on when you are able to demonstrate that the issues identified have been addressed through your actions.

66 The team will conduct a follow-up desk-based analysis of your submission to determine whether you have satisfied the conditions and whether, therefore, the criteria are now consequently met, and the programme(s) concerned are eligible to be awarded QAA accredited status. We will append this information to the final report to reflect the team's findings and will send this to you for any comments on matters of factual accuracy.

67 Where the revised final report includes a 'meets the criteria' judgement, the report will be published. Where the team concludes that you have not satisfactorily addressed the issues identified, or where you have not submitted the information within the 12-month period, the revised final report will include a 'does not meet the criteria' judgement.

When and where is the report published?

68 Once the review is complete and the report is considered final it will be published on the QAA website. The report is considered final after you have had the opportunity to comment on factual accuracies at the end of the review (or the end of the extended review period, if applicable) and/or after any changes required due to a successful appeal have been made. You will be notified of the planned date for publication in advance. Reports will be published even if a provider withdraws from the process once the review visit has begun and reports will be published regardless of outcome, although publication may be delayed. A flow diagram of the report publication process is included in annex 7.

69 We also publish reports on the Database of External Quality Assurance Results (DEQAR) which documents activities performed by EQAR-registered quality assurance agencies.

70 IPA is a cyclical review process, and a further review will need to commence within five years of the publication of the initial or previous review report. If you fail to engage in the mid-cycle activity, or in further five-yearly reviews, the report and accreditation will be withdrawn from the QAA website, and you will no longer be entitled to display the QAA International Programme Accreditation Mark on your own website and materials.

What is the QAA International Programme Accreditation Mark?

71 The International Programme Accreditation Mark is an electronic badge intended to assure the public that a provider has undergone a review and achieved a successful result through an independent, external quality assurance process. If eligible, you may place the QAA International Programme Accreditation Mark on the home and programme pages of your website, and on other documents, as a public statement of the outcome of your review. We will send through an approved copy of the QAA International Programme Accreditation Mark, together with the terms and conditions of use.

72 We will also send you a certificate of accreditation to confirm the outcome of the review and the period of accreditation. At this point you will also be prompted to prepare an action plan for internal use which will identify and track actions to be taken as a result of the good practice and recommendations in the accreditation report. You will need to ensure that this is updated regularly in preparation for submission for the mid-term review.

What if your circumstances change after the review?

73 Once you have received accreditation, we ask that you keep us informed of key changes to the accredited programmes. These are major changes that fundamentally alter the character of the programme and/or significantly affect the programme's aims, structure, delivery, student experience or award such that this may impact on your ability to continue to meet the one or more of the accreditation criteria. Examples of such circumstances include:

- changes to programme titles and awards offered
- significant changes to the programme learning outcomes i.e. changes that require major modification in your institution rather than minor changes e.g. to wording
- decisions that significantly impact the delivery of the programme such as change of location, significant restructuring of the curriculum, permanent change to the mode of delivery e.g. to distance learning from in person delivery
- outcomes from other internal or external reviews or accreditations that raise significant concerns about the programme
- changes at institutional level that significantly impact on the programme's quality management and/or student experience.

74 In some circumstances we may need to undertake further engagement with you if we need reassurances regarding how such changes are being managed while maintaining quality and standards.

75 After you have been accredited by QAA, you will become subject to QAA's Concerns Scheme that applies to International Programme Accreditation. Guidance on this Scheme is published separately. If QAA becomes aware of information, including from a third party, that you may no longer meet the quality and standards requirements of your accreditation, we may investigate this matter further in line with the Scheme. You will need to be prepared

to engage with us and, depending on the nature of the issue, this may result in no further action being required, recommendations for you to address, or the suspension or removal of accreditation.

Stage 3: Mid-cycle review

What is the mid-cycle review stage for?

76 The mid-cycle review stage enables QAA to review any changes and developments that have been introduced since the review. It will consider all programmes from the original IPA that were successfully accredited. The action plan that you created after the review will provide insights into steps you have taken in relation to any recommendations from the review and any enhancements to good practice. You should keep a record of all changes that you introduce (in addition to the major changes that you will notify QAA about as identified in paragraph 73 above) and provide sufficient evidence to demonstrate that the current programme continues to meet all criteria. You will provide a brief report that focuses on the general health of the programme and the changes that you have made.

77 A successful mid-cycle review is required to retain the QAA Institutional Accreditation Mark for the full five years granted by QAA. Follow-up activity is an important element of external quality review as it enables independent verification on whether the actions identified through the review have been implemented successfully and demonstrates a commitment on your part to external scrutiny of ongoing development and improvement.

How will you know when the mid-cycle review is due?

78 Mid-cycle review occurs in the third year of accreditation after you have received your IPA review. We will contact you six months before the mid-cycle review is due and the date for the review can be mutually agreed to fit with your institutional priorities. An invoice for the mid-cycle stage will be issued for payment.

79 You will be informed of your QAA Officer's name and contact details, and they will work with you to discuss and agree the arrangements. Wherever possible this will be the same Officer that was involved in your previous review. We will ask you for a named contact to act as the main point of contact for your institution during the mid-cycle review. This facilitator helps to organise and ensure the smooth running of the mid-cycle review and improves the flow of information.

What does the mid-cycle review involve?

80 The mid-cycle review is an online activity featuring a desk-based review of the documentation that you provide (see below) and normally includes a short online meeting with key staff on the programme team(s) to seek clarification and/or explore findings prior to producing a report. It is conducted by the appointed QAA Officer and a reviewer. All providers are required to undergo a mid-cycle review.

What is required from your institution for the mid-cycle review?

81 Your brief evidence-based report should include a summary of the following:

- Your action plan with tracking to show actions taken to address the recommendations and enhance good practice identified in the IPA review report. This should show that

actions have been regularly tracked and evaluated and indicate whether they have been completed.

- Student recruitment, retention and graduation data for the past three years for each programme.
- Any major changes in the structure and organisation of the programme(s) since the IPA review. This includes any that you have notified us about (see paragraph 73) and others that did not require notification or are very recent.
- Any changes to the curriculum with a rationale for the changes and any subsequent evaluation of their implementation. This should include confirmation that the programme learning outcomes are still being met and mapping to show that they are at the appropriate academic level.
- Any changes to the ways in which you involve students in the quality assurance and enhancement of the programme(s).
- Any key strategic developments on the programme (for example, in learning and teaching, research or information management) since the review.
- Brief updated SWOT analysis for each programme.

82 The team may ask for additional evidence or clarification on the documentation submitted in advance of the meeting with your institution.

How long does the mid-cycle review take?

83 Indicative timings for the mid-cycle review can be found in annex 2. We will work with you to agree the timeline for the mid-cycle review, including deadlines for our respective responsibilities. Normally, the draft report from the mid-cycle review will be available to you five weeks after the submission of your documentation.

What is the outcome of the mid-cycle review?

84 The mid-cycle review results in a written report to you on the findings. This sets out QAA's conclusions about whether the programme continues to meet the IPA accreditation criteria in light of any changes made. It also reviews the on-going health of the programme and any enhancements that have been put in place. The report will also propose a conclusion regarding the continuing validity of the QAA accreditation.

85 The written report will be subject to internal quality assurance checks to ensure the findings are clearly articulated, evidence-based and consistent, and you will have the opportunity to comment on any factual inaccuracies. The team will then consider your response and make any changes it deems necessary, incorporating those changes in a revised report.

86 The report will include one of the following outcomes:

- The programme continues to satisfy the requirements for accreditation.
- The programme no longer meets the requirements for accreditation.

87 Where the report concludes that the programme(s) continue to meet the criteria, the period of validity of the accreditation will be confirmed to the end of the five-year accreditation cycle.

88 The final report will be published on QAA's website and shared with you together with the outcome letter. Your institution can make the report available via its media outlets and continue to use the QAA International Programme Accreditation Mark until the end of the five-year accreditation cycle.

What if any programmes are not deemed to be meeting the criteria?

89 If the mid-cycle review report indicates that the changes you have made mean that you no longer meet the requirements for IPA, you will be given the opportunity to take remedial action to address the issues. This will require a meeting to discuss the issues and your planned actions. You will then implement your actions and submit evidence to prove that they have been implemented and are being monitored. Remedial action should normally be implemented immediately and evidence submitted within three months.

90 Use of the QAA International Programme Accreditation Mark may also be withdrawn if you fail to engage in remedial activity.

91 The original mid-cycle report will be updated to reflect the outcomes of your remedial action. If you successfully address the issues, this will result in the overall outcome being changed. If not successful, the report will be updated but the original outcomes will remain unchanged. At this point the QAA International Programme Accreditation Mark will be withdrawn.

Stage 4: Reaccreditation

How and when will you be informed of the arrangements for reaccreditation?

92 IPA is a cyclical accreditation method. Twelve months before the end of your current accreditation period, we will provide details of the process to be followed for reaccreditation. If you wish to maintain your accreditation after five years it is important that the process of reaccreditation has been agreed and a contract signed at least six months before your current accreditation has expired. This will enable us to schedule your reaccreditation visit without having to go through all the application stage of the original accreditation process. If accreditation has lapsed and you then wish to become reaccredited, you would be treated as a new application and be required to complete the full process outlined in paragraph 20.

Feedback, complaints and appeals

How can you give feedback on your experience of the review?

93 We are committed to continuous improvement through the monitoring and evaluation of our review methods. At the end of the review, you will be sent an evaluation form so that we can learn from effective practice and identify the potential for any operational improvements. We also seek feedback from our reviewers and the QAA Officer involved in your review.

94 We conduct internal annual monitoring to ensure review methods are working effectively and that improvements are made in a timely manner. We will also conduct cyclical effectiveness reviews of the method and evaluate the overall impact of the review method over time. In addition, we will use the final reports generated to undertake thematic analysis that can feed into the broader sector-wide support that we offer providers, such as that available through our membership services. We also invite successful providers to take part in the development of a case study based on their IPA experience should they wish to do so.

What if you have a complaint about how the review was conducted?

95 Complaints are separate to appeals and can be made at any time during the process. We have a formal process for receiving complaints about our operation of services. Further details of the QAA complaints process are available in annex 9.

What if you wish to appeal the outcome?

96 We have formal processes for appeals against unsatisfactory judgements, namely a 'Does not Meet' judgement from the review or a 'No longer meet the requirements for accreditation' from the Mid-Cycle Review. The appeals process is incorporated within QAA's Consolidated Appeals Procedure which can be found on the QAA website and details the procedures for submitting appeals, including timelines. Further details of the QAA complaints and appeals procedures are included in annex 9.

Annexes

Annex 1: About QAA

About The Quality Assurance Agency for Higher Education (QAA

The Quality Assurance Agency for Higher Education (QAA) is the UK's quality body for higher education. We were founded in 1997 and are an independent body and a registered charity which is funded through multiple channels of work.

The purpose of QAA is to safeguard academic standards and ensure the quality and global reputation of UK higher education. We do this by working with higher education providers, regulatory bodies and student bodies, with the shared objective of supporting students to succeed. We offer expert, independent and trusted advice, and address challenges, in a system where there is shared responsibility for the standards and quality of UK higher education.

QAA has a role in the enhancement and regulation of UK higher education and works across all four nations of the UK. In addition, through QAA Membership we deliver services, expertise and guidance on key issues that are important to our member universities and colleges and their students.

Internationally, provide services to higher education institutions, quality agencies and governments globally, in full alignment with Standards and Guidelines for Quality Assurance in the European Higher Education Area (the ESG 2015).

We are a full and founding member of the European Association for Quality Assurance in Higher Education (ENQA) - the umbrella organisation for quality assurance agencies in the European Higher Education Area. Full membership of ENQA shows that an agency complies with the ESG 2015.

QAA's work and review methods are informed by the fundamental values of the European Higher Education Area. Our approach and methods are designed to meet the standards and reflect the guidelines set out in the ESG 2015. We seek to encourage engagement with other Bologna expectations, including means to enable mobility.

Annex 2: Indicative timelines for each stage

Stage 1: Application timeline – maximum four weeks

Week 0	• Your institution submits application documentation.
Week 1	• QAA Officer undertakes initial screening check and requests additional documentation (if required).
Week 2	• Additional documentation received (if required).
Week 3	• QAA Officer completes screening check. • QAA panel make decision on whether to accept application.
Week 4	• QAA send letter to provider confirming outcome, details of IPA scope and information on next steps.

Stage 2: Review and accreditation timeline – approximately 24 weeks

Week 0	• Review fee paid. • QAA allocates a QAA Officer and informs programme team.
Week 0	• Preparatory meeting between QAA Officer and programme team. • Review schedule confirmed.
Week 2	• Review team agreed with programme team.
Week 6	• Programme team uploads a self-evaluation document (SED) with supporting documentation to QAA secure online portal.
Week 6	• Review team begins desk-based analysis.
Week 8	• Review team holds its first team meeting to discuss the outcome of the desk-based study, and the programme for the review visit. • The QAA Officer informs you of: ▪ the review team's main lines of enquiry ▪ who the review team wishes to meet ▪ any further requests for documentary evidence.
Week 10	• Programme team uploads additional documentation.
Week 10	• Review team continues desk-based analysis.
Week 12	• Second review team meeting. • QAA prepares for the review visit.
Week 14	• **Review visit (in person or online) takes place.**
Week 16	• QAA review team prepares draft report. • Draft report goes to QAA internal moderation.
Week 18	• QAA Officer sends draft review report to you for the purposes of allowing you to advise QAA of factual errors or errors of interpretation.
Week 20	• You advise QAA of any factual errors or errors of interpretation.
Week 22	• Review report finalised and signed off by QAA.
Week 24	• QAA sends outcome letter and final report to you. • QAA publishes final report on QAA website.

Stage 3: Mid-cycle review timeline – approximately 12 weeks

Week 0	• QAA Officer arranges briefing meeting with key programme team members, requirements and arrangements discussed. • You prepare your report and supporting evidence.
Week 2	• Reviewers appointed.
Week 4	• You upload a brief, evidence-based report and supporting evidence to the QAA digital site.
Week 6	• Meeting to discuss the report with key programme team members.
Week 7	• QAA team prepare their report and submit for internal moderation.
Week 9	• QAA Officer sends draft report to you for factual accuracy checking.
Week 10	• Your feedback is sent to QAA.
Week 11	• Mid-cycle report finalised and signed off by QAA.
Week 12	• Final report sent to you with outcome letter and published on QAA website.

Annex 3: Sample schedule for review visits

IPA review visit

A typical schedule for a one-day review online might look like this. The actual schedule will be determined by the review team in agreement with your institution.

Times	Day 1
08:30-09:30	Review team arrival and meeting alone.
09:30-10:30	**Meeting 1** with programme management team and unit (faculty/ School/ Department) level management with responsibility for quality and teaching and learning/ student experience.
10:30-11:00	QAA team private meeting.
11:00-12:00	**Meeting 2** with academic staff delivering the programmes and members of professional services staff if requested.
12:00-13:30	QAA team private meeting and working lunch.
13:30-14:30	**Meeting 3** with a representative group of students (and alumni).
14:30-15:00	QAA team private meeting.
15:00-16:00	**Meeting 4** with facilitator and programme management team for any final questions and clarification.
16:00	**Review team meets privately to agree key findings.** The key findings consist of: • the judgement about whether each programme meets the criteria • specific conditions • recommendations • features of good practice. *(This may be held the following day.)*

Where there are a number of programmes under review, the visit may last up to three days and follow a similar pattern of alternating private meetings with meetings different groups of students and staff. An in-person visit will include a tour of facilities.

Annex 4: IPA criteria and guidelines

During the review, your programmes will be assessed against the criteria. The guidelines identify how the criteria might be implemented. They describe good practice in the area for consideration by the programme team. Implementation will vary depending on different contexts, programmes and delivery modes.

The criteria and guidelines have been mapped to the ESG 2015, the mapping can be found here.

1. Programme objectives and learning outcomes

The programme has clearly defined, published, and has relevant objectives and learning outcomes that align with the mission of the institution and the European Qualifications Framework (EQF) or equivalent national qualifications framework.

Guidelines

A. Learning outcomes reflect sector expectations, national qualifications frameworks and relevant QAA subject benchmark statement.

B. Students and applicants are made aware of the programme learning outcomes through relevant channels which are regularly reviewed to ensure accuracy. They are expressed in clear language and as measurable outcomes.

C. The learning outcomes of modules/courses are mapped to the programme learning outcomes to ensure that there are appropriate opportunities for all outcomes to be met.

2. Curriculum content and structure

The curriculum has been developed and approved using effective and approved institutional processes and structures. It is logically structured, up-to-date with current scholarship and professional practice, and effectively integrates theory and practice. It ensures all graduates meet the required international and professional standards.

Guidelines

A. Logical curriculum structure ensures that students' knowledge and skills develop incrementally over the course of their studies, makes more complex demands at each level of study and prepares them for future careers.

B. Student workload is clearly defined (using credits, hours or other appropriate quantifiers). Teaching and assessment are planned so as to ensure balance in workload for students across the academic year.

C. Programmes are kept up to date by gaining regular feedback from internal and external stakeholders and making appropriate enhancements, and students have the

opportunity to engage at the frontiers of their subject through research and/or other appropriate activities.

D. Programme delivery teams create opportunities for students to participate as partners in their learning.

3. Teaching, learning and assessment

The teaching and learning methods are designed to help students to achieve the intended learning outcomes and encourage their active participation. Assessment procedures are fair, consistent, transparent and appropriate to the subject area.

Guidelines

A. Teaching and learning methods encourage student participation and support the development of independent learning, including the use of AI tools and pedagogies where appropriate. The approach (whether face-to-face online or hybrid) includes sufficient variety and flexibility to cater for the needs of a diverse student population.

B. Assessment is carefully planned to provide opportunities to demonstrate the extent to which learning outcomes have been met. They reflect the international standards expected for each level of study (as defined in qualifications frameworks, subject benchmarks, professional standards).

C. Assessment criteria are clear and understood by students and assessors, they reflect professional and national standards and practices.

D. Students receive support in developing the academic, digital and transferrable skills required to be successful in their learning and following completion of the programme.

E. Students receive support in preparing for different types of assessment; including the the appropriate use of AI and awareness of academic misconduct, and feedback on assessment promotes improvement.

F. Regulations for passing, progressing and calculation of final outcomes are clear and available to staff and students.

G. There are coherent and easily understandable policies and procedures related to academic integrity and the use of artificial intelligence.

H. Students understand the processes for mitigation, complaints and appeals.

4. Teaching staff qualifications and support

Teaching staff are appropriately qualified, have relevant expertise and experience, and engage in continuous professional development to ensure they remain up to date. The institution provides a supportive environment for its staff.

Guidelines

A. Programme-related staff are recruited using a transparent process and supported during their induction period.

B. Staff numbers, qualifications and areas of expertise are appropriate to deliver the programme.

C. There is a process for the regular review of staff which identifies strengths and areas for development.

D. Staff can access training and development to support their teaching, use of technology and wider roles.

E. Staff research and/or scholarly activity clearly underpins programme delivery.

5. Resources and facilities

Students have access to sufficient learning resources, including library facilities, IT infrastructure, and appropriate teaching and learning spaces. Adequate student support services and career counselling are also provided.

Guidelines

A. Students can access adequate teaching and learning resources to support their studies. This includes online and/or physical resources.

B. Reading lists, or their equivalent, are kept up to date and include a range of relevant sources.

C. Students are able to access and use the IT hardware and software that they need to carry out their assessments and other programme-related tasks.

D. Students are aware of the professional support services that are available to them and are provided with information and advice on how to access them.

E. Professional services staff understand the needs of a diverse range of students and ensure that they have the necessary provision to meet their needs.

F. Resources and support services gather feedback from users and use it to make further improvements.

6. Quality assurance (QA) and management

Robust internal quality assurance systems are used to monitor, review, and enhance the quality of the programme. This includes the use of accessible data systems that enable the tracking of student success. Planned enhancements are tracked, communicated to stakeholders and their effectiveness is evaluated.

Guidelines

A. Effective processes are in place to collect and monitor programme related data. The data allows for comparisons to be made of student outcomes and performance. There is evidence of the analysis and use of data to inform decision-making and planning.

B. Feedback from students and staff involved in the programme is analysed, reviewed and used to assure and enhance the quality of the programme.

C. Data is accessible to programme level staff to monitor student success and identify aspects where students may need further support.

D. Institutional quality processes and procedures for monitoring and review of programmes are fully implemented at programme level.

E. There is a committee structure and meeting cycle that support the assurance and enhancement of the quality of the programme.

F. Programme and course/module improvements and enhancements are planned, tracked and evaluated.

7. Public Information, admission and certification

Information about the programme(s) including their accreditation status, entry requirements and learning outcomes is accurate, objective and publicly available. Programme certification clearly states the qualification achieved and its recognition by relevant authorities.

Guidelines

A. Programme information is sufficiently detailed to enable prospective students to understand its requirements and key features.

B. Information about cost of study, bursaries and other financial aspects of the programme is clear and regularly updated.

C. There is a process and designated responsibility for the checking and updating of information about the programmes in all its forms including website and social media.

D. The application and admissions processes and criteria are implemented consistently and in a transparent manner.

E. New entrants receive an induction to their programme that enables them to understand expectations and sources of information and support.

F. Graduates receive certification that clearly states the qualification achieved which is mapped to published standards.

8. Stakeholder and societal engagement

Employers, alumni, professional bodies, community partners, government agencies and other relevant stakeholders are involved, where appropriate, in the development, monitoring, enrichment and enhancement of the programmes of study.

Guidelines

A. Programme teams involve stakeholders and external members in reviewing and developing the curriculum.

B. Feedback is sought from relevant external experts or bodies at appropriate stages of the programme's implementation.

C. External stakeholders are invited to contribute to the programme delivery or support.

D. Students have opportunities to gain understanding of the workplace and the expectations of employers.

Annex 5: Participants in the review process

The key participants in the review process are your facilitator, the QAA Officer and the reviewers.

The facilitator

We invite you to nominate a named 'facilitator' to liaise closely with the QAA Officer to ensure the organisation and smooth running of the review process. The facilitator should be a member of your staff that can fill the role described below.

The facilitator's overarching role is to:

- act as the single and primary contact between the QAA Officer and the provider in order to improve the flow of information to the team.

In addition, the role is to:

- support the preparations for the review, including logistical arrangements
- provide advice and guidance to the team on the provider's submission, programmes, structures, policies, priorities and procedures
- meet the QAA Officer, and other members of the team if specified, to provide or seek further clarification about questions or issues
- help direct the team to additional relevant information or locate the information it is seeking
- seek to clarify items and correct factual inaccuracy
- assist the provider in understanding matters raised by the team.

The facilitator can observe any of the team's meetings during the visit except for some meetings with students and the private team meetings. When observing, the facilitator should not participate in the discussion unless invited to do so by the team. The team has the right to ask the facilitator to disengage from the process at any time, if it considers that there are conflicts of interest, or that the facilitator's presence in meetings will inhibit discussions. The facilitator is not a member of the team and will not make judgements about the provision.

The facilitator will have regular contact with the QAA Officer, including during the visit, so that the facilitator and the team can seek clarification and/or gain a better understanding of the provider's approach and the team's lines of enquiry.

The facilitator is required to observe the same conventions of confidentiality as members of the team. In particular, the confidentiality of written material produced by team members must be respected, and no information gained may be used in a manner that allows individuals to be identified. However, providing that appropriate confidentiality is observed, the facilitator may make notes on discussions with the team and report back to other staff, to

ensure that you have a good understanding of the matters being raised. This can contribute to the effectiveness of the review, and to the subsequent enhancement of quality and standards.

It is helpful if the person you nominate as facilitator has:

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

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

The QAA Officer

We will appoint an officer to coordinate and manage the review from start to finish. All QAA Officers are members of QAA staff and are trained in the review method. They are responsible for establishing close and constructive working relationships with providers.

The QAA Officer's overarching role is:

- to ensure the integrity of the review in its implementation, and the conduct of the review process according to the published method, including ensuring that the conclusions of the team are evidenced and robust.

In addition, the role is to:

- liaise with the provider on the method, information required and logistical arrangements
- facilitate communication between the provider, the facilitator and the review team
- maintain a record of the team's decisions, any additional information provided during the visit, and its discussions with staff and students
- ensure the team's judgements are aligned to the judgement criteria for the method and informed by the relevant external reference points
- edit the review report
- assist, as required, in the investigation of any appeal made by the provider following finalisation of the report
- support the operation of the mid-cycle review activity and provide advice.

Reviewers

The review is carried out by teams of peer reviewers, who are staff with senior-level expertise in the provision, management and delivery of higher education; or students with

experience in representing students' interests. They will also have expertise in the subject area of the programmes being reviewed. We appoint reviewers from the higher education sector using a job description and person specification published as part of the recruitment process. We train all reviewers, which consists of generic induction and training, and method-specific training prior to engagement in a review.

The reviewers' overarching role is:

- to gather and analyse information to reach robust, evidence-based conclusions that represent the collective view of the whole team and are consistent with the published method.

In addition, the role is to:

- identify and assess risks to academic standards and the quality of student experience
- apply expert, subject-specific knowledge
- assimilate, analyse and evaluate a wide range of evidence, including quantitative and qualitative data
- provide input to reviewer meetings
- work closely with QAA Officers to draft review reports
- adhere to a set of agreed procedures to ensure consistency of the delivery of review, to specific timescales and deadlines.

Conflicts of interest

We work to maintain the highest possible standard of integrity in the conduct of our work and are actively vigilant against any perception of conflict or bias. We seek to ensure that there are no conflicts of interest in the conduct of reviews and have a Conflict-of-Interest Policy that recognises the range of potential conflicts to be considered, including direct and indirect, actual and perceived. Our staff and reviewers are responsible for declaring conflicts of interest as soon as they are aware of them.

Before review teams are finalised, proposed names will be checked with you to ensure that you are not aware of any potential conflict with the individuals selected. Individual reviewers will not always be aware of institutional-level conflicts – for example, discussions with a collaborative partner – and so it is your responsibility to raise any known connections.

Annex 6: Self-evaluation and supporting evidence for review stage

Main functions of the self-evaluation document

Self-evaluation supports the emphasis on programme teams taking responsibility for quality assurance. Evidence of a programme team's ability to be critically self-reflective and to keep its programmes, processes and practices under review indicates to review teams that quality and standards are managed effectively. Both the production of the document and the selection of supporting evidence are part of the self-evaluation process by demonstrating the team's capacity to reflect and evaluate on the quality of its provision by judiciously selecting and presenting materials that supports its claims.

The self-evaluation document (SED) has several functions:

- to give the review team an overview of your programmes, including their background and your experience in managing programme quality and standards
- to demonstrate that you have evaluated your programmes effectively and can evidence to the review team how your programmes meet the IPA criteria
- to present your approach to ensuring that the programmes are regularly reviewed and enhanced
- to guide the review team through the evidence base.

Your self-evaluation is used throughout the review process to inform the work of the review team and shape its findings. It is used in the initial desk-based analysis to identify which criteria have been sufficiently demonstrated through the evidence and where further information is required to enable the team to reach a judgement. It is also used to frame the lines of enquiry that will be pursued during the visit. The self-evaluation continues to be used by the review team during the visit, both as a source of information and as a way of navigating the supporting evidence.

Producing a self-evaluation document

The IPA self-evaluation asks you to demonstrate through evidence and self-evaluation how the required and supplementary documentation demonstrates that you meet the criteria. When preparing the self-evaluation, programme teams are encouraged to review their practice by considering the questions:

- What do you do?
- How do you do it?
- Why do you do it that way?
- How well do you do it?
- How do you know how well you do it?

- What do you do to improve?

Descriptive content (for instance – 'what do you do?') should be minimised to that which is necessary to provide context for the evaluation (for example: 'how well do you do it/does it work?' and 'how do you know you do it well/how do you know it works?'). There is no need to duplicate descriptive material that is already presented in the supporting documentation that you make available. Instead, we encourage you to focus on explaining evidence that supports your evaluation and that demonstrates the high quality of your programmes in respect of the criteria.

For the IPA we have identified some required and also invite you to submit supplementary evidence. The evidence you select should be specific, proportionate and reasonable. Wherever possible, this evidence should be drawn from documentation that you routinely generate in the course of your delivery and quality assurance of the programmes and include the evidence and data that you normally use in identifying your strengths and challenges. Except for the self-evaluation and associated templates, we would not expect new documentation to be produced specifically for the purposes of an IPA review.

Circulating your draft self-evaluation to your staff for comment widens the perspective and helps to keep colleagues informed and engaged in the process. Ideally, the document should be owned by many but read as one voice. Wherever possible, the self-evaluation should be co-created in conjunction with representatives of the student body to ensure that the views of students on their learning experience inform the submission to the review team.

A template will be provided for the self-evaluation. Where you are requested or decide to submit examples for each of the programmes under review, these should be limited to a small sample – two per programme – unless specified otherwise. The review team will request supplementary evidence or more examples if necessary.

Section 1, part A: Brief description of your institution's approach to quality assurance and enhancement

This section is only required if your institution does not currently have QAA accreditation through an IQA or IQR.

You will be asked to provide a concise overview of your institution's policies and procedures that relate to quality. Your overview should not repeat information in the supporting documentation but should clearly signpost the reviewers to the relevant sections of the documentation that supports your statements. The overview is likely to include:

- information about the institutional quality assurance policy, particularly how it is disseminated to students, staff and stakeholders and how it is implemented by the programme team(s)
- the institutional quality assurance committee structure and key quality posts from programme to senior management level (organisation charts)
- the approach to external institutional accreditation

- the policy and process for gaining and acting on feedback from stakeholders including students
- the institutional approach to the funding and maintenance of facilities and resources
- a brief statement on information management
- institutional policy/ process for managing and monitoring external communication including websites and social media.

Section 1 (part B) Overview of the programme(s) being reviewed

This section is required for all IPAs.

For institutions with IQA/IQR this will simply be ‘section 1’ on the template.

You are asked to provide an overview of the programmes being reviewed. This includes:

- details about the department/ faculty/ School in which the programmes sit and the management structure of this unit
- an explanation of the ways in which programme(s) link(s) to the institution’s vision and mission and any national or local economic/ skills shortages that the programme(s) seek to address
- institutional poicy for quality assurance, details of the quality assurance structure within the academic unit(s) and how this links into institutional quality structures
- the process for the design and approval of new programmes
- the process for monitoring and reviewing programmes
- for all programmes being considered in the IPA, the last three years of data on enrolment, progression rates, completion rates, withdrawals, graduation / awards made and employment, plus planned enrolment for the next three years, and categories and numbers of staff directly involved in the delivery of those programmes.

This section also includes a template that you should complete for each of the programmes. It asks you to provide key data and a SWOT analysis for each of the programmes.

Section 2: Alignment with the IPA criteria

You will prepare a clear presentation of the evidence that demonstrates how you meet the criteria and any good practice in your approach to meeting them. A template will be provided for you to use of your self-evaluation. For each of the criteria there is a list of ‘required’ evidence which can be supplemented or substituted where necessary. The aim, in providing the list of required evidence is to support you in identifying appropriate documentation.

Please read the criteria and the guidelines carefully and reflect on them as a team. In a similar way to the ESG 2015, guidelines explain why the criteria are important and describe how criteria might be met. They set out good practice in the relevant area for consideration

those involved in quality assurance. Implementation will vary depending on different contexts. The guidelines should be carefully considered in producing the self-evaluation to understand the typical scope and areas to cover.

For each of the criteria your supporting commentary, which should be included in the right-hand, white box underneath the criterion and guidelines, should provide:

- a short explanation of how evidence demonstrates that you meet the criterion and associated guidelines and/or demonstrates good practice in this area
- clear indications of any specific differences between programmes, particularly in relation to the ways in which they implement quality process and procedures
- clear referencing to the specific parts of this evidence (e.g. a paragraph or page number) that are relevant and which will assist the review team in forming a judgement on whether they meet the criterion.

You are encouraged to include what you are particularly proud of which is relevant to the specific criterion, but this is additional to having demonstrated alignment with it.

Required evidence

Full details of the evidence that is required is given in the self-evaluation template where you will also find a glossary that explains the terminology in more detail. You may not have the exact documents as they are listed here but should submit documentation that you have which covers the same content. If you have any doubts or queries about this, please contact your QAA Officer.

For each programme:

- Programme specification (or equivalent) that outlines the key features of the programme such as award, title, credit, levels, modules/courses etc).
- Specification/syllabus for all modules/ courses detailing the curriculum content and approach to learning, teaching and assessment.
- Student handbooks or link to online repository of information for students including regulations; information on academic and pastoral support, work placement handbooks/documentation if included as a credit bearing element of the programme.
- Examples of student feedback – forms, outcomes and examples of action taken.
- Documentation relating to the approval of any modifications to programmes in the last three years.
- Minutes/ records of programme team meetings convened to discuss the delivery, outcomes and improvement of programmes (examples to demonstrate meeting specific criteria) and action plans.

- Assessment briefs and assessment criteria – two examples of each for the final two stages of the programme.
- List of staff delivering the programme with qualifications and experience.
- Record of staff development for the past two years.
- Reading lists for two modules/courses.
- Programme monitoring/ review reports of equivalents, such as annual monitoring reports or programme improvement plans (past three years).
- List of events and other activities involving external stakeholders.

General overarching information (one copy/link to cover all programmes):

- Assessment/academic regulations relating to assessment progression and achievement of the final qualification.
- Policies for academic integrity and use of AI, complaints, appeals, mitigation.
- Staff recruitment and induction policies and evidence of implementation.
- Information management policy and evidence of implementation.
- Examples/ explanation of data storage systems for programme level data.

Referencing

The self-evaluation should include clear references to the required and supplementary evidence you use to illustrate and/or substantiate its contents, since it is not the responsibility of the review team to seek this evidence out.

In order for the review team to be able to operate efficiently throughout the review, it is important to ensure that all evidence documents are clearly labelled and numbered. It is equally important to ensure that each evidence document is clearly referenced to the appropriate text in the commentary using the same labelling and numbering system and providing paragraph numbers and dates of minutes as appropriate.

Submission

Your completed self-evaluation template and all supporting evidence will need to be uploaded to our secure document sharing site by the deadline agreed in the detailed specification. We will provide you with details regarding the upload process.

Annex 7: The review report

Content of the report

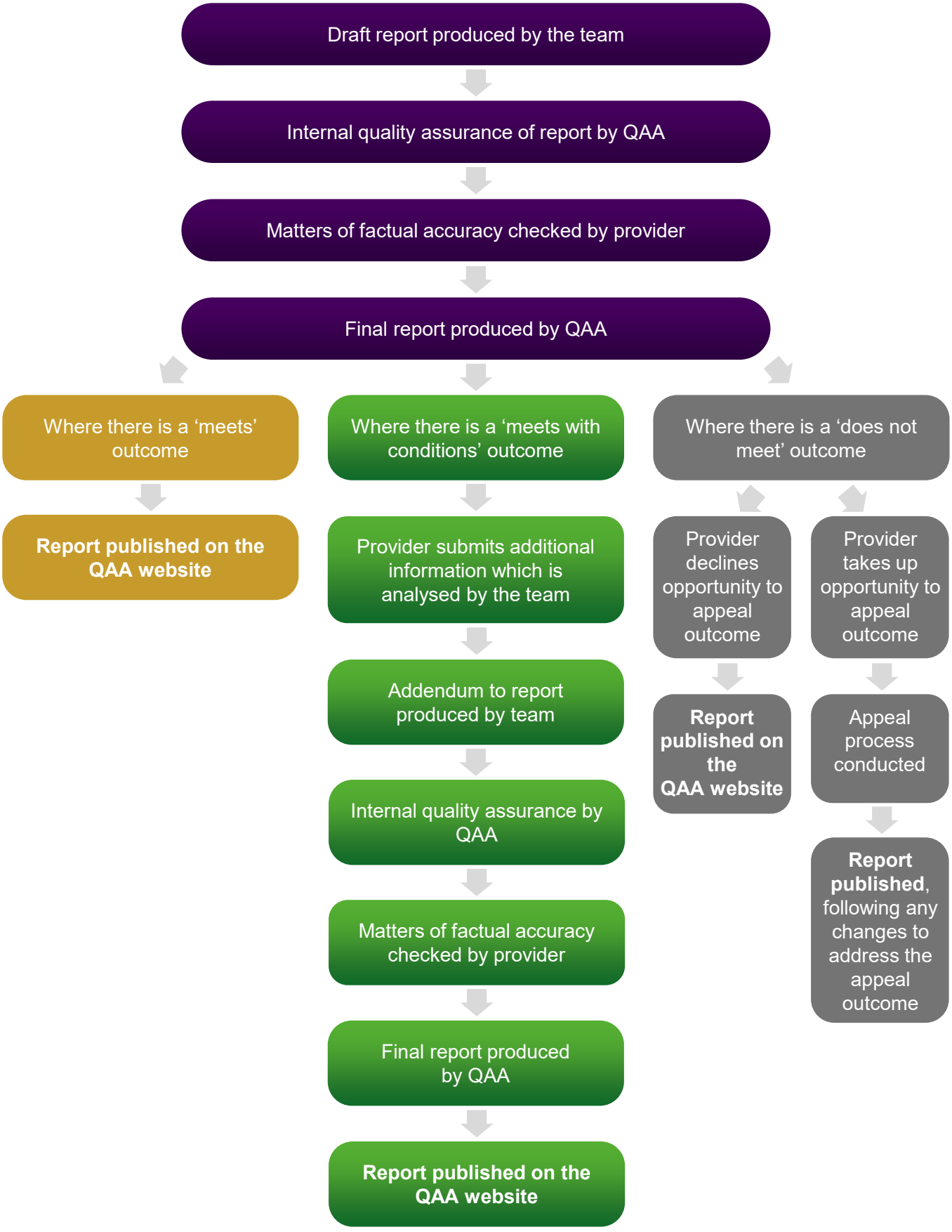
A consistent template will be used for all reports generated from the IPA process. Reports will be structured using the following standard headings:

- Title page and contents.
- Executive summary of the review outcomes with cross references to the relevant sections in the main body of the report, to include for each programme:
    - the overall judgement
    - specific conditions (where required)
    - recommendations for improvement (where appropriate)
    - statements of verified good practice (where appropriate).
- Contextual information about the provider and the programmes that were reviewed, including details of the way in which quality assurance is managed within the relevant unit.
- Details of the review process conducted, including dates and activities undertaken.
- Commentary on the team's findings under each of the criteria. If more than one programme is submitted for review, a single report will be produced with reference made to specific programmes where features are different.
- List of evidence (removed prior to publication).

Timing of report publication

The production and publication of the report will follow the process outlined below. You will always have the opportunity to comment on factual accuracy and will be notified in advance when a report is due to be published. Report publication will be delayed in cases where the review period has been extended to allow for conditions to be addressed and in cases where a negative report is appealed.

Report publication process



Annex 8: Protocol for the conduct of meetings

This annex sets out our protocol for meetings with representatives of your institution. Time is always limited, and it is important that the team makes best use of the available time in its meetings with staff and students of the institution. We have many years of experience of running such meetings and the protocol is based on that experience. We respectfully ask institutions undergoing IPA to abide by this protocol.

1. A schedule of meetings is agreed in advance of the visit. Any suggested changes that are proposed during the visit should be discussed between the QAA Officer and the facilitator at the earliest opportunity.

2. The people attending a meeting are agreed in advance with your institution. Any changes to personnel or students attending should be notified to the QAA Officer at the earliest opportunity.

3. Numbers attending meetings are limited. Experience tells us that smaller meetings are more effective than larger meetings. Meetings with staff are normally expected to include no more than 10 people plus the team. Student meetings normally involve no more than 12 students plus the team. This allows for more in-depth discussion and opportunities for all to take part.

4. You are asked to ensure the requested participants are invited to the meetings.

5. Meetings are generally question and answer sessions. Presentations about your institution or programmes are not required, unless specified in advance.

6. The review team leads all meetings.

7. The language of all meetings will be English. If attendees do not speak or understand English sufficiently well to participate in the meeting, translation should be organised. Translators should have an understanding of higher education and associated terminology. It is not permitted for a member of staff to interpret during meetings with students. This should be arranged either with an external translator or using a proficient student. It is a requirement that details of translators and their affiliations are submitted to QAA before the review visit.

8. Meetings will start on time and will not be extended beyond the end time published in the schedule. A meeting may finish earlier than the published end time.

9. Those attending a meeting should arrange to be available, uninterrupted, for the duration of the meeting and not leave the meeting except in an emergency.

10. Staff at the institution should be briefed not to interrupt a meeting when it is in progress.

11. Staff and students should be encouraged to speak freely during meetings. The record of the meeting does not identify individuals, and neither will they be identified in the published report.

12. Meetings with students must not be attended by staff, unless explicitly stated on the schedule. If a student is also a member of staff, they should not attend meetings the team holds with students.

13. Meeting notes will be taken by the QAA Officer. These notes are confidential to the team and will not be shared with your institution. Meetings will not be recorded.

More detailed guidance regarding the conduct of online meetings will be made available by the QAA Officer in advance.

Annex 9: Appeals and complaints

QAA distinguishes between appeals (also known as representations) and complaints.

Appeals and formal complaints procedures are designed to ensure that there is no conflict of interest and are handled by QAA's Governance team. No one involved in determining the outcome of an appeal or complaint will have had previous involvement with the matter.

Appeals

An appeal is a challenge by an institution to the outcome of a QAA review or to another decision made by QAA. We have a Consolidated Appeals Procedure available on our website which states when an appeal can be made, the deadline by which an appeal must be made to be valid, what is an appealable judgement and the grounds for appeal. The procedure sets out the process, timescales and potential outcomes.

QAA will not publish the report or meet a third-party request for disclosure of its contents during the appeal process. Where an appeal is unsuccessful, the report will be published promptly after the end of the appeal process.

Complaints

A complaint is an expression of an individual's dissatisfaction with their experience of dealing with QAA. These can be made by individuals or on behalf of the individual's institution.

If a formal complaint is received at the same time as an appeal, the complaint is stayed until the appeal has been concluded.

In common with most complaints' procedures, we would encourage anyone dissatisfied with our service to first speak to the person that they have been dealing with at QAA, so that they can try to assist and find a resolution. If you then wish to pursue a formal complaint you should refer to our Complaints Handling Procedure, available on our website. This details who you should contact and how your complaint will be handled, the indicative timescales and potential outcomes.

Annex 10: Data protection

An effective review requires access to a considerable amount of information, some of which may be sensitive or confidential. You can be confident that the information you disclose during a review will not be publicly released or used in an inappropriate manner.

QAA complies with UK data protection legislation and processes personal data solely for the purpose of conducting its review activities. Access to such data is strictly limited to individuals who require it to fulfil the requirements of reviews.

We are committed to safeguarding the security and confidentiality of personal and/or special category data, and all members of our staff are responsible for handling data in accordance with QAA's Data Protection Policy ensuring that personal and special category information is processed lawfully and appropriately. All our staff and reviewers undergo data protection and information security training on an annual basis. Details of how QAA collects and processes personal information, the rights of individuals, and QAA's legal obligations are set out in our Privacy Notice. There is a Data Incident Reporting Policy and Procedure to ensure that any incidents are reported, assessed and managed effectively.

Our review policies and procedures provide the following assurances:

- Information provided by you is used only for the purpose of review.
- Information marked by you as 'confidential' is not disclosed to any other party though it may be used to inform review findings.
- Staff, students or other people who are invited to provide information may elect to do so in confidence, in which case the information is treated in the same way as confidential information provided by your institution.
- Review meetings are confidential - the team does not reveal what has been said by any individual, nor are individuals identified in the review report. You are encouraged to require the same degree of confidentiality from people whom the team meet during the review.
- We store confidential information securely.
- Review teams are required to delete or destroy material relating to a review and any notes or annotations they have made, once the review is complete.
- Review teams make no media or other public comment on reviews in which they participate. Any publicity relating to a review is subject to our policies and procedures and will be managed by our public affairs team.
- All review supporting materials are deleted in accordance with our Information Records Management and Retention Policy.

Annex 11: Glossary

Accreditation
Accreditation is conferred by QAA on all providers who have completed a review with an outcome that demonstrates they meet all criteria for the method, in this case IPA. Accreditation demonstrates that the standards and quality assurance of your programmes are not only effective, but also comparable with international best practice.

Conditions
Required action to be taken by the provider within a particular timescale in cases where the review team has identified a weakness which needs to be addressed in order to fully meet the review standards. Conditions refer to corrective action required that requires consideration of evidence by the review team to confirm that it has been met. If met the 'condition' is subsequently treated as a recommendation to ensure ongoing monitoring during follow up activity.

Course
This term is used differently across the world. For the purposes of the IPA briefing document, a course is a unit of learning that contributes to the achievement of learning outcomes of the programme, also known as a unit or module. Your submission can use the terminology that you use within your institution. Please ensure that the terminology you use is clear.

Criteria
These describe the specific features of high-quality programmes that need to be demonstrated in order to be awarded IPA accreditation. They are accompanied by sets of guidelines that provide more detail on the expected policies, processes, approaches and procedures that should be evidenced to meet the criteria. Criteria for IPA have been designed to focus on programme level quality and standards that align with the standards of the ESG 2015.

Degree-awarding body
Institutions who have authority – for example, from a national agency – to issue their own awards.

Desk-based analysis
An analysis by the review team of evidence, submitted by the institution, that enables the team to identify and develop its review findings.

Enhancement
Using evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience.

European Standards and Guidelines
Internationally recognised standards for higher education provision which form the basis for this review method. For details, including the full text on each Standard, see www.enqa.eu/index.php/home/esg.

Facilitator
The member of staff identified by the institution to act as the principal point of contact for the QAA Officer who will be available throughout the review to assist with any planning, questions or requests for additional documentation.

Good practice
A process or way of working that makes a particularly positive contribution to the student learning experience within the context of the provider.

International Programme Accreditation Mark
An electronic badge that providers with a successful outcome are permitted to use by QAA, which is intended to assure the public that the programme has undergone a review and achieved a successful result through an independent, external quality assurance process.

Judgement
The formal decision(s) made by a review team on whether the programme meets the IPA criteria.

Lines of enquiry
Areas that the review team intend to explore further during the review process through requests for additional information and/or through obtaining oral testimony during the visit.

Mid-cycle review
A core follow-up activity, two to three years after the review, of how the institution has responded to review outcomes.

Peer reviewers
Members of the review team who make the decisions in relation to the review of the institution. Peer reviewers have experience of managing quality and academic standards in higher education or have recent experience of being a student in higher education.

Programme
This refers the full package of teaching, learning and assessment that leads to the achievement of the approved learning outcomes which qualifies the student for the specified award (normally a bachelor's, master's or PhD).

Programme specification
This is the document that details the syllabus for the approved/validated programme together with its learning outcomes. Some institutions do not have all information in a single document such as a programme specification so you may need to submit several documents that cover the expected content of a specification.

Quality assurance
The systematic monitoring and evaluation of learning and teaching, and the processes that support them, to make sure that the standards of academic awards meet the necessary standards, and that the quality of the student learning experience is being safeguarded and improved.

QAA Officer
A member of QAA staff who is responsible for managing all stages of the review, including liaison with the review team and the facilitator.

Recommendation
When a review team considers the provider should (or should consider) changing a practice, policy or a process to address a weakness or shortcoming. Recommendations cover areas where corrective action and/or improvement/ enhancement is ee e . A recommendation could have a particular timescale attributed.

Stakeholders
This refers to any people who contribute to the delivery and quality assurance of the programme e.g. students, academic staff, professional support staff, alumni, local employers, members of the community, placement and internship providers, representatives of professional bodies.

SWOT analysis
This is a brief assessment of the strengths, weaknesses, opportunities and threats related to the programme being accredited. More detail is provided in the self-evaluation document template.

Unit
This term is used within the IPA documentation to refer to an academic department, faculty, School or other such division within which the programme being reviewed is managed and quality assured. Whilst quality assurance will take place at many levels of the institution, the 'unit' is the operational level where the day-to-day delivery and monitoring take place.

Reference points
Statements and other publications such as national qualifications frameworks that establish criteria and standards against which performance can be measured.

Self-evaluation document (SED)
The written submission from a provider that includes information about the institution, supported by evidence, on how it considers it meets the criteria. A template for the SED will be provided.

Visit
A series of meetings (conducted online or onsite) held by the review team over consecutive days which includes meetings with provider staff, students and other stakeholders to gather oral testimony and private meetings of the team to review documentation and discuss findings.

Published – August 2026

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