INTERNATIONAL QUALITY ACCREDITATION

Guidance for providers based outside the UK

February 2026

This review method is ESG compliant

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Action	Date	Responsibilities
Revised guidance approved	October 2023	Assessment and Reviews Group
Revised guidance approved - International Quality Accreditation	January 2026	Assessment and Reviews Group

The Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) 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 Quality Accreditation (IQA)[1]. 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 (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 IQA is available to international providers of higher education based outside of the UK. It is a voluntary activity, undertaken by providers who seek an independent review that focuses on accountability and enhancement. It provides a service for institutions that wish to undergo a cyclical quality review aligned with international standards - namely the Standards and Guidelines for Quality Assurance in the European Higher Education Area (the ESG)[2] and results in a published QAA report with actionable insights into quality and standards arrangements.

4 IQA reviews your quality assurance and enhancement processes as a whole; it does not normally review or accredit individual courses or subjects. Should you wish to pursue accreditation of individual courses or subjects we can discuss this with you at the enquiry stage. An IQA review is not a pre-requisite for programme-level accreditation although providers that have undertaken IQA, or its predecessor International Quality Review (IQR), are likely to experience a more straightforward programme accreditation process than those without a previous institutional level review. In some cases, programme accreditation may be incorporated into an IQA review depending on the volume and complexity of the courses for which accreditation is sought.

5 IQA 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.

6 QAA recognises that providers may wish to pursue IQA for various reasons. This could be to demonstrate their commitment to external scrutiny and quality enhancement or as a catalyst for internal improvement or to assure stakeholders of their adherence with internationally recognised expectations for internal quality assurance. Such stakeholders

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[1] Previously referred to as International Quality Review (IQR)
[2] ESG_2015.pdf (enqa.eu)

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.

7 Accreditation is the outcome of the IQA process. Accreditation is conferred by QAA on all institutions who have completed a review with an outcome that demonstrates they meet all ESG Part 1 standards. Accreditation demonstrates that your quality assurance processes are not only effective, but also comparable with international best practice. QAA will formally recognise your institution's accreditation by providing a certificate.



8 A successful IQA review also means that you are eligible to display the QAA International Quality Accreditation Mark which is part of our commitment to improving public understanding of higher education standards and quality. You can display this mark on your website and marketing materials to assure the public that you have undergone a review and achieved a successful result through an independent quality assurance process. You will also be provided with a certificate verifying QAA's accreditation of your management of quality assurance and standards. Use of the International Quality Accreditation Mark is subject to terms and conditions that we will supply following the successful outcome of your review.

9 Our work and review methods are informed by the European Higher Education Area and Bologna process.[3] This means a commitment to the fundamental values of:

- institutional autonomy;
- academic freedom and integrity;
- participation of students and staff in higher education governance;
- and public responsibility for and of higher education.

10 Our approach and methods are designed to meet the standards and reflect the guidelines set out in the ESG. To this end, IQA reviews institutions against the Standards for internal quality assurance in Part 1 of the ESG (Annex 5). It is also designed to align with the Standards for external quality assurance outlined in Part 2 of the ESG, by being reliable, useful, predefined, implemented consistently and published.

11 IQA draws upon our experience, honed over more than a quarter of a century, of conducting external reviews of providers in the UK and beyond. Comparability with other methods is achieved through the use of internationally recognised reference points in the sector, the use of peer reviewers that are trained and supported in conducting reviews, and

[3] https://eua.eu/issues/10:bologna-process.html

through our internal quality assurance mechanisms to ensure consistent judgements and outcomes. It supports our work on behalf of the sector to protect the global reputation of higher education and contributes to the sharing of international best practice. For more information on the work of QAA, see Annex 1.

12 The IQA 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

13 The overall aim of IQA is to conduct an external, independent review of whether a provider aligns with European Higher Education Area (EHEA) expectations in:

- how it sets and maintains academic standards
- how it maintains a high-quality academic experience and excellent outcomes for students
- supporting continuous improvement of student outcomes and the enhancement of the student learning experience.

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

15 The objectives of IQA are to:

- provide public assurances 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 institution-wide engagement, reflection and refinement of the provider's approach to the quality assurance systems that safeguard academic provision
- provide independent evidence of a provider's approach to quality and standards that can be used with multiple stakeholders, including prospective or current academic partners or students
- enable greater institutional control over how and when to engage in external quality assurance activity

- minimise burden on providers by taking a context-specific and proportionate approach that considers other external scrutiny and regulatory activities
- ensure action is taken based on the findings of external scrutiny
- provide a basis for subsequent programme accreditation reviews if required.

Reference point for the IQA

16 IQA uses the Standards for internal quality assurance, set out in Part 1 of the ESG, as the criteria against which your institution is reviewed. Further information about these Standards can be found on the ENQA website and in Annex 5.

The 10 European Standards for internal quality assurance:

1.1 Policy for quality assurance

1.2 Design and approval of programmes

1.3 Student-centred learning, teaching and assessment

1.4 Student admission, progression, recognition and certification

1.5 Teaching staff

1.6 Learning resources and student support

1.7 Information management

1.8 Public information

1.9 Ongoing monitoring and periodic review of programmes

1.10 Cyclical external quality assurance

17 IQA recognises that you 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 ESG Standards. These are likely to include:

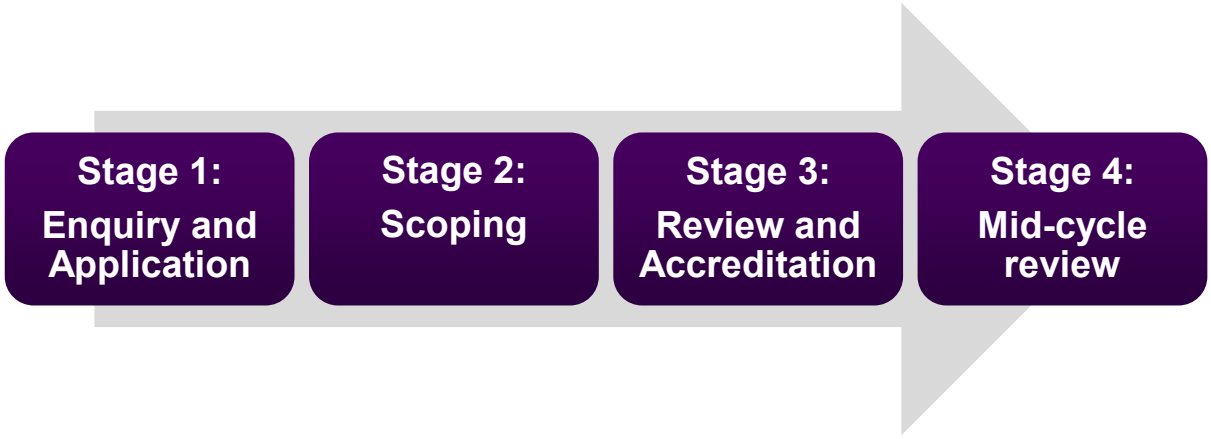
- the relevant qualifications and credit frameworks operating in your country or region
- country-specific quality assurance and regulatory frameworks
- the requirements of professional, statutory and/or regulatory bodies.

Key stages of the process

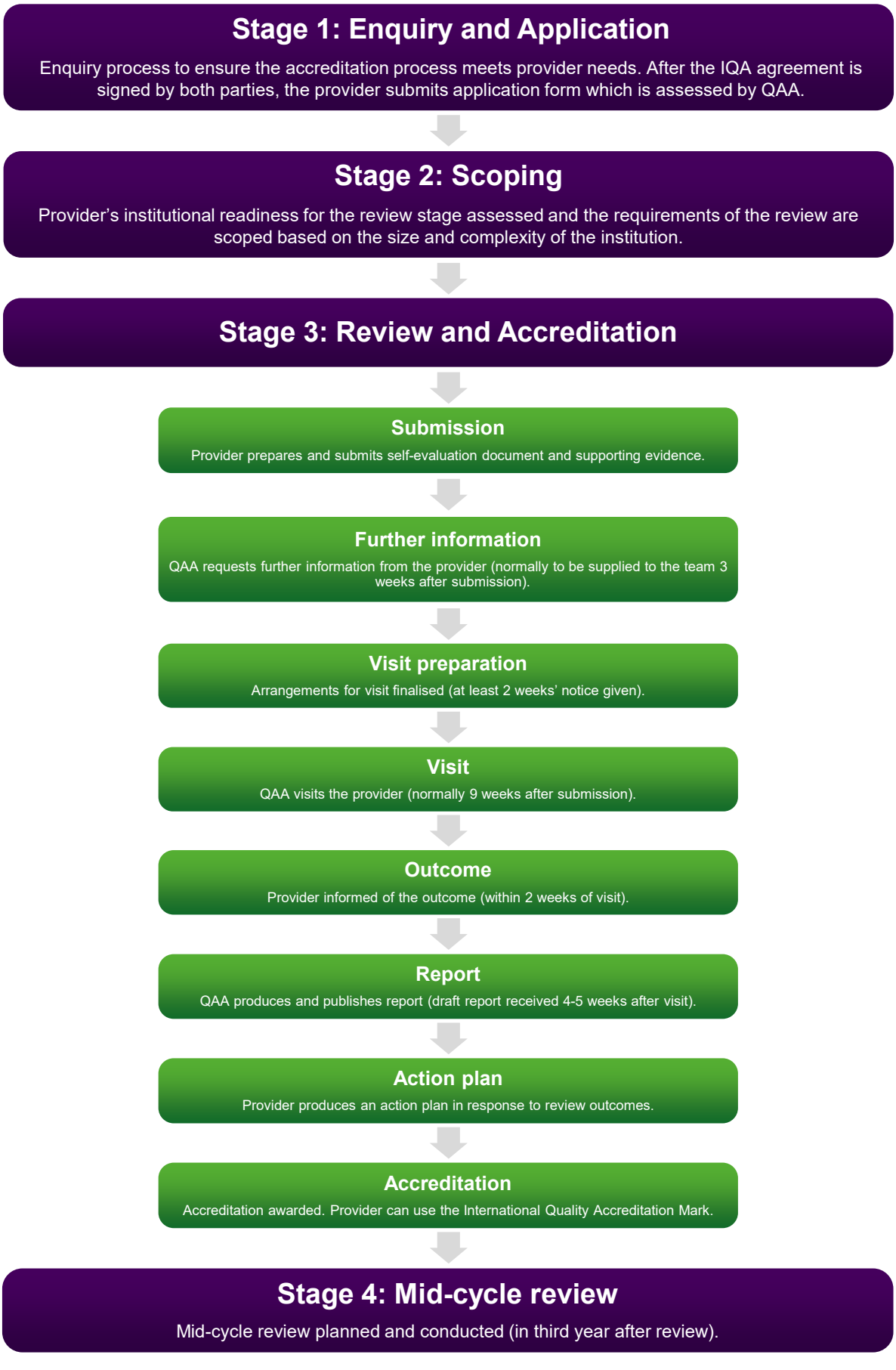
18 IQA includes an initial **enquiry and application** stage, a **scoping** stage, a core **review** element with an action plan and a further follow-up **mid-cycle review.** Further information on the review stage and the mid-cycle review is outlined below. Indicative timelines for each stage of IQA 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 IQA (or reaccreditation) approximately five years after the original review.

20 A first IQA will always include the following four sequential stages. Reaccreditation will only include stages 3 and 4.



Flow chart of key stages in the IQA process



Enquiry and Application stage

Before application	During application	After application
• Initial online enquiry meeting • Application form and draft contract supplied • Contract signed and invoice sent • Completed application form received • In-country bodies informed	• Application screened for eligibility • Additional information requested and provided (if required)	• Provider notified of outcome

Who is eligible for the review?

21 We welcome enquiries from any non-UK based higher education provider interested in undertaking a review. To help institutions understand the potential benefits, process and outputs from an IQA review, we deliver online webinars, details of which are available on our QAA website or by emailing accreditation@qaa.ac.uk.

22 To be eligible for IQA 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 your intention to pursue IQA from QAA
- Your institution has been operational for a minimum of three years at the time of application
- Your institution has recruited a minimum of three cohorts of students, at least one of which has graduated
- 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
- A significant amount of the provision your institution offers can be regarded as higher education, both in terms of student headcount and percentage of provision.

23 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.

What happens after you make an enquiry?

24 Once we receive your enquiry about commissioning an IQA review, we will conduct an initial online meeting with you, free of charge. The purpose of this meeting is to discuss your specific needs, what you hope this review and accreditation will deliver for you and to provide more information on the review process. This will involve a broad outline of the

review features, the timescales for delivery, the 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 - for example, if you are seeking a confidential review for internal audit purposes rather than a formal published review. Such services will not result in accreditation and would result in time restrictions if you subsequently wish to undertake an IQA.

25 When you are ready to apply for IQA, we will supply you with a draft contract which will outline the terms and conditions of the review, and a formal application form to prepare. We can provide you with information to support your internal processes of approval if necessary.

26 Once a contract is signed, you will receive an invoice for the application stage and the full application can be submitted. QAA will assess the application once the application fee has been received. The application form is designed to gather the information required for us to reach a decision that you meet the eligibility criteria. 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
- a list of higher education programmes/courses being offered.

27 You are expected to notify your national quality assurance authority or other relevant agency or ministry of your intention to request an IQA 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?

28 When we receive your application, it will be screened and assessed for alignment with the eligibility criteria set out above. We may seek additional documentation at this stage to complete the screening. The screening process will be completed within four weeks of receiving your application. If your application is successful, we will confirm this with you and make arrangements for the scoping stage of the process. A signed contract and payment for the scoping stage will be required at this time. If you do not match the eligibility criteria, we will provide guidance on what you need to do to address the issues raised.

Scoping stage

Before online scoping visit	During online scoping visit	After online scoping visit
• Contract and payment completed • Online preparatory meeting • Liaison between QAA Officer and provider to confirm the scoping visit arrangements • Documents for the scoping stage prepared and submitted • Desk-based analysis by the team	• Meetings with range of staff, students and other stakeholders as relevant	• Draft report to institution • Factual amendments • Final report and outcome to institution • Online meeting to discuss findings and the next stage

What is the scoping stage for?

29 The scoping stage enables QAA to determine whether your institution is suitable to proceed to the review stage so forms part of the application and eligibility process. It considers areas such as governance; external input and reference points; internal monitoring and review; external accreditation; staffing and facilities. To demonstrate your institution's readiness to progress to review, you will need to show through documentary evidence and an online visit with a QAA team, the extent to which you meet the scoping criteria. Details on the scoping criteria and supporting documentation required at this stage can be found in Annex 3. The scoping team will review the information you provide against the scoping criteria and give a view on your institutions' readiness to move to the review stage. This stage is not an assessment against the ESG but is conducted against the scoping criteria in Annex 3 and forms part of the eligibility stage before the review.

30 We also use the information gained through the scoping stage to determine the length of the review visit and the nature of the review team required, based on the size and complexity of your academic provision. It is also an opportunity for your institution to learn more about the requirements for the review stage.

31 Scoping starts shortly after a successful application and must take place within six months of completion of the application stage. The process takes place over approximately two to three months. An indicative timeline for the scoping stage can be found in Annex 2.

What happens before the online scoping visit?

The scoping team

32 Arrangements for undertaking the scoping stage begin once the application has been accepted. We will appoint a QAA Officer to coordinate the scoping process and act as the primary point of contact with your institution. You will be told who the QAA Officer is and how to contact them. The Officer can provide advice about the review process but cannot act as a consultant for your preparation for review.

33 The QAA Officer is responsible for the coordination of the scoping stage including liaising with your institution, confirming the schedule for the scoping visit, keeping a record of all discussions, preparing and editing the report, as well as analysing your documentation as part of the scoping team. You are welcome to contact your named QAA Officer throughout the scoping stage to ask questions and/or seek clarification on the process. Further details about the role of the QAA Officer can be found in Annex 6.

34 We will also appoint a reviewer to work with the QAA Officer as the second member of the scoping team. Your institution will be provided with details of the reviewer and we will ask your institution to indicate any actual or potential conflicts of interest that the scoping team might have with your institution. Further information on our approach to conflicts of interest is available in Annex 6.

The facilitator

35 We will ask you for a named 'facilitator' to act as the main point of contact for your institution. The facilitator helps to organise and ensure the smooth running of the review and improve the flow of information. The development of an effective working relationship between the QAA Officer and your institutional facilitator helps to avoid misunderstandings of what is expected of you and ensure clarity on the nature and scope of your provision. Further details about the role of the facilitator can be found in Annex 6.

Online preparatory meeting

36 The QAA Officer will arrange an online preparatory meeting with your institution. The QAA Officer will provide an overview of the scoping stage, provide an opportunity for questions and will discuss and agree the scoping timelines with you. The timeline will take account of factors such as your academic cycle, preparation schedule, major exam periods, public holidays and institutional closures to ensure that the visit fits with your other commitments for delivering the student experience. The QAA Officer will also explain and agree other operational aspects such as the documentation required and the arrangements for the uploading of evidence, the meeting schedule and participants for scoping, and the platform to be used.

37 This meeting is to prepare for the scoping visit and does not form part of the assessment.

Submission and supporting documentation

38 As part of your preparations, your institution will be asked to submit a brief evidence-based report - the Scoping Information Document - to QAA summarising:

- governance, management and committee structures
- the use of external expertise and reference points in designing and approving programmes
- internal monitoring and review systems
- any external accreditation that the institution has, including at programme level
- staffing at the institution.

39 You will be provided with a template which sets out the criteria that are used in assessing your institution’s readiness to proceed to the review stage. The Scoping Information Document that you write will be the first piece of evidence the scoping team will encounter in the scoping process. It will continue to be used throughout the scoping process, both as a source of information and as a way of navigating the supporting documentation.

40 The Scoping Information Document must be accompanied by supporting documentation as evidence. Your institution may also be asked for additional information following the team's desk-based analysis of your submission.

41 QAA may also compile information about your institution from publicly available sources. This will vary depending on your institution and may include the most recent reports relating to your institution from other national and international agencies and organisations, and other organisations with which your institution works in partnerships, and information that is freely available on your institution's website.

What happens during the online scoping visit?

42 The scoping online visit will normally take place over the equivalent of one day: this may be spread across two or three short days to take account of time differences where necessary. A sample scoping visit schedule is provided at Annex 4.

43 The scoping team will hold meetings with various groups of staff and students, and may ask to meet other stakeholders, according to a schedule agreed with the facilitator in advance. The facilitator will be responsible for arranging the necessary meetings, ensuring they start on time, and that the agreed participants attend. Questions will be based upon the scoping criteria. The scoping team will adhere strictly to the schedule, starting and finishing meetings on time. The schedule will also allow time for the scoping team to have private team meetings. A protocol for the conduct of meetings is provided in Annex 10. You should make sure that everyone attending a meeting with the scoping team are made aware of the protocol.

What happens after the online scoping visit?

44 Following the scoping visit, we will produce a written report which we will send for your comment on matters of factual accuracy. Once we receive your comments, the report may be adjusted, and a final version will be produced. This report will include the team's view on your alignment with the scoping criteria and whether your institution should proceed directly to review. Where the criteria are not considered fully met in all areas, the team are likely to identify points for you to consider before engaging in the review stage. It is for you to determine when you wish to progress to the review stage: this can commence immediately or you may wish to pause at this point to address the report outcomes, provided that you re-engage with the process within 12 months of receiving the report. The report will not prescribe specific areas for development and will only outline areas where the scoping criteria are not fully aligned.

45 Once the final report is shared with you, the QAA Officer will have an online meeting with you to discuss the findings and advise on preparing for the review stage. This session is not to provide advice or guidance on the outcomes of the scoping visit but to ensure that you have a full understanding of the scoping team's report and can seek clarification. This meeting will also cover procedural arrangements for the next stage.

46 Your institution should not take the outcome of the scoping stage as a guarantee that it will achieve a successful accreditation outcome at the review stage. When you decide to proceed to the full review, you will need to notify us in writing, including a statement on actions that you have taken to address the findings in the scoping report. If you do not re-engage with the process within 12 months of receiving your final scoping report, we will contact to see if you wish to withdraw from IQA or to discuss a timetable for repeating the scoping stage, for which a further payment will be required.

47 The scoping is not an assessment against the ESG but against the scoping criteria that form part of the eligibility for review. The scoping report will therefore not be published, although a commentary on your institution's engagement in the scoping process drawn from the scoping report and the outcomes will feature in the published IQA report produced at the review stage.

Review stage

Before review visit

- Online preparatory meeting
- Liaison between QAA Officer and your institution to confirm the review visit arrangements
- Self-evaluation document and supporting evidence submitted
- Desk-based analysis by the team
- Additional documentation requested and supplied
- Lines of enquiry and visit schedule confirmed

During review visit

- Meetings with range of staff, students and other stakeholders as relevant
- Final clarification meeting
- Team determine outcome

After review visit

- Key findings letter sent with outcome
- Draft report to institution
- Factual amendments
- Final report and outcome to institution
- Action plan produced and analysed
- Report published
- Certification and IQA Mark issued

How long will the review stage take?

48 We will work with you to establish a timeline for the review, including deadlines for our respective responsibilities. A typical review will take 20 weeks from the date of your self-evaluation document submission to receipt of the final report, with the visit normally occurring 12 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 variations to this timeline when we confirm the contract.

What is considered by the review?

49 IQA covers all higher education awards and credit-bearing provision wherever and however it is delivered. Your review submission should cover the full range of your activity, 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, undergraduate, postgraduate taught and postgraduate research provision.

50 The IQA process explicitly reviews your institution against the Standards outlined in Part 1 of the ESG (see Annex 5).

51 In addition to this accountability against the ESG Standards, IQA also includes an enhancement focus and provides an opportunity for you to highlight what you consider you do well in relation to the Standards under review. Specifically, you will be encouraged to present examples of enhancement activity where you can demonstrate that actions taken to improve the student learning experience have had a positive impact. The review will seek to verify this potential good practice and will reflect your enhancement activity in the published

report and its outcomes. In this way, you can partly set the agenda for the focus on enhancement during the review, alongside the review of adherence to the ESG Standards.

52 You would normally be expected to select two or three enhancement initiatives for the review team to consider. These should be initiatives that demonstrate your approach to planning, implementing and evaluating enhancement activity, therefore enabling you to demonstrate a strategic approach to the management and enhancement of learning opportunities. Enhancement initiatives may be wide-ranging and encompass a number of related activities or may be specific but should always be items which you consider will be of benefit to you as areas for exploration and discussion in the review. Case studies could include: an area of challenge and how it is being addressed; a particular area of activity, such as work-based learning or personal tutoring; investment in a change initiative; or an exemplary, effective practice.

What do we mean by 'enhancement'?

53 For the purposes of IQA, we define enhancement as **using evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience**. It is recognised that enhancement takes place at multiple levels within a provider and in a range of ways. Enhancement may involve continuous improvement and/or more significant step-changes in policy and practice to improve the effectiveness of the student learning experience. It may involve the whole provider in a change or innovation at programme or departmental level.

54 We are particularly interested in your strategic intentions and plans for enhancement that take account of the diversity of your provision (student population, location, modes and levels of study) and will explore the impact of the planned changes on the student experience as part of the review.

How does the review process start?

55 We will appoint a QAA Officer to coordinate the review process, support the review team, and act as your primary point of contact. The QAA Officer can provide advice about the review process but cannot act as a consultant for your preparation for the review. You are welcome to contact your named QAA Officer throughout the review to ask questions and/or seek clarification on the process. Further details about the role of the Officer can be found in Annex 6.

56 We will ask you for a named 'facilitator' to act as the main point of contact for your institution, which may be the same individual that supported the scoping stage. The facilitator helps to organise and ensure the smooth running of the review and improve the flow of information. The development of an effective working relationship between the QAA Officer and your institutional facilitator helps to avoid misunderstandings of what is expected of you and ensure clarity on the nature and scope of your provision. Further details about the role of the facilitator can be found in Annex 6.

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

57 Once the review stage begins, the allocated QAA Officer will conduct an online preparatory meeting with your institution. Where your institution is progressing directly to the review stage, this meeting can be combined with the post-scoping online meeting outlined in paragraph 45 above. The preparatory meeting is a supportive process that is designed to fully familiarise your organisation with what to expect and how to prepare for the full 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 confirm what information you will need to make available based on your institutional context.

58 The preparatory meeting will include discussion on:

- Any changes in your institution's context for quality assurance, national regulatory requirements and/or approach to quality assurance since the online scoping visit
- The review process and the roles of those involved
- The production of the self-evaluation document and supporting evidence
- The arrangements for the site visit, including the length of visit and the site(s) to visit
- The latest details of programmes delivered and student numbers
- Information that enables QAA to determine sampling as part of the initial submission of evidence
- How students can engage in the process, including the option of a student submission
- Potential enhancement initiatives to be included in your submission.

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

Who will conduct the review?

60 We will appoint a team of three reviewers, including a student reviewer and an international reviewer, supported by a QAA Officer. The team includes reviewers that have experience of conducting external reviews, knowledge of your type of academic provision and have experience of working in, or with, similar providers to your institution.

61 All peer reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision. Student reviewers are recruited from students or sabbatical officers who 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 6.

62 Once we have identified a team, we will send you details of the selected reviewers and ask you to confirm that there are no conflicts of interest - for example, any previous associations with the individuals concerned which may conflict with their duties as members of the team. Further information on our approach to conflicts of interest is available in Annex 6.

How are students involved in the review?

63 Students are among the main beneficiaries of external review and therefore have opportunities to inform and contribute to the process throughout.

64 As noted above, all review teams will include a student reviewer who is a full and equal member, contributing in the same way as other members of the team.

65 We encourage you to involve your students in the preparations for review, including working with students to co-create your self-evaluation document and your follow-up action plan or to submit their own optional evaluation in the form of a student submission. Further information about this opportunity will be given in the preparatory meeting. We would expect you to support the participation of your students' representative body and/or individual

representatives, by providing advice and access to information. Should you wish, your student representative body can bring matters to the attention of the team separately, in writing via the QAA Officer, prior to the start of the team's desk-based analysis of the submission, which can be followed up by the team as lines of enquiry during the review.

66 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. Other meetings may be joint engagements that allow students and staff to inform the team of their role and/or experience in the enhancement initiatives noted in your self-evaluation. Wherever possible, we would encourage you to work with your representative student body in inviting the students to meet the team. We would expect the students we meet to represent the diversity of your student population in terms of the courses studied, the learning locations and method of learning (for instance, remote or on campus) and length of study undertaken to date. The team would also expect to meet with student representatives.

What do you need to produce in advance of the review?

67 You will be required to produce a self-evaluation. This is a key document and reference point for the review which sets out how you consider that you meet the Standards in Part 1 of the ESG, presents your selected enhancement initiatives for appraisal and outlines the evidence you have that supports your claims.

68 This key document will be discussed with you as part of the preparatory meeting and a template will be made available. The self-evaluation is intended to be reflective, evaluative and focused on the areas of review, with evidence carefully chosen to support the claims made. Descriptive content should be minimised to that which is necessary to provide context. Guidance on the content, how to structure the self-evaluation and any technical requirements to facilitate upload to our systems is provided in Annex 7.

69 We may also compile information about you from publicly available sources, including information that is available on your website, to provide to the review team.

What evidence will you need to provide?

70 Your self-evaluation will require supporting documentary evidence to demonstrate how you meet the baseline requirements of the ESG Standards and to demonstrate the planning and/or impact of the examples of enhancement that you put forward for appraisal.

71 The evidence you provide must be relevant to the ESG Standards under review. It should be drawn from the documentation that you routinely produce during your own quality assurance procedures. Except for the self-evaluation document, we do not expect you to create any new materials specifically for the review. Review teams will be particularly interested in how you make use of data and the evidence routinely available to you to assure, revise and enhance your provision.

72 In addition to your submission, we will ask for additional information to be supplied and will obtain oral testimony from a range of stakeholders through meetings conducted during the review visit. We will use all the evidence produced to test the operation of your approach and the claims made in your self-evaluation.

How and when should evidence be provided?

73 You will be required to upload your self-evaluation and supporting evidence electronically to a secure document library 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.

74 The QAA Officer will contact you throughout the process with any requests for additional information or evidence.[4] This can happen at any stage, although, typically you should expect to receive requests from the team at two stages: firstly, after the team has conducted its initial desk-based analysis of your self-evaluation; and secondly, in advance of the scheduled visit once the team has considered any additional information or evidence received.

75 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, which will be after the final meeting with stakeholders and before the team convenes to consider its judgements.

76 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.

How should you prepare for the visit?

77 Around four 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 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 Standards at this stage, potential good practice and/or areas to explore with regards to your approach to enhancement.

78 Shortly after the team has met, the QAA Officer will send you the lines of enquiry (areas that the team intends to explore further during the review process) 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. 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.

79 It is expected that most meetings during the visit will be conducted face-to-face. However, certain meetings can be conducted online for reasons of accessibility and inclusivity - for instance, meetings with collaborative partners who are geographically dispersed or with students who are unable to travel or who study remotely. We wish to reduce our carbon footprint where possible and so are open to discussion regarding a possible combination of onsite, online and hybrid meetings for the visit.

80 A protocol for the conduct of meetings is provided in Annex 10. We ask you to make sure that everyone attending a meeting with the team are made aware of the protocol.

[4] 'Evidence' being something which demonstrates a provider meeting, or not meeting, the ESG; and 'information' being material needed to understand or interpret the evidence.

How is the visit conducted?

81 The team will normally visit your institution onsite for three consecutive days to meet with stakeholders, although longer may be required for large and/or complex providers. 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, although additional online or onsite visits may be required for very large providers.

82 Exceptionally, we may consider conducting the whole visit online where this is considered appropriate, such as for providers who operate exclusively online or in rare cases where extreme weather, significant travel disruption or political instability make it unfeasible to attend in person. Fully online visits will only be undertaken where we can ensure that the team can validate the evidence provided and carry out meetings with different stakeholders as it finds appropriate.

What will happen at the visit?

83 The visit is likely to include meetings with academic and professional services staff, including those from partner organisations (where applicable) and employers with which your institution works. An indicative schedule of meetings in included in Annex 4. The team will also ensure that the schedule includes 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 assurance and enhancement processes. During the visit, the review team will also assess the resources available to support student learning. This assessment of resources can also be used as evidence for any subsequent review undertaken for the purposes of programme accreditation.

84 The focus of meetings during the visit will include both quality assurance aspects related to the ESG and enhancement related to the themes identified by your in the self-evaluation document.

85 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.

86 The QAA Officer will have regular contact with the facilitator by email and/or through short meetings during the visit to clarify information, discuss further evidence and/or confirm arrangements for upcoming meetings.

87 The visit will include a final meeting between the team, your facilitator and other key staff responsible for your quality assurance. 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.

88 On the final day of the visit, the team and the QAA Officer hold a private meeting to agree the judgement and report commentary for each applicable ESG Standard, including any statements of good practice, conditions and/or recommendations for improvement.

When will you know the outcome of the review?

89 Within two weeks from the end of the visit, the QAA Officer will send you a letter outlining the key outcomes of the review. This will be followed by the draft report which will

provide further detail and explanation on the decisions made by the team.

What will the review report include?

90 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 judgement, and reasoning for this judgement, against each of the relevant Standards in Part 1 of the ESG. 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 the 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 9.

91 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?

92 IQA provides the following outcomes:

- a clear judgement on whether the provider **meets** or **does not meet** each of the Standards in ESG Part 1 for internal quality assurance
- an overall judgement expressed as one of the following:
  - meets the Standards
  - meets the Standards, subject to meeting specific conditions
  - does not meet the Standards
- specific conditions (where required)
- recommendations for improvement (where appropriate)
- statements of verified good practice (where appropriate).

93 Where one or two Standards are not met, the team may decide to set specific conditions that enable a successful IQA outcome to be achieved. Conditions will only be set where they relate to a very small number of weaknesses that, while potentially significant, only impact on the one or two Standards identified. The team will only set conditions if it considers that the weaknesses can be rectified in a short space of time (up to 12 months) and in a way that can be sufficiently analysed through a short desk-based exercise following a subsequent submission of evidence demonstrating the actions you have taken. Where the concerns identified are not considered by the team to have been addressed after 12 months, a 'does not meet' overall judgement will be made.

94 Where specific conditions are not considered appropriate by the team, or where more than two Standards are not met, the team will consider the review to be unsuccessful and judge that you do not meet the Standards and therefore cannot achieve QAA accredited status (see paragraphs 105-107 below).

95 The QAA Officer advises and guides the review team in its deliberations to ensure that the decisions and the overall conclusion are securely based on the evidence available and that each review is conducted in a consistent manner. We also use a staged internal quality process to ensure that the judgements reached by the team are aligned to the method and that there is consistent interpretation of the relevant Standards to ensure comparable judgements are made across providers. This involves QAA colleagues who have not been

directly involved in your review and who have expertise in reviews and in producing reports, although the final judgements made will represent those of the team.

96 Further information on the judgements, outcomes and assessment criteria used are available in Annex 8.

What is considered a successful outcome?

97 A 'meets the Standards' is a positive judgement and may be accompanied by several recommendations and statements of good practice. This outcome allows your institution to be awarded QAA accredited status.

98 A 'meets the Standards subject to meeting specific conditions' is a provisionally positive judgement. The specific conditions (as defined in Annex 8) attached to the judgement will clarify the issues identified and indicate follow-up action that will be required within 12 months to complete the review. This judgement does not preclude recommendations and statements of good practice also being made. This outcome allows your institution to be awarded QAA accredited status when the conditions have been met.

99 A judgement of 'does not meet the Standards' is considered a negative judgement and is likely to be accompanied by several recommendations. This judgement does not preclude statements of good practice also being made. This outcome means your institution cannot be awarded QAA accredited status.

100 In all cases, a satisfactory action plan is required to complete the review stage. You will be required to provide an action plan within six weeks of receiving the draft report.

What happens if you do not achieve a 'meets' judgement?

'Meets the Standards subject to meeting specific conditions' judgement

101 With a 'meets the Standards subject to meeting specific conditions' judgement, the review will be extended by a maximum of 12 months to allow you to address the issues identified. You will be required to provide an action plan within four weeks of receiving the draft report. This should outline your plans for addressing the specific conditions set by the team as well as responding to any other recommendations and outlining plans to capitalise on any good practice identified. We will consider your action plan to determine, in our professional opinion, whether it is credible and achievable in relation to the issues identified.

102 When you have completed the actions regarding the conditions, you will be required to upload your revised action plan with a 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.

103 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 Standards are now consequently met, and your institution is 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.

104 Where the revised final report includes a 'meets the Standards' judgement, the report will be published (see paragraph 112 below). 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 Standards' judgement and the process outlined below will apply as follows.

'Does not meet the Standards' judgement

105 With a 'does not meet' judgement you are entitled to appeal the outcome (see paragraph 111 below). Where you choose not to appeal, or where your appeal is unsuccessful, the final report you received will be published. For more information on the appeal process see Annex 12.

106 You will be required to provide an action plan within four weeks of receiving the final report. This should outline your plans for addressing the issues identified by the team as well as outlining plans for any good practice identified. We will consider your action plan to determine, in our professional opinion, whether it is credible and achievable in relation to the issues identified.

107 You are entitled to request a partial review to enable reconsideration of the judgements in light of actions taken to address the issues raised (see paragraphs 108-110 below). The timing and costs of this will be discussed with you based on when you expect to be able to demonstrate that the issues have been addressed.

What is a partial review?

108 A partial review is a follow-up requirement should your review result in a judgement of 'does not meet the Standards' (or unsatisfactory progress in the case of the mid-cycle review). A partial review provides an opportunity for you to demonstrate to the team how you have resolved the areas of concern through actions you have taken and enables the original judgements to be re-evaluated.

109 If you opt for a partial review, the scope, nature and intensity of the partial review will be considered by us on a case-by-case basis in light of the issues identified in the report and we will liaise with you on the timings for the activity. A partial review will involve the submission of a further self-evaluation addressing the issues identified in the original report. This will be subject to a desk-based analysis with all, or some, of the original team (including the student reviewer), followed by an online or onsite visit to the institution to discuss progress on the issues identified.

110 The original report will be updated to reflect the findings of the partial review. If the partial review is successful, this will result in the overall outcome being changed to either 'meets the Standards' or 'meets the Standards subject to meeting specific conditions' and the process will continue as outlined for those judgements as above. Examples of good practice could also be identified at this stage. If not successful, the report will be updated but the original judgements will remain unchanged.

What if you disagree with the judgements and reasoning in the final report?

111 We have formal processes for receiving complaints about the operation of our services and for appeals against unsatisfactory judgements. 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 12.

When and where is the report published?

112 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 9.

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

114 IQA 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 Quality Accreditation Mark on your own website and materials.

What is the QAA International Quality Accreditation Mark?

115 The International Quality 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 Quality Accreditation Mark on the homepage 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 Accreditation Mark, together with the terms and conditions of use.

What is required by way of an action plan and follow up?

116 Following receipt of the draft report, we expect you to start working on an action plan to address any conditions or recommendations and to outline how you intend to capitalise on any good practice. As with the self-evaluation, we would expect students to be involved in the development of your action plan.

117 You will typically have six working weeks from receipt of the draft report (or from receipt of the final report in the case of an appeal) to produce an action plan. The action plan should indicate the timescale for when you consider the actions will be completed (which, for 'meets the Standards subject to meeting specific conditions' judgements, must be within 12 months from receipt of the draft report). If you submit your action plan before this deadline, we will commence our consideration of the plan earlier if possible. We will confirm whether, in our professional option, the action plan is fit-for-purpose and provides an adequate basis for you to achieve progress.

118 We do not specify a template for the action plan because we recognise that each institution will have its own way of planning. Action plans should, however, follow common principles of good practice in having actions that are specific, measurable, achievable, realistic and time bound. We ask that the action plan is published on your institution’s website and that you supply QAA with the link, which will be published alongside the report published on QAA’s website. Guidance on producing an action plan can be found in Annex 11.

What if your action plan is not considered suitable?

119 Where the action plan you submit is not, in our professional opinion, considered fit-for-purpose in addressing the outcomes of the review (conditions, recommendations and

statements of good practice), we will make suggestions for improvement and request an amended version.

120 If, without good reason, you do not provide an action plan within the required timescale or engage with addressing feedback from us on the action plan, we will reconsider the overall outcome of the review and the right to use the QAA International Quality Accreditation Mark. This applies even if you initially had a successful review outcome.

How can you feedback on your experience of the review?

121 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.

122 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 IQA experience should they wish to do so.

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

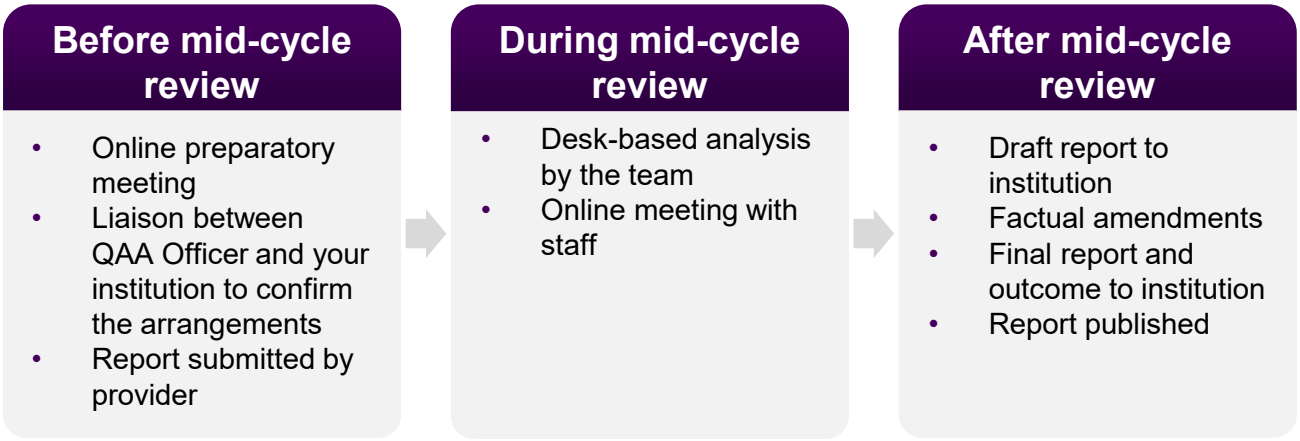
123 Complaints are separate to appeals and can be made at any time during the process. We have a formal process for receiving complaints about our operation of services. Further details of the QAA complaints process are available in Annex 12.

What if your circumstances change after the review?

124 Once you have received accreditation, we ask that you keep us informed of key changes at your institution, such as changes in the head of institution or quality assurance contacts and/or your legal or trading names so that we our records can be maintained. More significant changes should also be reported so that we can determine any potential impact on your accredited status. This might include changes such as relocation to another site, a merger with another provider, or a significant change or deviation from the strategic plan presented at the last review or mid-cycle review in the type/volume of provision and/or the number of student enrolments. 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.

125 After you have been accredited by QAA, you will become subject to QAA's International Quality Accreditation Concerns Scheme. Guidance on this Scheme is published separately. If QAA becomes aware of information 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.

Mid-cycle review stage



What is the mid-cycle review stage for?

126 The mid–cycle review stage enables QAA to review progress against the action plan submitted at the end of the review stage. It provides an opportunity for you to receive feedback on how you are addressing the recommendations and any features of good practice found during the review. It is also required to demonstrate adherence to Part 2 of the ESG which requires follow-up activity. A successful mid-cycle review is required to retain the QAA Institutional Accreditation Mark for the full five years granted by QAA.

127 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?

128 Mid-cycle review occurs in the third year of accreditation after you have received your IQA review (or IQR). We will contact you nine months before the mid-cycle review is due and the dates for the review can be mutually agreed to fit with your institutional priorities. You will be informed of your QAA Officer's name and contact details, and they will work with you to discuss and agreed the arrangements, conducting an online preparatory meeting to brief you on the requirements. Wherever possible this will be the same Officer that was involved in your previous review.

129 We will ask you for a named contact to act as the main point of contact for your institution during the mid-cycle review. The 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?

130 The mid-cycle review is an online activity featuring a desk-based review of the documentation that you provide (see paragraphs 131-132) and normally includes a short online meeting with key staff at your institution 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?

131 You will be required to submit an evidence-based report on how you have addressed the items in your action plan and provide evidence that demonstrates implementation and, wherever possible, the impact, on the outcomes of your quality and standards activities and/or the student experience.

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

- any major changes in the structure and organisation of the institution since the review
- key strategic developments (for example, in learning and teaching, research or information management) since the review
- actions taken to address the recommendations identified in the review
- actions taken to further any features of good practice identified in the review
- the impact on the institution of engaging in the IQA review process to date
- the institution's intentions for the further development of quality assurance procedures and for the enhancement of learning opportunities.

133 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?

134 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?

135 The mid-cycle review results in a written report to you on the findings. This sets out QAA's conclusions about the progress made against the recommendations in the IQA report and highlights perceived strengths and weaknesses in current and future plans for quality assurance and enhancement. The report will also propose a conclusion regarding the continuing validity of the QAA accreditation.

136 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.

137 The report will include one of the following outcomes:

- your institution is making **satisfactory progress** with the implementation of your action plan since the last successful review
- your institution is **not making satisfactory progress** with the implementation of your action plan since the last successful review.

138 Where the report concludes that your institution is making satisfactory progress since the successful review, the period of validity of the accreditation will be confirmed to the end of the five-year accreditation cycle.

139 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 Institutional Quality Accreditation Mark until the end of the five-year accreditation cycle.

What if your institution is not deemed to be making satisfactory progress?

140 If the mid-cycle review report indicates you are not making satisfactory progress with the implementation of your action plan and/or indicates the existence of potentially serious issues in your institution's management of quality and standards, which may bring into question your alignment to the ESG Standards, you may need to undertake a further engagement known as a partial review in order to maintain accreditation (see paragraphs 108-110). Use of the QAA International Quality Accreditation Mark may be withdrawn if you fail to engage in such activity.

141 A partial review provides an opportunity for you to demonstrate to the team how you have resolved the areas of concern through actions you have taken.

142 The scope, nature and intensity of the partial review will be considered by us on a case-by-case basis in light of the issues identified in the mid-cycle report and we will liaise with you on the timings and fee for the activity. A partial review will involve the submission of a further self-evaluation addressing the issues identified in the mid-cycle report, which may require commentary and evidence against specific ESG standards in addition to the areas covered by the review action plan. This self-evaluation will be subject to a desk-based analysis with all, or some, of the original mid-cycle team. Depending on the concerns raised, a visit to the institution may be required as part of the partial review process.

143 The original mid-cycle report will be updated to reflect the findings of the partial review. If the partial review is successful, 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 Quality Accreditation Mark will be withdrawn.

Reaccreditation

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

144 IQA 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 event without having to go through all three stages of the original accreditation process such as application and scoping. If accreditation has lapsed and you then wish to become reaccredited, you would be treated as a new institution and be required to complete the full four-stage process outlined in paragraph 18.

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, through building strong partnerships, we both enhance and promote the reputation of UK higher education and provide services to higher education institutions, agencies and governments globally, in full alignment with Standards and Guidelines for Quality Assurance in the European Higher Education Area (the ESG).

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 ESG.

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. We seek to encourage engagement with other Bologna expectations, including means to enable mobility.

Annex 2: Indicative timelines for each stage

Application timeline

Time	Activity
Week 0	• Contract signed and invoice paid • Your institution submits application documentation
Week +1	• QAA Officer initial screening check and request for additional documentation (if required)
Week +2	• Supplementary documentation received (if required)
Week +3	• QAA Officer completes initial screening • QAA holds a screening panel meeting to decide whether your application can proceed to the next stage
Week +4	• QAA sends letter confirming outcome and next steps

Scoping timeline

Time	Activity
Week 0	• Contract signed and invoice paid • QAA allocates a QAA Officer
Week +2	• Preparatory meeting held between QAA Officer and your institution • Scoping visit scheduled and QAA scoping team sourced
Week +4	• Your institution uploads scoping documentation to QAA's secure electronic site • QAA team begins desk-based analysis
Week +5	• QAA team reviews scoping documentation • QAA team requests additional documentation (if required)
Week +6	• Your institution uploads additional documentation
Week +7	• QAA team continues desk-based analysis • QAA team prepares for online scoping visit
Week +8	• **Online Scoping visit takes place**
Week +10	• Draft report to your institution
Week +11	• Receipt of your institution's comments
Week +12	• Final report sent to your institution • QAA Officer conducts online meeting to discuss scoping outcome and next steps

Review and accreditation timeline

Time	Activity
Week 0	• Your institution confirms decision to proceed to review stage and makes payment • QAA allocates a QAA Officer and informs your institution
Week +2	• Preparatory meeting between QAA Officer and your institution • Review schedule confirmed
Week +4	• Review team agreed with your institution
Week +6	• Your institution uploads a self-evaluation document (SED) with supporting documentation to QAA's secure electronic site • Review team begins desk-based analysis
Week +9	• QAA Officer requests any additional documentation
Week +12	• Your institution uploads additional documentation • Review team continues desk-based analysis
Week +13	• Review team holds its first team meeting to discuss the outcome of the desk-based analysis, 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 +15	• Your institution uploads additional documentation and confirms attendee lists for the visit • QAA prepares for the review visit
Week +18	• **Review visit takes place**
Week +20	• QAA review team prepares draft report • Draft report goes to QAA internal moderation
Week +22	• QAA Officer sends draft review report to your institution for factual accuracy check
Week +24	• Receipt of your institution's comments
Week +28	• Review report finalised and signed off by QAA • Action plan received and checked
Week +30	• QAA sends outcome letter and final report to your institution confirming accreditation. • QAA publishes final report on QAA website

Stage 4: Mid-cycle review timeline

Time	Activity
Week 0	• Preparatory meeting between QAA Officer and your institution • Review schedule confirmed
Week +2	• Review team agreed with your institution
Week +4	• Your institution uploads a brief evidence-based report with supporting documentation to QAA secure electronic site • Review team begins desk-based analysis
Week +5	• Additional evidence requested (if required) for submission in advance of the meeting
Week +6	• Review team conduct meeting with key institution staff
Week +7	• QAA review team prepares draft report • Draft report goes to QAA internal moderation
Week +9	• QAA Officer sends draft review report to your institution for factual accuracy check
Week +10	• Receipt of your institution's comments
Week +11	• Review report finalised and signed off by QAA
Week +12	• QAA sends outcome letter and final report to your institution • QAA publishes final report on QAA website

Annex 3: Criteria and supporting documentation for scoping stage

1 Governance

1.1 The institution should be able to demonstrate oversight of its strategic development and financial affairs by key stakeholders.

1.2 There should be a clear management structure for discharging executive functions.

1.3 The committee structure should encourage involvement in the deliberation of key academic issues, including quality and standards. There should be clear reporting lines to senior decision-making bodies.

2 External input and reference points

2.1 The institution should be able to indicate how it makes use of external input and reference points in the management of its academic programmes.

2.2 Academic programmes should be mapped against recognised qualifications frameworks.

2.3 The institution should show engagement with academic and professional networks and organisations.

3 Internal monitoring and review

3.1 The institution should be able to detail how it regularly monitors its academic programmes - including feedback from staff and students.

3.2 There should be established systems for annual and periodic monitoring and review, including action planning.

4 External accreditation

4.1 If appropriate, the institution should provide information about recent accreditation activities by external agencies and/or professional bodies.

4.2 Students and other stakeholders should be aware of the accreditation status of relevant programmes.

5 Staffing

5.1 The institution should employ appropriately qualified staff to deliver its academic programmes.

5.2 Staff should be up-to-date and knowledgeable in their academic discipline and should engage in scholarly activity.

5.3 The institution should have sufficient professional and administrative staff to support the academic programmes.

6 Any other information

6.1 Details of relationships with validating higher education institutions and other organisations - including UK partnerships.

6.2 Engagement with the European Standards and Guidelines and the Bologna expectations.

6.3 Overview of facilities to support higher education provision.

The following evidence (or equivalents) are likely to be required for the scoping stage:

Criteria	Evidence required
Governance	• Organogram of management structure • A committee diagram with reporting lines.
Externality and reference points	• Evidence of external involvement, including course planning and approval • Confirmation of the official recognition of programmes and qualifications • Evidence of involvement of staff with other institutions and with academic networks.
Internal monitoring and review	• Evidence of systematic monitoring and review of programmes • Evidence of student evaluation of modules and programmes.
External accreditation	• A list of all external accreditation, including dates of approval • Details of accreditation status included in publicity material.
Staffing	• List of staff with details of status (full-time/part-time) and qualifications • Staffing structure • Policies regarding staff recruitment and appointment • Policies regarding staff development/CPD • Policies regarding staff performance review.
Any other information	• Evidence of signed agreements with other institutions or organisations • Examples of programme structure and qualifications, including certificates • An online tour of key facilities and resources • Plans of staffing, facilities and learning resources • Policies and procedures regarding the review of facilities and learning resources.

Annex 4: Sample schedule for the scoping and review visits

Stage 2: Scoping visit

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

Time	Day 1
09:30-11:00	**Meeting 1** with Head of Institution and Senior Management Team, including senior staff responsible for quality assurance and enhancement, to include a presentation by your institution of no more than 15 minutes.
11:00-11:30	QAA team private meeting.
11:30-12:30	**Meeting 2** with a representative group of students and alumni.
12:30-13:30	QAA team private meeting and lunch.
13:30-14:30	**Meeting 3** with academic and professional support staff.
14:30-15:30	QAA team private meeting.
15:30-16:30	**Meeting 4** - final meeting with main contact and other members of the Senior Management Team as appropriate to: • Provide general feedback on the scoping findings • Explain next steps and timelines • Comments from the provider.

IQA Review visit

A typical schedule for a three-day review visit 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 head of the institution.
10:30-11:00	QAA team private meeting.
11:00-12:00	**Meeting 2** with the senior management team.
12:00-13:30	QAA team private meeting and working lunch.
13:30-14:30	**Meeting 3** with a representative group of students.
14:30-15:00	QAA team private meeting.
15:00-16:00	**Meeting 4** with academic teaching staff involved in teaching.
16:00-16:30	QAA team private meeting.
16:30-17:00	Meeting with facilitator.
17:00	Departure of review team.

Times	Day 2
08:30-09:30	QAA team private meeting.
09:30-10:30	**Meeting 5** with staff from professional support teams.
10:30-11:00	QAA team private meeting.
11:00-12:00	**Meeting 6** with stakeholders - employers, graduates and any other appropriate interested parties.
12:00-13:30	QAA team private meeting and working lunch.
13:30-15:30	**Site visits** including meeting with staff providing support where relevant.
15:30-16:30	QAA team private meeting.
16:30-17:00	Meeting with facilitator.
17:00	Departure of review team.

Times	Day 3
08:30-10:00	Review team arrival and preparation for final meeting.
10:00-11:00	**Meeting 7** - final meeting with senior staff with responsibility for quality.
11:00-12:30	**Review team meets privately to agree key findings** The key findings consist of: • the overall judgement about whether the institution meets the ESG standards • specific conditions • recommendations • features of good practice.
12:30	Working lunch for review team.
13:00 onwards	**Review team final meeting continues** *Note: This meeting does not have any time restrictions.*

Annex 5: ESG Standards Part 1

IQA uses the Standards for internal quality assurance, set out in Part 1 of the ESG, as the criteria against which your institution is reviewed. Further information about these Standards, including detailed guidelines, can be found on the ENQA website.

The Part 1 Standards are also listed on our website here.

Annex 6: 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, 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 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
- produce 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 enhancement 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. 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 (and, where appropriate, 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 7: Self-evaluation and supporting evidence for review stage

Main functions of the self-evaluation document

Self-evaluation supports the emphasis on autonomous institutions bearing responsibility for quality assurance. Evidence of an institution's ability to be critically self-reflective and to keep its own processes and practices under review itself 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 an institution's capacity to reflect and evaluate its quality assurance arrangements 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 institution, including its background and experience in managing quality and standards
- to demonstrate that you have evaluated your institution's approach to quality assurance through the selection of evidence that you consider best presents and explains how you know your approach to quality assurance is effective
- to explain to the review team how the evidence you have selected demonstrates that your institution meets the ESG Standards
- to present your approach to enhancement and identify enhancement initiatives to be analysed by the review team
- 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 Standards 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, including the enhancement initiatives to be explored by the team in detail. 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

In producing the self-evaluation, you are encouraged to consider and reflect on the following fundamental quality assurance 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 shows your evaluation and that demonstrates the outcomes of your quality assurance activity in relation to the ESG Standards.

Supporting evidence is essential in enabling a review team to determine whether the relevant Standards have been demonstrated. The evidence you select to demonstrate how you meet the Standards should be specific, proportionate and reasonable. Wherever possible, this evidence should be drawn from documentation that you routinely generate in the course of your quality assurance arrangements and include the evidence and data that you normally use in identifying your strengths and challenges. Except for the self-evaluation, we would not expect new documentation to be produced specifically for the purposes of an IQA 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.

The format of the self-evaluation can be determined by you, although an optional template, which includes an outline of indicative evidence for each ESG Standard, is available from QAA and will be shared with you at the briefing stage. A suggested structure for the self-evaluation is provided below.

Brief description of your institution

A summary, or signposting, of key information about your institution that provides context for the review team. This would typically include:

- your institution's mission and ethos
- recent major changes (or changes since the last QAA review where relevant)
- strategic aims or priorities
- key challenges your institution faces
- implications of changes, challenges, strategic aims or priorities for safeguarding academic standards and the quality of student learning opportunities
- details of the external reference points, where relevant, that your institution is required to consider (for example: national requirements, the requirements of professional, statutory and regulatory bodies, and qualification frameworks)
- number of students and staff (managerial, academic, professional services staff)
- outline of any contractual agreements with awarding bodies/validating bodies; subcontracting arrangements and respective responsibilities
- outline of organisational structure (for example: departments, directorates)
- previous external quality assurance activities, including any outcomes and progress made against any recommendations and/or good practice.

Quality assurance in relation to the ESG Standards

A clear presentation of the evidence that, in your opinion, best demonstrates how you meet the Standards and any good practice in your approach to meeting these Standards. This part of the self-evaluation would typically be organised with a section for each ESG Standard and care should be taken to ensure that the information provided is relevant and specific to that ESG Standard.

The ESG Standards set out agreed and accepted practice for quality assurance in higher education in the European Higher Education Area (EHEA) and should, therefore, be taken account of and adhered to by those concerned, in all types of higher education provision in compiling the self-evaluation. The exact wording and terms used in the Standard are

important when determining the information and evidence to make available and should be carefully considered in the production of the self-evaluation.

The ESG guidelines explain why the Standard is important and describe how Standards might be implemented. 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 for each Standard should be carefully considered in producing the self-evaluation to understand the typical scope and areas to cover.

For each ESG Standard, this section of your self-evaluation would typically include:

- an explanation of the evidence that you have selected from within your institution that you consider best demonstrates that the Standard is met and where you consider there to be good practice
- clear referencing to the specific parts of this evidence that are relevant and which will assist the review team in forming a judgement on whether you satisfy the ESG Standard.

You are encouraged to include what you are particularly proud of which is relevant to the specific ESG Standard, but this is additional to having demonstrated alignment with the Standard. The review team can then consider and confirm this as good practice in the report although, to do this, the claim will need to be substantiated by clear and robust evidence.

Context for enhancement

This section would normally outline the context for enhancement at your institution which may include:

- your overall strategy, plans, policy and practice in relation to enhancement
- roles and responsibilities
- holistic approach to evaluation of the success and impact of enhancement activity.

QAA expects that providers undertake evaluative activity on an ongoing and routine basis that informs their approach to enhancement. The review will explore the range and overall effectiveness of ongoing and routine evaluative activities and is expected to draw on existing documentation wherever possible, so it is not envisaged that supporting evidence will involve the development of new documents.

Enhancement initiatives

You are encouraged to put forward two to three enhancement initiatives to be analysed by the review team. These may then result in statements of verified good practice within the report where these are found to be making a positive contribution to the student learning experience within the context of your institution. The presentation of these can be determined by you but, for each enhancement initiative, this is likely to include information, and supporting evidence that:

- provides an outline of the enhancement initiatives and their aims
- shows the planning, implementation and/or the evaluation of the enhancement initiatives
- explains the involvement of students in planning, implementation and evaluation
- gives details of the implementation of the enhancement initiative, including any challenges and solutions identified and introduced
- includes evaluation of the benefits to the student learning experience.

Referencing

The self-evaluation should include clear references to the 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 self-evaluation and 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 8: Judgements, outcomes and assessment criteria for the review stage

Review judgements are based on evidence and the balance of probability, 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
- discussing topics with staff and students and other stakeholders during the visit
- analysing and reflecting on those documents and discussions.

The judgement matrix below shows how the team determines findings:

STEP 1 **Determine the outcome for each Standard**	
Your institution demonstrates that it meets a Standard if either of the following statements is true:	**Your institution demonstrates that it does not meet a Standard if either of the following statements is true:**
There are no recommendations for improvement in relation to this Standard. **OR** Any recommendations for improvement do not relate to issues that, individually or collectively, present any serious risks* to the meeting of this Standard, 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 structural, operational or procedural change • the requirement to complete activity that is already underway in a small number of areas that will allow your institution to meet the Standard more fully • the institution's practices to drive improvement and enhancement. *Some moderate risks may exist and these must be addressed in your institution's action plan in order to avoid more serious problems developing over time.	There are recommendations for improvement in relation to this Standard and these relate, either individually or collectively, to: • weakness in the operation of part of your institution's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to quality assurance in your institution's planning processes • quality assurance procedures that are not applied rigorously enough. **OR,** more seriously to: • ineffective operations of parts of your institution's governance structure (as it relates to quality assurance) • significant gaps in policy, structure or procedures relating to your institution's quality assurance • breaches by your institution of its own quality assurance procedures.

There may be findings of good practice identified in relation to both judgements. A Standard may be met without any good practice. A finding of good practice does not guarantee that a Standard is met.

STEP 2 Determine the overall judgement		
Meets the Standards	**Meets the Standards subject to meeting specific conditions**	**Does not meet the Standards**
All 10 Standards have been met.	Up to two Standards have not been met. Condition(s) are set that need priority action by your institution within 12 months to ensure the Standard is met.	More than two Standards have not been met.

Conditions

We may decide to set specific conditions that enable a successful outcome to be achieved. They will only be set where they relate to a very small number of weaknesses that, while potentially significant, only impact on whether the one (or at most two) Standards are met. The team will only do this if they consider that the weaknesses can be rectified in a short space of time and in a way that can be sufficiently analysed through a brief desk-based exercise following specific actions undertaken by your institution and a subsequent submission of further evidence.

Recommendations

We may make recommendations where the team agrees that your institution should change, or consider changing a practice, policy or a process in order to address a weakness or shortcoming.

Statement of good practice

We may identify statements of good practice where the team identifies a process or way of working that makes a particularly positive contribution to the student learning experience within the context of the provider.

Actions following receipt of outcome



Annex 9: The review report

Content of the report

A consistent template will be used for all reports generated from the IQA 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:
  - 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 its academic provision, including details of its responsibilities for higher education where provision is delivered on behalf of other degree-awarding bodies
- Details of the review process conducted, including dates and activities undertaken
- Commentary on the team's findings under each of the ESG Standards 1.1-1.10
- Commentary on the institution's strategy and practice for enhancement, and findings from the enhancement initiatives reviewed
- List of evidence (removed prior to publication).

Timing of report publication

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.

Annex 10: 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 IQA to abide by this protocol.

- 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.
- 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.
- 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.
- You are asked to ensure the requested participants are invited to the meetings.
- Meetings are generally question and answer sessions. Presentations about your institution or its approach are not required, unless specified in advance.
- The review team leads all meetings.
- 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.
- 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.
- Staff at the institution should be briefed not to interrupt a meeting when it is in progress.
- 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.
- 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.
- Meeting notes will be taken by the QAA Officer. 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 11: Guidance on producing an action plan

Background

Following the IQA, your institution is required to produce an action plan in response to the conclusions of the report. The action plan is intended to support your institution in the continuing development of your higher education provision by describing how your institution intends to take the findings of the IQA forward and, by extension, continues to engage with the ESG. Through its publication, the action plan constitutes a public record of your institution's commitment to take forward the findings of IQA and so will promote greater confidence among students and other external stakeholders about the quality assurance of higher education at the institution.

This action plan should be produced jointly with student representatives, or representatives should be able to post their own commentary on the action plan. It should be signed off by the head of your institution and be published on the institution's website. A link to the report page on QAA's website should also be provided. Your institution will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to the institution's website.

We do not specify a template for the action plan because we recognise that each institution will have its own way of planning after the IQA; however, an example is provided below.

Example action plan

Condition, recommendation or good practice	Action to be taken	Date for completion	Action by	Success indicators
Ensure that all higher education student representatives have access to training and ongoing support to ensure they can fulfil their roles effectively	Develop and implement a training programme and induction pack for higher education student representatives	Insert appropriate date	Head of Student Experience	All new higher education student representatives receive an induction pack and undertake training prior to the first student-staff liaison meeting

What do we mean by these headings?

Recommendation or good practice
As identified by the review team and contained in the IQA report.

Action to be taken
Your institution should state how it proposes to address each of the recommendations and good practice in this column. Actions should be specific, proportionate, measurable and targeted at the issue or problem identified by the review team.

Date for completion
Your institution should specify dates for when the actions proposed in the previous column will be completed within the timescale specified by the review team. The more specific the action, the easier it will be to set a realistic target date.

Action by
Your institution should identify the person or committee with responsibility for ensuring that the action has been taken. If a person is responsible, the action plan should state their role rather than their name.

Success indicators
Your institution should identify how it will know - and how it will demonstrate - that a recommendation or good practice has been successfully addressed. Again, if there is a specific action and a clear date for completion, it will be easier to identify suitable success indicators.

Annex 12: 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, meet a third-party request for disclosure of its contents, or consider the action plan 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 13: 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 retention policy.

Annex 14: Glossary

Accreditation
Accreditation is conferred by QAA on all providers who have completed a review with an outcome that demonstrates they meet all ESG Part 1 standards. Accreditation demonstrates that your quality assurance processes are not only effective, but also comparable with international best practice.

Action plan
A plan developed by the institution after the QAA review report has been published that is normally signed off by the head of the institution. It responds to the recommendations in the report and gives any plans to capitalise on the identified good 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

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.

Detailed SpecificationA document that sets out in detail the actions to be taken and by whom and the timelines for action.

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

Enhancement initiatives
Specific projects and/or activities that a provider selects for analysis by the review team. Enhancement initiatives may be wide ranging and encompass a number of related activities or may be specific and should demonstrate the provider's approach to planning, implementing and evaluating enhancement activity.

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 Quality 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 provider 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 provider meets the threshold standards or baseline requirements.

Key findings
An early indication to the provider of the likely judgement of the review team.

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 engagement
A voluntary engagement by the provider in a supplementary follow up activity, two to three years after the review, to explore further enhancement activity.

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

Partial review
A follow-up review in the case of an unsatisfactory judgement that is limited in scope to the areas identified as not meeting the Standards in the original review, or to a material change in circumstances.

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.

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
A statement made by the review team on an area where the provider should consider developing or changing a process or a procedure in order to improve its higher education provision.

Reference points
Statements and other publications that establish criteria against which performance can be measured.

Scoping
A stage of the IQA process to determine the institution's readiness to progress to the review stage.

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 Standards.

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.

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