INTERNATIONAL QUALITY ACCREDITATION

Guidance for providers based in England

February 2026

This review method is ESG compliant

Contents

Introduction **1**
Overview 1
Aims and objectives 3
Reference point for the IQA 4
Key stages of the process 5
Enquiry and application stage **7**
Who is eligible for the review? 7
What happens after you make an enquiry? 7
Scoping stage **8**
Review stage **9**
How long will the review stage take? 9
What is considered by the review? 9
What do we mean by 'enhancement'? 10
How does the review process start? 10
What support is available at this stage to help you prepare? 10
Who will conduct the review? 11
How are students involved in the review? 11
What do you need to produce in advance of the review? 12
What evidence will you need to provide? 12
How and when should evidence be provided? 12
How should you prepare for the visit? 13
How is the visit conducted? 13
What will happen at the visit? 14
When will you know the outcome of the review? 15
What will the review report include? 15
What judgements will be made? 15
What is considered a successful outcome? 16
What happens if you do not achieve a 'meets' judgement? 16
What is a partial review? 17
What if you disagree with the judgements and reasoning in the final report? 18
When and where is the report published? 18
What is the QAA International Quality Accreditation Mark? 18
What is required by way of an action plan and follow up? 18
What if your action plan is not considered suitable? 19
How can you feedback on your experience of the review? 19
What if you have a complaint about how the review was conducted? 19

What if your circumstances change after the review? 19
Mid-cycle review stage 21
What is the mid-cycle review stage for? 21
How will you know when the mid-cycle review is due? 21
What does the mid-cycle review involve? 21
What is required from your institution for the mid-cycle review? 21
How long does the mid-cycle review take? 22
What is the outcome of the mid-cycle review? 22
What if your institution is not deemed to be making satisfactory progress? 23
Reaccreditation 23
How and when will we be informed of arrangements for reaccreditation? 23
Annexes 24
Annex 1: About QAA 24
Annex 2: Mapping of the ESG Standards Part 1 25
Annex 3: Participants in the review process 26
Annex 4: Self-evaluation and supporting evidence for the review stage 29
Annex 5: Judgements, outcomes and assessment criteria for the review stage 33
Annex 6: The review report 36
Annex 7: Protocol for the conduct of meetings 37
Annex 8: Appeals and complaints 38
Annex 9: Data protection 39
Annex 10: Glossary 40

Action	Date	Responsibilities
Guidance approved - Elective Quality Review	November 2023	Assessment and Reviews Group
Guidance approved - International Quality Accreditation	February 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 providers in England 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 being reviewed and 'we' refers collectively to QAA, including the managers, reviewers and professional support services involved in delivery.

3 IQA is available to English providers registered with the Office for Students (OfS), including universities, colleges and independent providers. It is a voluntary activity, undertaken by providers who seek an independent review that focuses on accountability and enhancement. It does not form part of the regulatory requirements in England, which are a matter for the OfS. 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 QAA recognises that providers may wish to undertake 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 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.

5 Accreditation is the outcome of the IQA process. 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. QAA will formally recognise your institution’s accreditation by providing a certificate.

[1] From 2023 to 2025, this review was referred to as Elective Quality Review (EQR)
[2] ESG_2015.pdf (enqa.eu)



6 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 may 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.

7 IQA includes a core review element and a follow-up activity that is applicable for all providers undergoing review, through action planning and a mid-cycle review. QAA is able to offer additional, optional aspects to meet your specific requirements. This can be discussed at the enquiry and application stage when you approach QAA for a review.

8 Our work and review methods are informed by the fundamental values of 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.

9 Our approach and methods are designed to meet the standards and reflect the guidelines set out in the ESG. To this end, IQA reviews providers against the Standards for internal quality assurance in Part 1 of the ESG. 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. Notably IQA has been designed to ensure its fitness to achieve the aims and objectives set for it, while taking into account the regulatory requirements on providers in England set by the OfS, enabling a proportionate approach to review.

10 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 UK 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 through our internal quality assurance mechanisms to ensure consistent judgements and

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

outcomes. It supports our work on behalf of the sector to protect the global reputation of higher education. For more information on the work of QAA, see Annex 1.

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

11 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.

12 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.

13 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 on the basis of the findings of external scrutiny
- add value through access to professional advice on enhancement, and follow-up dialogue through a flexible mid-cycle review.

Reference point for the IQA

14 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.

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

15 In England, the quality and standards of registered higher education providers is regulated by the Office for Students (OfS) in accordance with its regulatory framework.[4] Specifically, providers are required to comply with the ongoing conditions of registration B1-B5 (the 'B conditions') which cover some, but not all, of the standards for internal quality assurance outlined in the ESG Part 1. To avoid duplication and the creation of unnecessary burden for providers in terms of workload and costs, IQA for English providers focuses attention on the elements of the ESG which are not explicitly addressed through the OfS' conditions of registration. It therefore places reliance on your ongoing compliance with conditions of registration B1-B5 as evidence that you meet certain specified ESG Standards.

16 The ESG Standards that we consider overlap with OfS' conditions B1-B5 are: 1.2 Design and approval of programmes and 1.6 Learning resources and student support. There is also partial overlap with Standard 1.5 Teaching staff, as the OfS conditions do not cover institutional processes for the recruitment of staff. Therefore, if you can confirm that there are no adverse findings, or ongoing investigations, by the OfS regarding conditions (B1-B5), the IQA review team will take this as evidence in demonstrating that these ESG standards are met. In your initial submission, you will not therefore need to submit information for the review in relation to ESG Standards 1.2 and 1.6 and will only need to submit information relating to staff recruitment in relation to ESG Standard 1.5. If, in the course of its work, the review team identify potential issues in relation to these Standards, it will bring these Standards into scope and request further evidence to explore any concerns. In all cases, the review team will make a judgement against all the ESG Standards based on the evidence provided. This approach enables proportionality in enacting voluntary external quality

[4] OfS Securing student success: Regulatory Framework for higher education in England, November 2022

assurance activity alongside mandatory regulatory requirements, and avoids duplication in assessing the English baseline regulatory requirements in full. Our detailed mapping of the OfS conditions for quality and standards against Part 1 of the ESG is available in Annex 2.

17 The regulatory focus in England is concerned with the interests of students and the outcomes which matter to students. When conducting our assessment against the ESG, we will take this national context into account and place emphasis on the outcomes a provider delivers (or is expected to deliver) for its students, rather than the process a provider follows to deliver those outcomes. For each Standard, we will analyse evidence that includes policies, procedures and systems, ***and the outputs from these***, to decide whether these enable you to confidently demonstrate that each Standard is met. We will adopt a principles-based approach in order to consider, and where appropriate make allowance for, the context in which your institution operates.

18 The review analyses your quality assurance and enhancement processes as a whole; it does not review individual courses or subjects (unless you request this as part of your preferred scope), except for the purposes of sampling the operation and outcomes of institutional processes.

19 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:

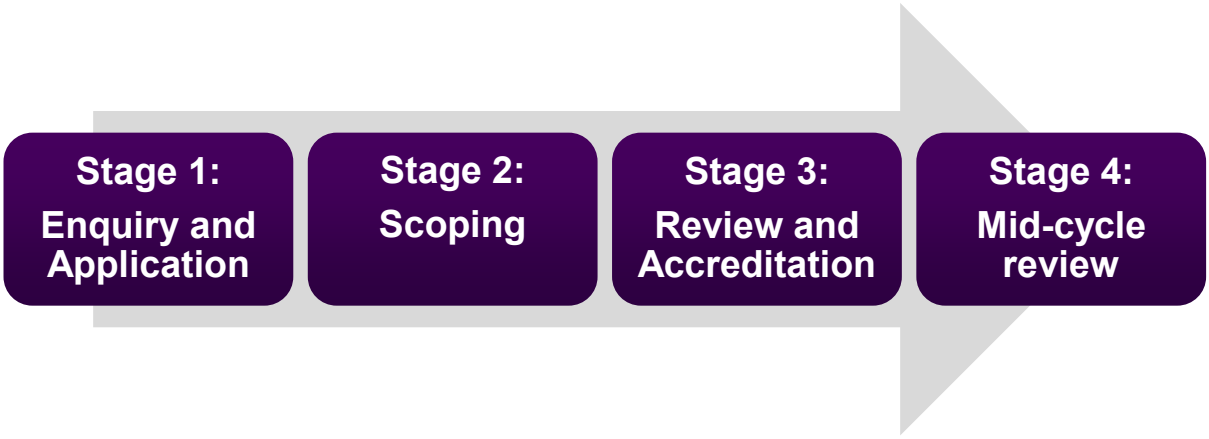
- the UK Quality Code for Higher Education
- the relevant qualifications and credit framework
- relevant Characteristics Statements
- Subject Benchmark Statements
- the requirements of professional, statutory and/or regulatory bodies.

Key stages of the process

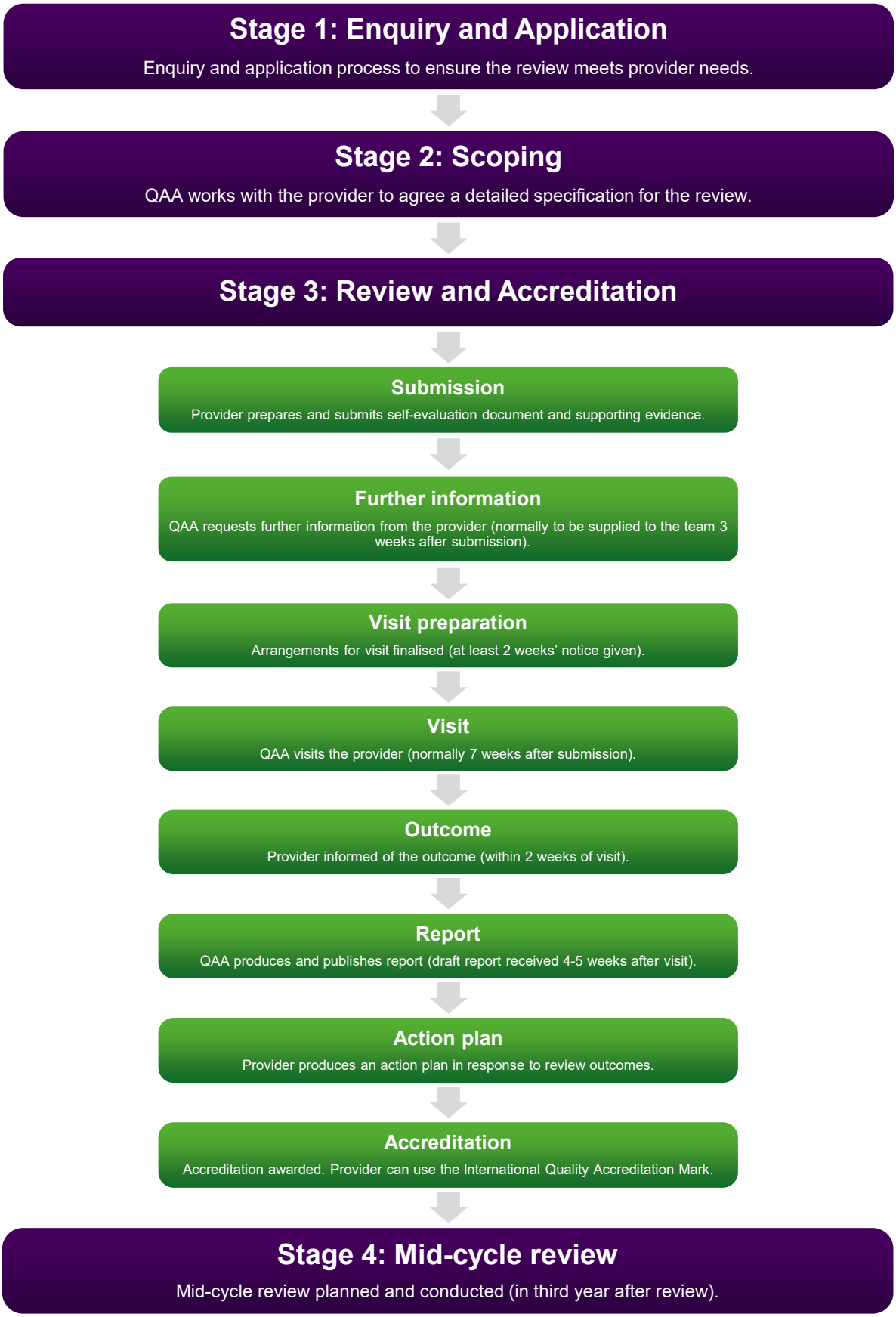
20 IQA includes an initial **enquiry and application** stage, a **scoping** stage, a core **review** element with an action plan and a further follow-up **mid-cycle review**. Further information on the review stage and the mid-cycle review is outlined below.

21 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.

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



Flow chart of key stages in the IQA process



Enquiry and application stage

Who is eligible for the review?

23 To be eligible for IQA you must be:

- an English provider registered with the OfS and
- must be deemed compliant, by the OfS, with the OfS' ongoing conditions of registration for quality and standards.

24 We use evidence of your compliance in assessing whether the ESG standards are met. Therefore we will ask you to provide evidence in the form of a self-declaration - before, during and after the review – on whether you are subject to any specific conditions of registration or ongoing investigation by the OfS in relation to conditions B1-B5. Should there be any evidence of a breach of registration conditions, or an ongoing or imminent investigation by OfS into a potential breach, you will not be eligible to undertake IQA until such time that OfS considers your institution to be fully compliant with its conditions of registration. Where notification of a breach or an OfS investigation occurs after the review has started, we will either suspend the review until the issues have been resolved by you with the OfS or cancel the review - this decision will be determined based on our consideration of the nature of the issue and the proportion of the review conducted at the point the notification is received.

What happens after you make an enquiry?

25 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 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, optional aspects available in addition to the core review, the costs involved and the 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 may result in time restrictions if you subsequently wish to undertake an IQA.

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

Scoping stage

27 When we have received your Provider Information Form, we will work with you to agree a Detailed Specification, outlining the specific activities and timings. This will confirm the scope and coverage of the review (see paragraphs 31-35 below) and details of any additional features that you have requested beyond the core components of the review.

28 We will use the information on the Provider Information Form to determine the length of the visit at the review stage. The review visit will last between 2.5 to 4 days according to our assessment of the scale and complexity of your academic provision and the review activity required to accommodate the range of stakeholder meetings. If you have considerable variability in the type of awards offered and/or have several collaborative partnerships and/or transnational provision, you are likely to require a longer visit.

29 We will also work with you at this scoping stage to establish a timeline for the review, including deadlines for our respective responsibilities. This will take account of factors such as your academic cycle, major exam periods, public holidays and institutional closures to ensure that the review fits with your other commitments for delivering the student experience.

30 Once the Detailed Specification is agreed, we will issue a formal contract for signature. When signed by both parties, arrangements will be made for initial payment and the review stage will commence after payment has been made.

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?

30 We will work with you to establish a timeline for the review, including deadlines for our respective responsibilities. The process will typically take 12 weeks from the date of your self-evaluation document submission to receipt of the final report, with the visit normally occurring seven weeks after you submit your initial documentation.

What is considered by the review?

31 IQA covers all higher education awards and credit-bearing provision (including some linked learning such as foundation years) 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, provision within the UK or as transnational education, undergraduate, postgraduate taught and postgraduate research provision.

32 The IQA process explicitly reviews your institution against the Standards outlined in Part 1 of the ESG.

33 In addition to accountability against the ESG Standards, IQA also includes an enhancement focus and provides an opportunity for you to showcase 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.

34 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.

35 Additionally, you may wish the team to appraise and evaluate other aspects of your academic provision that are important to you outside of the ESG Standards and enhancement initiatives presented. Where this is the case, we will discuss various optional modules that can be included in your review for an additional fee. For example, it could include a review of your compliance with the principles of the Academic Integrity Charter should you wish to demonstrate your commitment to this as a signatory.

What do we mean by 'enhancement'?

36 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.

37 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?

38 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 3.

39 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 3.

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

40 Once the review stage begins, the allocated QAA Officer will conduct an online preparatory meeting with your institution. The meeting is a supportive process that is designed to fully familiarise your organisation with what to expect and how to prepare for the review stage. 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.

41 The preparation meeting will include discussion on:

- 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.

42 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?

43 We will appoint a team of three reviewers, one of whom will be a student 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.

44 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 3.

45 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 3.

How are students involved in the review?

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

47 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.

48 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 expect you to support the participation of your students' union and/or 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.

49 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?

50 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.

51 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 4.

52 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?

53 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.

54 The evidence you provide must be relevant to the ESG Standards under review. It should be drawn from the documentation that you routinely produce in the course of your own quality assurance procedures. With the exception of 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.

55 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 collected to test the operation of your approach and the claims made in your self-evaluation.

How and when should evidence be provided?

56 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.

57 The QAA Officer will contact you throughout the process with any requests for additional information or evidence.[5] 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.

58 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.

59 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?

60 Around two to three 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.

61 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, 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.

62 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.

63 A protocol for the conduct of meetings is provided in Annex 7. We ask you to make sure that everyone attending a meeting with the team are made aware of the protocol.

How is the visit conducted?

64 The visit will typically last 2.5 to 4 days, depending upon factors such as the size of

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

your institution, the number and range of programmes you offer and the extent of your work with partner organisations. The team will normally visit your institution onsite for two consecutive days to meet with stakeholders. Meetings held during these two days 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. Any meetings required after the first two days (for example any further meetings with the provider or its stakeholders, or private meetings of the team) will be held offsite and exclusively online. 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.

65 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 and/or significant travel disruption make it unfeasible to attend in person. Fully online visits will only be undertaken where we can ensure that the team is in a position to validate the evidence provided and carry out meetings with different stakeholders as it finds appropriate.

What will happen at the visit?

66 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. Meetings with your degree-awarding body (where applicable) may be required if these are considered essential for pursuing the lines of enquiry identified and reaching robust conclusions. The team will also ensure that the schedule includes meetings with students, and where possible, with alumni. This enables it to gain first-hand information on the experience of learners and on their engagement with your quality assurance and enhancement processes.

67 During the visit, the review team will continue to consider documentary evidence. The team's view regarding compliance with the ESG Standards will be largely determined through the desk-based analysis of the information submitted in advance of the visit. The focus of meetings during the visit will therefore be more geared towards the enhancement element of the review, although it may be necessary to continue to pursue outstanding queries relating to alignment with the ESG during the visit. Lines of enquiry regarding alignment to the ESG will be where further information is still required in order for the team to make a sound and reliable judgement.

68 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.

69 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.

70 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 meeting may be conducted onsite at the end of the second day or may be conducted online on the third or fourth day of the visit. This is not a feedback meeting about the findings of the review.

71 On the final day of the visit, the team and the QAA Officer hold a 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. This is a private team meeting and will be held offsite.

When will you know the outcome of the review?

72 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?

73 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 6.

74 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?

75 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).

76 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.

77 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 88-90 below).

78 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 review team.

79 Further information on the judgements, outcomes and assessment criteria used are available in Annex 5. Note that the outcomes from IQA are separate to any regulatory consideration of your quality and standards in England. As we rely on your good standing in relation to the OfS B Conditions, nothing in our assessment should be taken as evidence or assurance that those conditions are met - this is a matter for the OfS alone. Providers that have concerns about their potential compliance with the B Conditions, and hence eligibility for IQA, should discuss this with us as part of the enquiry and application stage.

What is considered a successful outcome?

80 A 'meets the Standards' is a positive judgement and may be accompanied by several recommendations and statements of good practice.

81 A 'meets the Standards subject to meeting specific conditions' is a provisionally positive judgement. The specific conditions (as defined in Annex 5) 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.

82 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.

83 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

84 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.

85 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.

86 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.

87 Where the revised final report now includes a 'meets the Standards' judgement, the report will be published (see paragraph 95 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' judgement and the process outlined below will apply as follows.

'Does not meet the Standards' judgement

88 With a 'does not meet' judgement you are entitled to appeal the outcome (see paragraph 94 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 8.

89 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.

90 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 91-93 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?

91 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.

92 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.

93 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?

94 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 8.

When and where is the report published?

95 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 6.

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

97 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 Mark on your own website and materials.

What is the QAA International Quality Accreditation Mark?

98 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 International Quality Accreditation Mark, together with terms and conditions of use.

99 If you are deemed by the OfS to be in breach of the conditions of registration, we will reconsider your right to display the QAA International Quality Accreditation Mark.

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

100 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.

101 You will have up to six 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. This 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. 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.

102 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.

What if your action plan is not considered suitable?

103 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.

104 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?

105 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.

106 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?

107 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 8.

What if your circumstances change after the review?

108 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 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. You must also notify us of any imminent investigation by the OfS regarding a breach of registration conditions. 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.

109 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

Before mid-cycle review	During mid-cycle review	After mid-cycle review
• Online preparatory meeting • Liaison between QAA Officer and your institution to confirm the arrangements • Report submitted by provider	• Desk-based analysis by the team • Online meeting with staff	• Draft report to institution • Factual amendments • Final report and outcome to institution • Report published

What is the mid-cycle review stage for?

110 The mid-cycle review stage enables QAA to review progress against the action plan that you submit 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 also is 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 International Quality Accreditation Mark for the full five years granted by QAA.

111 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?

112 Mid-cycle review occurs in the third year of accreditation after you have received your IQA (or EQR). We will contact you nine months before the mid-cycle review is due so that 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. Wherever possible this will be the same Officer that was involved in your previous review.

113 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?

114 The mid cycle review is an online activity featuring a desk-based review of the documentation that you provide (see paragraphs 115-116) 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 may also involve a reviewer. All providers are required to undergo a mid-cycle review.

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

115 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.

116 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.

117 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?

118 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?

119 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 QAA accreditation.

120 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.

121 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.

122 Where the revised 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.

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

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

124 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 will need to undertake a further engagement known as a partial review (see paragraphs 91-93). Use of the QAA International Quality Accreditation Mark may be withdrawn if you fail to engage in such activity.

125 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.

126 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.

127 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 we be informed of arrangements for reaccreditation?

128 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 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 20.

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: Mapping of the 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.

As noted in paragraphs 15 and 16 above, IQA for English providers focuses attention on the elements of the ESG which are not explicitly addressed through the OfS' conditions of registration. Our detailed mapping of the OfS conditions for quality and standards against Part 1 of the ESG is available on our website.

Annex 3: 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 particular 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 with the exception of 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, in order 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 in order 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 4: Self-evaluation and supporting evidence for the 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. With the exception of 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 5: 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 against all the ESG Part 1 Standards 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 findings are determined by the team:

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 6: 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 IQA 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 7: 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 8: 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 9: 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 10: 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.

Conditions of registration
The primary tool used by the regulator in England (the Office for Students) to regulate individual providers which are used, in the main, to ensure that providers continue to meet baseline requirements, rather than to drive continuous improvement.

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

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

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

Office for Students
The regulator of higher education in England.

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 and agree the scope and coverage of the review including the length of the visit.

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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