The UK Quality Code for Higher Education - Advice and Guidance

Sector-Agreed **Principle 6** - Engaging in external review and accreditation

September 2026

Contents

About this Guidance

Context

This Advice and Guidance supports the UK Quality Code for Higher Education (Quality Code) and is designed to unpack **Sector-Agreed Principle 6 - Engaging in external review and accreditation** and the Key Practices that sit under it. It has been produced by QAA in partnership with a writing group of sector experts and peer-reviewed by colleagues across UK higher education. This is in accordance with the ethos that the Quality Code remains a sector-agreed reference point, built on a shared understanding of what providers can expect of themselves and each other in the assurance and enhancement of quality and the maintenance of standards across post-secondary education throughout the UK. QAA would like to thank the writing group and peer readers for their invaluable contribution in developing this guidance. Details of the writing and reading groups can be found on page 49 of this guidance.

An important contextual note relates to the diversity of higher education providers in the UK. Providers can be large universities, operating with significant infrastructure, or small specialist providers, operating on a significantly smaller scale, or any number of other different operating models. The Advice and Guidance is designed to be useful for all providers (and representatives from a range of providers formed the writing and peer review groups), but we recognise that, on occasion, the nomenclature used could suggest a larger provider's context. It is important that each reader interprets the Advice and Guidance in the context of their own operating environment and that all readers recognise that quality and homogeneity are not synonymous.

Scope

This Advice and Guidance encourages providers to reflect on their practice and processes in relation to the Sector-Agreed Principle. Following the Advice and Guidance is not mandatory, but illustrative of approaches that can help providers meet the relevant Principle. National regulators and QAA do not view the information in the Advice and Guidance as compliance indicators. This guidance does not interpret statutory requirements.

The language we use

Where the word 'should' (or any other similarly directive language) appears in the Advice and Guidance this represents a shared understanding within the UK higher education community. On some occasions an institution can align with the Sector-Agreed Principle in a range of different ways, and in such cases an institution may have a different approach to that set out here. Ultimately, to be aligned with the Quality Code, an institution must be able to demonstrate how it meets the Sector-Agreed Principles in practice. No provider or individual should feel that the Advice and Guidance is prescriptive or impinges their autonomy or freedoms.

Structure

In response to sector demand, the Advice and Guidance aligns directly with the overarching Sector-Agreed Principles to provide clear navigation between the different elements. The guidance begins by unpacking the Principle in an operational context. It is then divided into subsections focusing on each Key Practice outlining practical considerations and approaches for providers to benchmark their own way of working. This features practical tips and experience shared by providers on operational practice. Finally, in each subsection there are tools to enable reflection on the guidance. These tools offer the opportunity to explore what 'good' might look like through reflective questions and practical scenarios that enable interrogation of current practice with a view to enhancing quality.

Commonly used terms

The following terms are used throughout this advice. Other terms which benefit from a precise definition are listed at the end of this document.

- **Students**: refers to all individuals studying towards a higher-level award regardless of demographic, mode of delivery, level of study, subject area, or geographic location.
- **Provider**: describes all types of organisations that provide higher level learning, including universities, colleges, institutes of learning, and employers. We also use 'institution' in some instances where 'provider' might not suit the context.
- **Student representative body**: a formal body or mechanism that represents and promotes the interests of students. This may be known as a students' union, a students' association, or guild, or by another bespoke name where these specific organisations do not exist.

Sector-Agreed Principle 6 and its Key Practices

Providers engage with external reviews to give assurance about the effectiveness of their approach to managing quality and standards. External reviews offer insights about the comparability of providers' approaches and generate outcomes that providers can use to enhance their policies and practices. Reviews may be commissioned by providers, form part of a national quality framework or linked to professional recognition and actively include staff, students and peers. They can be undertaken by representative organisations, agencies or professional, statutory and regulatory bodies (PSRBs) with recognised sector expertise according to the provision being reviewed.

Key Practices

a. External review, whether optional or required by national quality frameworks or accrediting bodies, is built into the provider's strategic approach and aligns to internal quality and standards monitoring and evaluation activity.

b. Providers use outcomes from external review and accreditation as a catalyst for ongoing improvement and strategic enhancement of the student learning experience.

c. Providers acknowledge and support the expertise and resource required to participate in external review and accreditation.

d. Providers who engage in external review understand the UK national regulatory and legislative contexts in which they operate and the different approaches, forms and focus they may take. Providers may engage colleagues with international expertise, in addition to those familiar with UK requirements.

e. Providers understand the requirements and process for external reviews that may be required by regulators in partner delivery locations.

Principle 6 - Engaging in external review and accreditation

Providers engage with external reviews to give assurance about the effectiveness of their approach to managing quality and standards. External reviews offer insights about the comparability of providers' approaches and generate outcomes that providers can use to enhance their policies and practices. Reviews may be commissioned by providers, form part of a national quality framework or linked to professional recognition and actively include staff, students and peers. They can be undertaken by representative organisations, agencies or professional, statutory and regulatory bodies (PSRBs) with recognised sector expertise according to the provision being reviewed.

Higher education providers irrespective of size, complexity and mission operate in an increasingly regulated environment, to achieve and maintain external recognition, verification, and/or assurance that benchmarks and standards are met. External reviews and accreditations provide independent validation that academic standards, teaching quality, and student outcomes meet sector expectations.

They can help providers:

- align delivery with strategic objectives
- build confidence among students, parents, regulators, partners and other stakeholders
- drive student recruitment and income generation
- benchmark their performance, learn from good practice elsewhere, and inform strategic decision making.

Effective engagement with external reviews and accreditations, whether in the form of whole institution, themed, or specialist reviews of a particular subject or course, requires much more than simply demonstrating compliance. A narrow focus can lead to compliance fatigue, where external reviews are seen as tick-box exercises or hurdles to be overcome at the expense of engendering a genuine commitment to academic quality and standards. To mitigate this, providers should focus on developing and maintaining an environment in which colleagues contributing to external reviews and accreditations are both invested in and accountable for building a robust enhancement culture. By treating each external review and accreditation as an opportunity for organisational learning and development, providers can build a resilient quality culture that continuously improves over time.

Where learning from external review is embedded across the institution, insights and outcomes are communicated in accessible ways to staff and students, informing policy development, operational practice, and professional development. Providers collate and review lessons learned regarding the effectiveness of their engagement with external review, which they can then use to agree, and monitor the impact of, actions toward strengthening future approaches, ensuring that external scrutiny contributes to continuous improvement, sector comparability, and sustained confidence in academic quality and standards.

Scope of the Advice and Guidance

This Principle explores in depth how providers engage in external review in ways that can benefit the organisation, individual programmes and their students and staff through maintaining good standing and enhancing provision. Three different types of external review are considered, as described below.

Regulatory review and monitoring: Providers are expected to engage with quality review and monitoring activities required by regulatory body/bodies operating within their respective UK nation. This may take various forms, including cyclical review, ongoing data-led monitoring and/or targeted/focused review in response to specific quality or compliance concerns. The outcomes of any review and monitoring activity should be reported through the provider's relevant academic governance structures and actions should be monitored and reported at the appropriate governance level to ensure ongoing oversight and support a sound risk management approach. Providers operating in partnership with partners in other UK nations and/or internationally are also expected to comply with the regulatory requirements of these nations or local regulatory landscapes and ensure any required review activity informs the enhancement of relevant partnership provision.

Provider commissioned review: Senior academic leadership, audit and risk committees, and/or academic quality teams can commission targeted, institution-led evaluations of a specific course, theme or subject area, initiated outside of the standard periodic review cycle. Sometimes referred to as audits, these are typically commissioned in response to identified risks, performance concerns, or strategic priorities, and is used to provide independent scrutiny of curriculum quality, delivery, student outcomes, and alignment with institutional and regulatory requirements. The review normally results in recommendations and an action plan to support enhancement, assure standards and inform decision-making.

PSRB accreditation: Accreditation and re-accreditation activities may take place at an organisational level (such as faculty or school), portfolio, subject course/programme or module level and may take many forms such as a review visit (in-person or virtual), ongoing data monitoring and/or desk-based review. Providers may also be required to include PSRB representatives in course approval, evaluation, revalidation or curriculum review processes. To support timely communication with PSRBs, it is important that providers keep accreditation registers and contact details up to date. Providers may wish to consider how the outcomes of any PSRB accreditation, including required or recommended actions/action planning, may feed into/supplement internal quality and standards monitoring and evaluation activities to demonstrate continuous improvement impact through ongoing action planning.

In addition, there are two types of internal review that usually embed an element of externality which will benefit from this Advice and Guidance but are best considered as effective practice to support external review.

Periodic review and PSRB accreditation: Periodic review can be used as a proactive mechanism to prepare for single subject accreditation by aligning course evaluation with the expectations of external bodies. It provides a structured opportunity to test the robustness of curriculum design, assessment, student outcomes, and quality assurance processes against relevant professional standards. By embedding accreditation criteria into periodic review activity, institutions can identify gaps early, strengthen evidence, and ensure that staff and students are well prepared for external scrutiny. This approach also helps to normalise continuous improvement, reducing the intensity and risk associated with standalone accreditation reviews, and allow for institutions to benchmark their performance, learn from good practice, and inform strategic decisions-making, both domestically (relating to UK providers) and internationally (working to standardise and regulate activity across providers in many countries). Please see Principle 5: Monitoring, evaluating and enhancing provision for institution-led periodic review and reviews of student-facing professional services in Scotland.

Apprenticeship design and evaluation: Providers will be expected to engage with the relevant bodies responsible for apprenticeship funding, delivery and governance within their respective nations in designing and reviewing apprenticeship provision. Providers should consider the role of relevant learners, regulatory and funding bodies, PSRBs, employers and coaches/mentors in the ongoing design and review of apprenticeship provision.

Finally, readers should note that providers can also engage with other externally verified ways to demonstrate that they uphold specific values, priorities, principles and practices, such as charter marks, pledges, commitments and awards. These mechanisms fall outside the scope of this guidance, as they typically focus on broader organisational values, culture, or thematic commitments rather than formal assurance of academic quality and standards. They are therefore distinct from the external reviews and accreditations, which assess higher education provision against regulatory and sector-specific requirements, explored here.

Key Practice a - External review is built into the provider's strategic approach

Key Practice a

External review is built into the provider's strategic approach

External review, whether optional or required by national quality frameworks or accrediting bodies, is built into the provider's strategic approach and aligns to internal quality and standards monitoring and evaluation activity.

The overarching strategic approach taken by providers to manage internal and external quality and standards needs to recognise that, irrespective of the purpose, scope and focus of an external review, securing a beneficial outcome depends upon their readiness to share accessible and good quality data. It also relies on the ability of providers to demonstrate their commitment to quality practices and outcomes. Embedding this ethos into organisational culture and the strategic approach (for example, by including explicit references within an education strategy and curriculum approval, review and change policies) means that irrespective of the timing of a review, a provider should be well prepared to provide the requisite information.

Governance and leadership

Public accountability requires good governance and leadership. Consequently, when considering how best to embed external review and accreditation activity within a strategic approach it may be helpful for providers to review internal governance structures and identify those committees or groups best placed to monitor this work. In addition, providers may choose to establish task and finish groups to support the detailed work around specific external reviews and accreditations, with updates reported into the formal governance structure as required. These task and finish groups should complement existing and ongoing internal reviews and processes.

It may be helpful if governance arrangements are complemented by a shared, provider-wide, understanding of the purpose and strategy surrounding accreditation and external reviews. Enabling purposeful conversations with all involved, particularly senior leaders and those maintaining oversight, can help raise awareness of the strategic significance of accreditations and external reviews and any risks associated with failure.

Meeting data requirements

Robust and reliable data collection and analysis is an important aspect of any provider's day-to-day business. For example, having procedures and guidelines that allow staff to work in a consistent way to capture data and information that supports benchmarking and evidencing good practice. Ensuring data collection and analysis operate in concert with quality assurance practices (from course/module reviews, through to formal changes and reflections) that consider enhancement allows providers to encourage colleagues to adopt this holistic approach and ensure that it becomes business as usual. This is explored in greater detail in the Advice and Guidance associated with Principle 4 - Using data to inform and evaluate quality.

Relationship to internal quality assurance processes

In aligning external review(s) with internal quality and standards monitoring and evaluation activity, providers need to have established reliable sources of good quality data and ensure that all relevant systems and processes are complementary and can share information as required. An example of this might be the use of a provider-wide accreditation register that details the status of all accreditations linked to the provider. This allows any actions identified through internal monitoring and evaluation to be checked for any implications that impact on existing or planned accreditation relationships and, if necessary, amended or mitigated. An accreditation register can also support audit practices that ensure marketing material related to accreditations remains accurate and compliant with Competition and Markets Authority (CMA) requirements and help providers manage any risks related to either not gaining or losing accreditations.

Managing regulatory frameworks

Academic regulations, policies and procedures feature prominently in external review. It is therefore important to allow or build in an element of flexibility and responsiveness to changing circumstances that enables them to evolve to accommodate the requirements of external bodies while remaining true to the provider's values. This may include evidencing formal consideration of adjustments or local variations of some internal practices (for example, in relation to documentation requirements and timescales) to ensure that regulations, policies and procedures are fit for purpose and can meet the needs of the provider and the requirements of the review.

Consequences for curriculum design

A process that considers requests for curriculum change through an established governance route that is inclusive of all provision, whether subject to external review or not, may represent good practice. However, it is important to consider not only the implications for academic regulations but also if any administrative functions that support the student experience are impacted. For example, to accommodate a regulatory change providers may need to make changes to student records systems. Providers may find it helpful to have a mechanism for collating all the implications arising from any proposed change. This means when seeking approval through the governance structure, an informed decision can be made about the likely impact and any associated resource allocation.

What does review readiness look like?

In addition to data, processes and practices, resourcing is a key consideration for providers developing a strategic approach to external review and accreditation that aligns with internal quality and standards monitoring. An effective strategic plan should allow for a consistent approach to review preparedness so that when notification of review is served on the provider they can ensure that the right people and logistical arrangements are in place to support a beneficial outcome.

Features of an effective strategic plan for external review might include:

- raising awareness of the strategic goals associated with external reviews, governance audits, or accreditations, and clarity around what they mean to the staff and student body in the organisation's specific context, being clear as to how they contribute to successful outcomes
- establishing a playbook which can be used to guide staff and students on common tried and tested approaches to prepare for external audit and reviews
- using effective practice from elsewhere in the sector to tailor this playbook to the provider's specific requirements and ensure that its clear suggested approach is both similar and different from that used for the purpose of internal quality assurance
- engaging with all relevant stakeholders, which might include current students at all levels of study, recent graduates, employers, external examiners, academic and professional services staff and senior leaders with responsibility for the programme(s) under consideration
- where size and shape allow, supporting complementary organisational structures that both enable collaborative working between all the teams responsible for external review and accreditation and discourage siloed working
- maintaining expertise in external review and accreditation among both academic and professional services staff (see Key Practice c), and accounting for that need in recruitment to relevant areas of the organisation according to the size and mission of the provider
- supporting relevant colleagues to both gain and maintain up-to-date knowledge of external review and accreditation processes (see Key Practice d), which may be a helpful area of focus for institutions working with colleagues based at collaborative partner institutions (see Key Practice e), as well as those working with employer partners for apprenticeship programmes.

Reflective questions

1. To what extent are our senior leaders and governing body aware of the strategic and reputational importance of external review and accreditation and the consequences of failure?
2. How clearly and effectively is the responsibility for external review, including apprenticeship audits and accreditation, embedded within our internal governance structures, and how effectively does this alignment support our strategic priorities?
3. How effectively do our data structures and IT systems support audit/review readiness? What can we do to improve their readiness?
4. To what extent is a culture of high standards and quality embedded within our strategic decision making?
5. What mechanisms do we have to benchmark the level of resources, such as staffing, that are needed to support external review and audit compared to providers of a similar size working in the same regulatory context? How do we mitigate any significant risk(s) that these processes identify?
6. To what extent is awareness of the context of any specific external review or accreditation embedded within our policies and procedures related to internal quality assurance and enhancement?
7. In relation to external review activity, how do different elements of our governance structures communicate and collaborate or how can they collaborate? For example, between the Board of Governors, executive-level committees and academic governance.
8. How can we encourage collaborative working, including effective communication, between professional services and academic teams?
9. How can we ensure that colleagues have sufficient awareness of the external landscape to develop themselves in a way that supports the successful delivery of external audit or review by participating in sector networks and attending conferences?
10. How can we ensure our PSRB accreditation process preparation shares effective practice across providers and disciplines, as well as internally?
11. How can curriculum design and PSRB accreditation requirements work together to support beneficial outcomes both internally and externally?

Scenarios

Scenario 1: Review readiness - missing information

Context

A provider was informed that it was due for a statutory review. The notification was raised at the committee responsible for overseeing the review and necessary resources were allocated to begin preparations for the review documentation and site visit. A task and finish group of key staff members and student representatives was created and a schedule of work established. The group quickly identified that there were several gaps in the data and information held by the provider that would be required for the review.

One example was that there was not a central record of placement and work-based learning opportunities embedded either into validated programmes or those offered through short courses and micro-credentials. Initial investigation by the team identified that the work was spread over several professional service departments, the approaches to capturing the information was inconsistent and there was no policy, procedure or process which set out a consistent approach.

This identified two issues:

- a systematic problem with the provider's day-to-day processes
- the provider's inability to make a full submission to the review panel.

Considerations

- How would you approach each of the issues to identify what was lacking and identify feasible resolutions?
- Who would you approach, liaise with or brief to ensure that you are supported in the work of identifying a resolution for each issue, implementing and supporting it to become business-as-usual practice?
- What are the potential risks from both issues and how can they be managed?

Scenario 2: Aligning internal enhancement activity with accreditation

Context

As part of a provider's internal quality and standards monitoring, it was recognised that some areas of curriculum content on an accredited programme could be enhanced. The changes were processed internally as part of the internal monitoring process, without notifying or checking the implications for reaccreditation. A few months later, the programme became due for review by its accrediting body and during the preparations, it came to light that the recent internal changes made the programme non-compliant with its accreditation requirements.

Considerations

- What options are available to the provider at this point?
- How might the required implementation timescales (internal and external) have an impact?
- What are the risks involved and how can they be mitigated?
- Who needs to be involved in assessing the risks and deciding the way forward?
- How can systems, policies and processes be amended to ensure this can be avoided?

Key Practice b - Outcomes from external review as a catalyst for strategic enhancement

Key Practice b

Outcomes from external review as a catalyst for strategic enhancement

Providers use outcomes from external review and accreditation as a catalyst for ongoing improvement and strategic enhancement of the student learning experience.

In developing this Key Practice, it may be helpful for providers to consider how they choose to align external review with internal quality and standards monitoring and evaluation.

This has two facets:

- the strategy and associated internal governance arrangements associated with preparations for external reviews (see Key Practice a)
- the mechanisms that use outcomes, for example a review action plan, as a tool to inform ongoing strategic planning and policy and service developments that drive enhancement.

Effective enhancement also supports preparation for future reviews and accreditations that in turn improve future outcomes, so completing a virtuous circle. Consequently, providers may wish to consider how they highlight to reviewers two different aspects of their approach to enhancement; how they have learned from past reviews and the steps they take to ensure staff and students remain aware of review activities.

Learning from prior experience

Providers should consider how they evidence their focus on quality assurance monitoring and development, including their readiness for internal and/or external reviews and the ways in which they demonstrate learning from previous reviews.

Here, some or all the following considerations may apply:

- timely consultation with relevant stakeholders, including students and student representative bodies, as part of a wider strategic approach to student voice and engagement
- making available evidenced audit trails - whether qualitative or quantitative - that enable meaningful analysis and comparisons between snapshot periods
- evidence of tracking progress through internal governance structures to ensure accountability and visibility of the consideration of feedback and resulting actions
- identification of any gaps in data or evidence gathering between the usual mode of internal review and the requirements of external review

- visibility and accessibility of amendments and revisions to policies or regulations that explicitly address feedback from previous reviews or ensure currency of approach to topical challenges
- how continuous enhancement is tracked across all modes of delivery (for example home provision, validated provision, franchised provision).

Awareness and visibility

Providers should also consider how they can increase the visibility and awareness within their institutions of external review, audits and accreditation events and their outcomes.

This can help nurture a broader culture of continuous improvement. To support this, providers may wish to consider:

- collating and sharing stakeholder feedback/satisfaction arising from external review
- gathering and sharing impact case studies and stories of changes arising from external review that can feed into submissions or other processes
- working with stakeholders to increase visibility and awareness of external review events and any outcomes to inform wider discussions and developments across the provider
- facilitating the involvement of students in co-creating post-review action plan(s) and considering how the ownership and subsequent monitoring of those action plans is made clear.

Beyond compliance

To use outcomes from external review effectively, providers should consider whether and how they can move beyond compliance and embed outcomes within institutional governance, planning and enhancement activity. This requires clear ownership and accountability, robust action planning with measurable outcomes, and integration with existing quality assurance processes and enhancement activities.

Working with cyclical review

Since external reviews are usually cyclical, all outcomes will normally be addressed in advance of the next review. However, in some cases, satisfactorily addressing an outcome(s) is a condition of continuing accreditation/professional recognition and needs to be dealt with on a shorter or specified timeframes. In either context, any actions arising from review outcomes should be evidence-informed, appropriately resourced, and aligned with existing strategic priorities.

This might include consideration of some or all the following questions.

- Are the actions arising from the outcome(s) required (regulatory), desirable or optional?
- What governance arrangements need to be in place to close off any actions?
- What is the timeframe for implementation of these actions?
- Are there human and physical resource as well as funding/financial challenges?
- What internal and external expertise is available to support completion of the actions?
- Who are the strategic champions, enablers or actors?
- What possible trade-offs may apply within the context of proposals and reviews?

- Which evidence sources, qualitative and quantitative, will be used to monitor progress and how do they differ or align with internal data and evidence-gathering approaches? Do these suggest any possible systemised solutions?
- What standards of evidence will be required to measure success?
- Is there a communications plan around the review, outcomes and any downstream actions and how they will impact stakeholders?

Post review action planning

A review action plan with designated owners and reporting channels provides an effective mechanism for providers to close the loop with targeted dissemination back to internal stakeholders involved in the review process. It can also be used to share lessons learned for wider benefit within the provider and serve as a sound basis for enhancement.

Professional standards can support enhancement

As part of any systematic approach to enhancing the quality of the student experience through external review and accreditation, providers should consider how institutional policies meet the requirements of relevant external bodies' professional standards, including any requirements around skills, knowledge and/or behaviours. For example, a provider should consider if its internal equality, diversity and inclusion (EDI) and reasonable adjustment policies can be implemented in a manner that enables relevant students to meet any competence standards (as defined by the equality legislation that covers the jurisdiction in which the provider operates) required by an accrediting body. Where specific exceptions to certain policies need to be applied to satisfy regulatory requirements, institutions should consider how this could impact upon the wider student experience.

These might include:

- admissions policy/policies and processes, including recognition of prior learning (RPL)
- programme enrolment conditions and academic assessment regulations, including procedures for compensation and/or condonement/permitted failure, pass thresholds and attributes
- placement regulations
- student regulations, including Fitness to Practise
- wider approaches to student/learner engagement and support such as attendance monitoring requirements or bespoke student representation models.

Reflective questions

1. What are our processes for engaging in and managing external review and monitoring, and how do we ensure the involvement of relevant internal and external expertise in these processes?
2. How do we ensure stakeholder voices inform all external review activity we are engaged in as a provider?
3. How do we report on actions or outcomes emerging from external review and accreditation?
4. How do we assure ourselves that these actions are addressed within the required timeframe?
5. How do we inform stakeholders (such as students, learners, employers, tutors, coaches/mentors, partners) of feedback received from external review ongoing action planning, and report back on the actions taken in response to feedback?
6. How do we use outcomes or developments to positively contribute to relevant sector forums?
7. How do we identify and consider cross-cutting themes emerging from external review? Do these reports inform enhancement priorities at a programme, subject or provider level?
8. How do we maintain institutional oversight of such outcomes to inform compliance and risk management as well as drive continuous improvement internally?
9. How do we know whether outcomes from external review and accreditation positively contribute to any consideration around either internal culture or practice change, or feed into consideration of values, behaviours, skills, knowledge and competences?

Scenarios

Scenario 1: An external review at short notice

Context

Ofsted have given two days' notice for a full inspection of apprenticeship delivery at a small new provider who works in partnership with an established local university to deliver the teaching elements of their degree apprenticeship programme.

The member of staff responsible for coordinating with Ofsted and managing the quality arrangements around apprenticeship programmes has recently left the organisation. However, they handed over a comprehensive set of procedure notes about how to manage an inspection. A replacement has been appointed but has not yet started. While the responsible senior manager has a broad overview of how to progress, there is no one with the same detailed knowledge of the process as the previous postholder.

The manager reviews the procedure notes and locates some recommendations from a previous monitoring visit. They note that there were some areas of concern voiced by degree apprentices around the relevance of the curriculum to the workplace learning elements of the programmes. It is clear staff are confident the issues are resolved, but the manager realises that this is not evidenced by the student voice and there is no time to rectify this.

Considerations

- How should the senior manager prepare for the inspection?
- What are the risks associated with the specific issue around student voice on the degree programmes - how might they create a positive narrative?
- Who should the manager bring in to help them - noting this is a small institution?
- Where are the risks; both to the provider being inspected and to the institution teaching the elements of the degree programme?

Scenario 2: Recommendations from institutional review

Context

A recently concluded external quality review made several recommendations to a provider about the enhancement of the student learning experience. One of these recommendations was for the provider to review its mechanisms for listening and responding to student feedback from student-staff committees at all levels, to create a clearer pathway for feedback provided at a programme level to be fed up the governance structure to the institutional education committee. The education committee has established a task and finish group to take forward the recommendations from the review.

Considerations

- How can the provider use the outcomes of the review to secure buy-in for reviewing student voice mechanisms among staff and students?
- Which stakeholders should be asked to join this sub-group? How can students be involved?
- What changes may need to be made at each layer of the provider's governance to enable this recommendation to be fully addressed?
- How will actions be followed up and reported back to the external quality body and internally as part of any post-review engagement or any future review?
- How will the provider know that they are making progress in this area?

Key Practice c - The expertise and resource required to participate in external review

Key Practice c

The expertise and resource required to participate in external review

Providers acknowledge and support the expertise and resource required to participate in external review and accreditation.

External review outcomes rest, to a significant degree, on providers' ability to foster and support collaboration, reflection and professional expertise across various levels, areas and stakeholders, including:

- academic, professional services and technical staff
- senior leaders and key members of the governance structure
- students and alumni
- external examiners/advisers
- academic partner institutions
- professional/industry partners and employers.

This work necessarily entails significant human, financial and systems resources, time, and specialist knowledge, as well as adequate support for the contributors. This Key Practice outlines the approaches providers could adopt to acknowledge and sustain the expertise and resources needed to successfully engage with external reviews and foster a culture of continuous improvement.

Bringing together the right people

Providers should acknowledge the expertise required for external review and accreditation by identifying and signposting internal experts, experienced practitioners, as well as relevant leadership groups and communities of practice (CoPs). This ensures that institutional knowledge and experience are conspicuous and can be mobilised effectively.

It may be helpful to establish a register of such individuals which may include academic leaders, quality assurance professionals, course leaders, and subject specialists who possess first-hand knowledge of regulatory frameworks, professional body requirements, and sector/industry good practice. A register enables providers to strategically align their expertise with forthcoming review activities. In addition, fostering leadership groups and CoPs encourages collaboration, peer learning, and the sharing of lived experience, which strengthens both institutional readiness and collective confidence.

Time allocation and workload

Participation in external review and accreditation demands significant preparation, documentation, and reflection often by both staff and students. Providers should embed external review participation within formal workload models or through negotiated remission, acknowledging that this work contributes directly to maintaining academic quality and standards and achieving institutional strategic priorities. Gathering feedback from students, staff and external sources - such as employers, industry partners, sector CoPs, partnership networks, and/or critical friends - alike helps create a balanced picture of institutional strengths and areas for improvement.

Professional services and the provision of data

Providers should maintain robust and properly resourced professional and IT services as these underpin all external review activity. Investment in this infrastructure can streamline operations and ensure that submissions are consistent, data-informed, and aligned with institutional vision, missions, values and strategic priorities.

Professional services teams play a pivotal role in coordinating logistics, managing documentation, maintaining version control, and liaising with both internal stakeholders and external reviewers. Their work ensures that processes are coherent, deadlines are met, and institutional evidence is presented in a clear and accessible way. This level of coordination requires not only dedicated staff time but also systems that facilitate seamless document management, such as secure institutional repositories, collaboration platforms, and productivity tools for quality and compliance oversight. Professional services teams can also bring significant professional expertise, in the form of subject matter expertise, quality management, and education design and development, which complements academic insight. They can also act as members of panels, including to provide specialist insight into institutional operational realities and contexts.

The role of data scientists is equally important in the contemporary higher education sector. Providers depend on accurate qualitative and quantitative data to demonstrate both compliance and evidence of enhancement/improvement. Access to integrated data dashboards, learning analytics, and course monitoring systems (including qualitative staff and student feedback) allow staff to interrogate systems, extract data, and interpret metrics and qualitative data efficiently.

The importance of staff development

Professional development is central to ensuring that staff remain confident and capable participants in external review processes. Providers can offer both formal and informal continuing professional development (CPD) opportunities, ranging from structured workshops on quality assurance and regulatory compliance to more informal CoPs and/or reflective learning groups. These activities should be designed to build understanding of national regulatory frameworks, key sector reference points, and/or professional body standards, and, importantly, how these relate to the provider's processes and policies.

Through embedding CPD into institutional planning and appraisal processes, providers can demonstrate a long-term commitment to developing expertise, rather than responding reactively to external demands.

Information for review participants

Targeted briefings ahead of specific reviews and/or accreditation visits can help participants understand their roles, anticipate lines of inquiry, and prepare evidence effectively. Encouraging attendance at sector conferences and engagement with professional networks, such as those offered by The Quality Assurance Agency for Higher Education, Association of Higher Education Professionals, Independent Higher Education and GuildHE, also enables staff at all levels to stay abreast of evolving expectations, new approaches and best practice. Beyond formal training, peer mentoring and shadowing opportunities can help less-experienced staff learn from colleagues with prior review experience. Senior leaders can also engage and learn from experienced staff through a range of activities, including formal debriefs following reviews, as well as working groups, steering committees, and/or CoPs. They can also promote knowledge-sharing through the governance structure, workshops and briefings.

Recognition and celebration

Effective documentation and communication of successful outcomes and/or lessons learned through external review and accreditation are critical to sustaining motivation, morale and institutional prestige. Providers should acknowledge this and celebrate the contributions of the individuals and teams involved. This might involve recognising individuals through career development opportunities and in promotions criteria, and teams by thanking contributors in formal communications, nominating teams for internal awards, and/or publicly celebrating successful reviews through events, newsletters and/or other publications. Celebrating these collective achievements helps cultivate a sense of shared purpose and reinforces the message that the provider values collaborative excellence as much as individual success.

Learning lessons and embedding improvements

The process of reflection in preparation for and following an external review or accreditation visit can be as important as the review itself. External reviews can be relatively short, offering a high-level snapshot, whereas the preparatory phase can be an opportunity for staff and providers to interrogate their own practices in depth - analysing qualitative and quantitative data, testing assumptions, and critically evaluating good practice and areas for improvement - and to anticipate lines of enquiry and potential outcomes from the review. A structured approach to post-review evaluation ensures that lessons learned are captured systematically and used to support staff development.

This may involve debrief sessions, reflective reports, or formal 'lessons learned' exercises, where teams assess what went well, what challenges were encountered, and what could be done differently in the future. Staff that led successful accreditation submissions could be invited or supported to present at departmental, institutional, sector body away days and/or conferences. They also could mentor colleagues preparing for future reviews and/or contribute to policy development.

Embedding these insights from external reviews across the provider supports proactive enhancement. For example, areas identified for improvement could lead to revisions of academic policies, refinements in governance structures, and improved communication channels between professional services and academic teams. Lessons learned could also inform training priorities and workload planning, ensuring that any issues that were encountered do not arise in future review cycles.

Summary

Effective engagement with external review and accreditation depends on providers' ability to value and support the people who make it possible. By identifying and empowering internal experts and experienced practitioners, providing robust support, investing in targeted CPD, recognising contributions, and embedding lessons learned, providers can build a culture of continuous improvement and shared responsibility. Such an approach not only strengthens readiness for external scrutiny but also enhances the effectiveness of internal processes, ensuring that excellence in academic quality and standards remains central to institutional identity and practice.

Figure 1: Key elements of engaging staff with external review and recognising their contributions. Each element is interconnected and mutually reinforcing with spokes representing multiple structured communication.

Reflective questions

1. How clearly is ownership, responsibility for, and participation in external review and accreditation embedded in our strategic priorities and operational plans?
2. Do our senior leaders actively recognise and champion the value of external review and accreditation processes?
3. How do we identify, support and retain staff with relevant experience?
4. What opportunities are staff given to develop the specialist knowledge required by external review?
5. How are staff contributions and the additional effort required in support of external review and accreditation recognised in workload planning, appraisal and promotion?
6. Are contributions recognised and celebrated and successes shared institution-wide to reinforce value and pride in the process?
7. How do we ensure students and student representatives are meaningfully engaged in review and accreditation processes?
8. How effectively do we evaluate and act on feedback from stakeholders?
9. How do we evaluate whether the support and resources provided for external review and accreditation were sufficient and effective?
10. Does our institutional culture encourage openness, reflection and continuous improvement in both supporting preparations for review and response to external review outcomes?
11. What mechanisms do we have in place to monitor ongoing readiness for future external reviews and accreditations?

Scenario 1: PSRB accreditation visit - small specialist provider

Context

A small specialist provider is preparing for a professional body accreditation site visit as part of the re-accreditation of its BA (Hons) Football Coaching and Talent Development course. The institution acknowledges that staff expertise and significant preparation time are critical for success. However, the provider has limited professional services capacity, due to the size of the institution, and only a few members of staff have experience with course accreditations.

The provider forms a steering group with a brief to:

- leverage the few experienced staff as mentors/champions
- break down the accreditation requirements into manageable workstreams
- assign clear responsibilities.

The limited staff resource is directed toward areas most scrutinised by the PSRB and simple tools (which do not require additional staff training) are used to track progress, such as shared spreadsheets and collaborative platforms. The mentors/champions create checklists, guidance notes, aide memoires, and mock sessions based on their previous experience, which are shared with all involved staff.
The steering group regularly reports to the senior leadership team to report on progress, identify risks (such as over-reliance on the few experienced staff, well-being of staff members participating in the visit and managing workloads), and propose mitigation strategies.

Considerations

- How can the provider rapidly establish which areas of provision are likely to be scrutinised by the PSRB?
- Can the provider use the course team's experience of previous (re-) accreditations to inform the best use of the resource available within professional services?
- Can the course team and professional services staff collaborate to manage workloads?
- Is there a role for the student body in supporting the review preparations?
- What contingency plans should senior leadership put in place in case of a demonstrable risk to the provider's readiness for review by the PSRB deadline?

Scenario 2: Cross institution working

Context

A UK-based global enterprise, with qualifications for vocational and professional programmes in partnership with global learning companies and higher education degrees validated by multiple well-established universities, is preparing for an on-site Office for Students (OfS) visit to assess their application for new degree awarding powers (NDAPs). The academic quality team at the global enterprise formed a cross-institutional project team comprising academic leads, professional services staff and student representatives.

At various points in its preparation, the academic quality team identified that:

- policies and practices varied across various departments, teams and campuses
- complex systems led to discrepancies and mistrust in centrally held systems
- staff and students gave inconsistent and sometimes incomplete responses to mock panel questions
- some participants had come to view NDAPs preparation as 'added work', which would not particularly benefit them
- there was resistance to self-evaluation efforts and the surfacing of internal tensions which would not present the institution in the best light.

Considerations

- How could the project team ensure that colleagues are recognised, prepared and supported for the visit?
- How can the Programme Board enable open discussion of institutional weaknesses without blame?
- How could the Programme Board support a collaborative community of practice (CoP)?
- How can the benefits of NDAP (for example, institutional autonomy, reputation, impact on students) be communicated across the organisation?
- What might success look like for different stakeholders (including existing awarding bodies) in the organisation and how can this be celebrated?

Key Practice d - Providers understand the regulatory and legislative contexts in which they operate

Key Practice d

Providers understand the regulatory and legislative contexts in which they operate

Providers who engage in external review understand the UK national regulatory and legislative contexts in which they operate and the different approaches, forms and focus they may take. Providers may engage colleagues with international expertise, in addition to those familiar with UK requirements.

Ensuring that those leading and supporting review activity have a strong understanding of the UK's national regulatory and legislative contexts enables providers to engage constructively with the different forms, purposes and methodologies of external review, whether these are developmental, assurance-focused, or linked to professional recognition.

Understanding regulatory context

It is important for providers to recognise that, according to purpose and jurisdiction, external reviews may vary significantly in scope and focus. Consequently, providers should take a deliberate and informed approach to preparation, evidence-gathering, and stakeholder engagement. Good practice will be evident where a provider demonstrates a clear, institution-wide understanding of the regulatory and legislative contexts in which it operates and how this shapes its engagement with external review and accreditation. This may require accessing current legal advice specific to UK higher education legislation and regulation, including CMA requirements, and supporting colleagues to communicate this effectively. External review activity is best approached by the entire community and not simply as a compliance requirement, but as a meaningful mechanism for reflection, to assure quality and standards, benchmark practice, and drive enhancement.

Maintaining awareness of regulatory requirements

Providers should allow space in colleagues' workload for them to find out, and keep up to date with, what is happening in their regulatory and legislative context, both at UK and individual nation level.

Ensuring effective internal communication takes place on changes to a provider's regulatory and legislative context will strengthen overall institutional knowledge and effectiveness. This could be achieved through, for example, webinars, email updates or a dedicated intranet page, as well as encouraging colleagues to subscribe to relevant publications and attend workshops and conferences. Paid memberships of relevant sector bodies (at the most appropriate level for the specific provider) can also help ensure important updates (including training opportunities) are not missed.

Sharing best practice

Providers should enable the sharing of good practice within their own organisation and with other institutions. For example, if there is a change of regulatory approach in the jurisdiction in which a provider operates, they may take the opportunity to reach out to providers in other countries through formal and informal channels, both within the UK and beyond, who have recent experience of a similar approach to find out what worked well for them and what did not.

Recognising the existing knowledge of national regulatory and legislative contexts that new colleagues bring, as well as the diverse practices among collaborative partners, will benefit a provider through informing enhancement activities and improving practice. It is sensible to develop strong working relationships with external bodies and regulators, seeking advice and guidance whenever requirements are unclear. Engaging with external peers through networking forums, such as Jisc mailing lists and the Academic Registrars Council, can also provide valuable support.

Where provision operates in international or transnational contexts, or draws on global disciplinary standards, providers may also benefit from engaging colleagues with international expertise, for example in the Standards and Guidelines for Quality Assurance in European Higher Education Area (ESG) or equivalent, alongside those with UK regulatory knowledge. Providers may also consider using focused specialist external expertise selectively and purposefully to add value, strengthen assurance, and build internal capability. This combination supports meaningful comparison, ensures alignment with national requirements and enables providers to use external review outcomes effectively to enhance policies, practices and the student experience.

Shaping the regulatory landscape

Providers will have opportunities to shape the regulatory landscape in which they operate when new requirements or legislation are proposed. There is usually a consultation period during which institutions and individuals are invited to submit feedback. Participating in these consultations is crucial to ensure diverse perspectives are considered, and can help support development of policies, guidance and legislation. Active engagement not only helps shape sector-wide policies but also strengthens both individual and institutional understanding of external requirements.

Responses to institutional consultations could entail sharing and review of the materials with relevant colleagues, drawing on operational, academic and student perspectives, as appropriate. Feedback can then be consolidated to identify key themes, opportunities and risks to ensure that the response is informed by evidence, professional judgement, and an accurate reflection of the institutional context. This can be done by individual institutions as well as by sector bodies, such as Independent HE and GuildHE on behalf of their member providers.

Where consultations are open to individual responses, providers can promote and support engagement among relevant staff and student groups. Providers can also encourage the sharing of individual responses internally to help inform understanding of sector developments and, where appropriate, planning and regulatory engagement prospectively.

Reflective questions

1. Where provision has an international or transnational dimension, what is our approach to identifying and engaging colleagues with relevant international expertise in preparations for external review?
2. How do we ensure our preparation for external review allows sufficient time for us to appropriately evidence our understanding of the different approaches, forms and focus of our regulatory and legislative context?
3. How do we ensure the legislative and regulatory context is fully understood by those responsible for interpreting and responding to external review outcomes, in relation to both compliance and enhancement?
4. What is our approach to reflecting changes to national legislation in internal regulations, policies and procedures?
5. How can we improve our internal communications related to external review to support colleagues to stay up to date with changes in our legislative and regulatory context?
6. What tools do we give our colleagues who are responsible for important stakeholder communications related to external reviews to ensure their work is clear and prompt? How do we ensure these tools are the most effective?
7. What opportunities and resources do we offer for colleagues who are involved in external review to access external training and events that will improve their knowledge of the UK legislative and regulatory context? How could we do more here?
8. What opportunities do we offer for colleagues who are involved in external review to consult their peers with international expertise or our collaborative partners, to both reflect on and apply lessons learnt from different legislative and regulatory approaches to external reviews? What more could we do to share good practice?
9. How well do we encourage staff to participate in consultations and share their individual responses internally, and how might we improve this to enhance our understanding of sector developments and inform future planning?

Scenarios

Scenario 1: Knowledge gaps when preparing for external review

Context

A provider was required to undergo external review by their national regulator and given two years' notice. This was the first time they had been required to submit to review and there was no one within the organisation, or among their collaborative partners, with prior experience of the process. The provider was, and remains, a member of several national and international sector bodies and networks and subscribes to relevant sector communications that include resources to support providers undergoing review and its wider context.

However, the team leading the review decided to save preparation time by simply reading the specific process guidance provided by the regulator which they assumed be sufficient to achieve a high-level outcome. Moreover, they decided to save further time by reusing several types of evidence that had been submitted for a recent funding body audit, with no changes made to reflect the different context.

Ultimately the review panel found that the provider met the baseline requirements, but did not exceed the baseline in any areas, and they were given several conditions to meet, all of which pointed to gaps in their contextual knowledge.

Considerations

- What approach to preparation and evidence gathering would have worked better in this situation?
- How might appropriate involvement of senior management in preparations from the outset have improved the standard of preparation and consequently the outcome?
- How might additional staff resourcing of the team leading the review have improved the level of preparation and consequently the outcome?
- What risks to the provider should be considered here?
- How should the provider handle communication of the review outcome, to mitigate the potential reputational risks and effects on staff morale?
- What should be included when responding to the review's conditions?
- What sources of support should the provider access before the regulator's next visit to ensure a better outcome?

Scenario 2: Scope of consultation too narrow

Context

A specialist English conservatoire offering degrees in dance performance (and accredited by the Council for Dance, Drama, and Musical Theatre (CDMT) plans to apply to join the Office for Students (OfS) Register of Higher Education Providers to gain access to key funding streams, attract a wider pool of students, and enhance their institutional standing.

Due to capacity and budget constraints, the conservatoire establishes a small internal project group, including a mock review panel comprising primarily international practitioners unfamiliar with the above regulatory frameworks. Only a small subset of staff is consulted, and student input is neither sought nor captured in an organised way. The mock panel outcomes highlight strengths, for example a close mentorship model, and placement and employment opportunities, and it makes recommendations for enhancing global relevance.

However, the mock panel outcomes do not consider English regulatory standards, academic rigour, or professional outcomes expected locally. Consequently, senior leaders decide to postpone their OfS application and begin again.

Considerations

- How did senior leaders determine the limitations of the work of the mock panel? How could this inform a future application?
- What, if anything, could the provider have done differently?
- What are the implications of postponing the OfS application?
- How can senior leaders ensure that internal project group outcomes will be fit for purpose next time?
- How can senior leaders make the best use of the second set of internal project group outcomes?

Key Practice e - The requirements for external reviews in partner delivery locations

Key Practice e

The requirements for external reviews in partner delivery locations

Providers understand the requirements and process for external reviews that may be required by regulators in partner delivery locations.

External reviews of provision partner delivery locations may be required for several reasons:

- to meet the requirements of an in-country regulator, for example the Chinese Ministry of Education or the Malaysian Qualifications Authority
- to meet the accreditation requirements of an in-country PSRB
- to meet the accreditation requirements of a UK-based PSRB that offers international accreditations, for example the Royal Society of Biology or Royal Institute of Chartered Surveyors.

Scope

In establishing and maintaining partnerships, including validated provision and franchises, providers are encouraged to read Principle 8 - Operating partnerships with other organisations (specifically Key Practice a) which provides general guidance on academic standards and quality where provision is delivered through partnership. Here, the focus is on the specific considerations for providers who need to prepare for external review in partner delivery locations, including the following.

- **Strategy:** who is your partner and why are you working with them - is external review a regulatory requirement or does it add value to the partnership? What are the strategic implications of the external review/accreditation for the partnership and its provision?
- **Governance arrangements:** does the provider's governing body understand the strategic purpose of any partnerships and how they are regulated? Are the academic and corporate governance arrangements of the partner sufficiently transparent?
- **Quality arrangements:** do the provider's quality arrangements meet any requirements specific to the jurisdiction in which the partner is operating? What is the partner's experience of such external review processes and at what levels?
- **Operational delivery and resources:** what is the size and disciplinary focus of the partner/partnership, and what information do you have about their staffing, programmes, delivery modes and assessment strategies? What is the partner's understanding of the resource needs to support the mode(s) of delivery being reviewed? This might include digital and physical infrastructure, specialist teaching facilities, library services, IT and software licences, and staff development.

- **Stakeholders:** apart from the provider and partner(s), are there any other stakeholders with a significant interest in the outcome of review/accreditation? How will they be consulted and communicated with?
- **Student support:** what is the profile of the student body at the partner(s)? Do the partner(s) have sufficient understanding of any support services that might fall within the scope of the review and are these resourced adequately?

Local knowledge and expertise

To ensure the sustainability/longevity of accreditations, it is necessary for providers to consider how to gain and retain knowledge of contractual requirements, associated responsibilities and remain familiar with the socioeconomic, cultural and political contexts of their partner(s). They also need to consider what information or expertise may be required by the partner to maintain the partnership and support development. For example, how can a provider encourage a partner to ensure the knowledge and expertise required to sustain the programme(s) are shared across the organisation? The provider should be aware of all the roles and responsibilities that contribute to external reviews and encourage secession planning by the partner(s) that includes recognising when external recruitment is required.

Legislative and regulatory arrangements

As part of their preparations, providers and partners should consider legal, regulatory and ethical issues relating to external review. This should include data collection and protection, sharing of resources (for example administrative support), and risk assessments, monitoring and breach escalation mechanisms (legal, financial, academic and moral).

Alignment of governance and processes

It is also important when preparing for review to ensure that internal processes of both provider and partner are aligned; recognising partnership delivery requirements and differences but ultimately being cognisant of measuring parity and/or comparability across delivery locations. To promote continuous improvement, providers should consider to what extent their governance processes support wider cross-partnership collaboration and engagement, supporting the dissemination of good practice to drive sustainable and resilient model(s) across other locations.

A common approach to quality assurance

Providers should periodically consider their quality assurance mechanisms, including how they align with those of partners and the understanding partners and providers have of each other's codes of practice. This may extend to agreed variations and exemptions that promote synergies and account for acknowledged differences. In addition to considering their relationship with their partner(s), providers should consider the socioeconomic, cultural, and political context in which partnerships are delivered. This should include early consideration and joint understanding of regulatory differences across delivery locations and provider/partner priorities. For example, local regulators may require the inclusion of specific content within the curriculum (such as citizenship) or require evidence of collaboration between the provider or partner and government bodies.

A mutually supportive relationship

Effective practice exists where a provider helps their partners to maintain a focus on continual enhancement with ongoing monitoring and review. This is underpinned by a mutual understanding and sharing of good practice/resource (already in existence) with transparent and consistent communication. Examples might include staff development, student projects, library and learning materials, laboratories, and effective educational relationships.

If this approach extends to sharing of education strategy or delivery plans, a culture of continuous collaborative improvement ('no blame' / safe space culture) it can address the question of how procedures can be put in place and data systematically gathered and analysed to support future (interim) reviews. The different stages of development are shown in Figure 2. As indicated, these should not be considered as separate or linear stages but forming a virtuous circle with each informing subsequent areas of the developmental process.

Figure 2: Developmental stages of a partnership arrangement to illustrate the role of external review

It is desirable that providers and partners achieve synergies, especially in relation to size, shape and portfolio with shared partnership and graduate outcomes. Data, knowledge and understanding should feed into ongoing monitoring, policy development. Moreover, creative solutions, lessons learned and effective working practice (co-creation, learning and development) should be shared to feed forward into continuous improvement. This supports enhancement and allows both parties to learn from what works well and what could be further developed. Additionally, partnership arrangements allow staff and students to share and provide expertise and take advantage of developmental opportunities for professional recognition (HEA fellowship), training and funding opportunities (for example QAA collaborative enhancement projects) and secondments and exchanges. These opportunities should be considered throughout the process and are in addition to offering support to staff who wish to take on sector roles or participate in sector initiatives, for example as external reviewers or external accreditation.

Reflective questions

1. What is the strategic benefit of external review to the partnership and how is this reflected in both parties' governance and collaboration arrangements?
2. How do we manage the relationship between the requirements of external review and a partner's processes? Are responsibilities, operations and communication frameworks clearly defined?
3. Will our commitment to the partnership - from both a development and a monitoring perspective - be sufficiently clear and transparent at external review?
4. How can jurisdiction/location-specific requirements be articulated and integrated within the requirements of external review?
5. Is there a clear audit trail of formal and informal interactions between provider and partner (for example, is the partner included in decision making)? How will regulatory requirements changes be communicated to all parties?
6. How does our regular quality assurance evaluation process feed into external reviews?
7. How can we evidence that learning materials and any research-led teaching has been contextualised for the country of delivery?
8. How do we know that a partner's teaching and assessment practices meet local student needs in line with external review requirements?
9. How is the specific staff/student experience evaluated in each partner delivery location? How do we know what feedback students are providing and how is it being acted upon by the partner?
10. Have we embedded opportunities/mechanisms for sharing good practice and learning from each other within the partnership and how is that reported at external review?

Scenarios

Scenario 1: In-country professional body accreditation of an international partner

Context

A provider has been successfully working with an international partner for several years. The next step is to seek accreditation from the relevant in-country professional body. The application has been submitted, and the international partner is scheduled to receive an accreditation visit from external reviewers. The professional body and all external reviewers are based in the provider's country. Both the provider and partner have experience of external review, but only in their own context of their own countries. The provider and partner are unsure of the additional information required by external reviewers to fully understand the local context and provider/partner relationship.

Considerations

- What aspects of the local context (such as demographics, enrolment in higher education, employability, progression of the discipline) do external reviewers need to understand about the local context to review the programme?
- Who is best placed to provide this information and what resources (such as time, data, administrative support) are required to provide this?
- How can the provider and partner ensure that this information (such as trends in employability) is monitored to support internal review processes?
- What longer-term lessons could be learnt to inform ongoing enhancement and developments?
- How will good practice be shared to demonstrate a culture of continuous partnership improvement?
- How will risks be managed - including possible negative outcomes which may result from a visit?
- How will overseas delivery impact on the home version in the home institution or accreditation of the original programme/provision?

Scenario 2: PSRB accreditation of a partner's programme

Context

An external review of a partner's programme was conducted by the accrediting PSRB. While members were professional, the provider, partner, and reviewers were each dissatisfied with the review visit. The provider and partner felt that the external reviewers did not appreciate the strengths of their delivery and the contextual issues impacting on the programme, and that they had a pre-determined bias about the quality of partnership programmes. The external reviewers felt that the provider and partner were not fully prepared for the accreditation visit and the individual roles and responsibilities of the provider were not clearly defined, leading to some actions 'falling between the gaps'. The programme was not accredited.

Considerations

- To what extend were the provider and partner prepared for their individual and collective responsibilities? How were the external providers fully prepared for the nature of partnership delivery?
- What opportunities may be available to identify missing information or inadequate processes prior to the visit? How can providers ensure that all participants approach the visit as an opportunity to learn from experts in the field / peer review process?
- What advice or feedback can be sought from the review panel to view it as a possible opportunity to seek support?
- Post visit, how will resubmission be approached within the regulatory timeframe applicable? What action plan will be put in place to address this? Who would need to be involved, when and with what?
- How can provider and partner move forward while ensuring a positive working relationship so that they both learn from this experience and avoid individual blame?
- What governance and quality assurance processes should be in place to support remedial actions?
- What risk register or monitoring should be implemented to support future opportunities? Consideration of legal, commercial, intellectual property or reputational elements may be useful to consider. Areas pertaining to access, participation, quality assurance or student representation, protection and experience may also apply.

Terminology

Term	Definition
Accreditation	In higher education, accreditation is the process by which an external, independent agency or body evaluates an institution or a specific programme to ensure it meets established quality standards. This 'stamp of approval' confirms the quality of the education provided, helping to assure students and employers that graduates are well prepared and that the programme meets a professional standard. It is a form of quality assurance that demonstrates a commitment to excellence and often serves as a requirement for professional registration or licensure in certain fields.
Audit	An audit within the UK higher education context refers to a structured and evidence-based review of an institution's policies, procedures and operational practices. Its primary purpose is to confirm compliance with statutory and regulatory requirements, sector-wide standards, and the institution's own strategic objectives. Audits are designed to evaluate the effectiveness and robustness of governance, quality assurance, financial management and risk control mechanisms, rather than to assess academic content or individual staff performance. By providing an independent and objective assessment, audits help ensure transparency, accountability and continuous improvement across the institution.
Collaborative provision	Any academic programme where an institution collaborates with external organisations to deliver, assess, or support parts of the curriculum while maintaining responsibility for academic quality and the integrity of its awards. The external organisation can also be called a collaborative partner.
Communities of practice (CoPs)	Groups of academics, staff or students who share a passion or profession and engage in collaborative learning to improve their practice. They foster professional development, knowledge sharing, and problem-solving to break down silos, often evolving from informal networking into structured, sustainable groups that enhance institutional effectiveness.
Derogation/ variation/ exemption	A proposed change to an institution's academic regulations to accommodate a professional, statutory and regulatory body (PSRB) requirement.
Enhancement	The deliberate and systematic improvement in the quality of provision and the ways in which students' learning is supported, involving the active engagement of students and staff. Enhancement has different interpretations across the UK with some UK nations having an enhancement-led regulatory framework.

Term	Definition
Evaluation	The retrospective assessment of the provider's strategic approach conducted internally and/or by external independent evaluators, on a periodic basis. Evaluation considers the outcomes of monitoring activity, plus other quantitative and qualitative data. It is undertaken to measure the impact of the approach on the provider's academic standards and quality and inform its revision for future cycles. Evaluation may also be initiated outside of the normal timeframe in response to factors identified through monitoring.
External review	An external review is an independent and objective evaluation of an institution's academic standards, quality assurance arrangements, or specific operational areas, conducted by individuals or organisations not employed by the institution. Within the UK higher education sector, external reviews are commonly undertaken by regulatory bodies, professional, statutory and regulatory organisations (PSRBs), or sector agencies such as the Quality Assurance Agency (QAA). The purpose of an external review is to provide assurance that the institution meets nationally recognised standards, complies with relevant legislation and sector expectations, and demonstrates sound practice. External reviews also serve as a mechanism for identifying areas for enhancement, supporting continuous improvement, and maintaining public confidence in the quality and integrity of higher education provision.
External stakeholder	Stakeholders such as external advisers, external contributors, external examiners, guest speakers, visiting academics, and independent assessors providing expertise to institutions.
Externally verified charter marks	Institutions can engage with externally verified ways to demonstrate that they uphold specific values, priorities, principles and practices, such as charter marks, pledges, commitments and awards. These mechanisms fall outside the scope of this guidance, as they typically focus on broader organisational values, culture or thematic commitments rather than formal assurance of academic quality and standards. They are therefore distinct from the external reviews and accreditations, which assess higher education provision against regulatory and sector-specific requirements, explored in detail here. For more information, a list of charters, pledges, and commitments in the HE sector can be found here: www.plinthhouse.com/charters-pledges-commitments-in-he.
Governing body	A provider's highest decision-making authority, responsible for setting strategy, ensuring financial sustainability, overseeing academic quality, and holding senior leadership to account. It safeguards the institution's mission, legal compliance, and long-term public interest.

Term	Definition
Governance framework	The structured system of policies, roles, committees, and processes that sit beneath the Governing Body and oversee the day-to-day activities of a provider. It defines decision making responsibilities, ensures accountability, supports regulatory compliance, and enables effective oversight of academic, financial, and strategic performance..
Legislative	A term or concept that is explicitly provided within a law or statute. Legislatures often include definitions in legal texts to ensure clarity and consistency in interpretation and application of the law.
Monitoring	The ongoing and routine collection and analysis of information relating to the provider's strategic approach to standards and quality, undertaken while those processes are ongoing. The focus is on the operation and implementation of processes, and how well they are embedded across the organisation. It is undertaken to inform decision making, and to identify issues with processes to enable adjustments to be made as needed.
Partnership arrangements	All formal arrangements (in the UK or international) where a provider works with others to design and/or deliver programmes and/or to award qualifications. The processes providers will need to follow to assure high quality will vary considerably depending on the type of partnership and the risks involved.
Professional body	In the UK, a professional body is an organisation that advances a specific profession through membership services, setting and regulating professional standards, and providing support to its members. These bodies help maintain a profession's knowledge, skills and ethical conduct, and often promote the public benefit of that profession. They can be regulatory, professional and employer bodies, or act as a competent body for specific tasks, like those involved in vetting for the Disclosure and Barring Service.
Professional, statutory and regulatory body (PSRB)	PSRBs are a varied group of bodies, regulators and those with statutory authority over a profession or group of professionals. PSRBs may provide membership services and accreditor or approve courses as confirmation that the courses meet their standards and expectations. PSRBs are recognised by employers; achievement of a PSRB-recognised course can be an essential requirement for entry to a particular role/occupation or to be professionally registered with them.
Quality	Refers to how well providers support students to consistently achieve positive outcomes in learning, personal development and career advancement, while meeting the reasonable expectations of those students, employers, government and society in general.

Term	Definition
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 Principles set out in 2024 Quality Code, and that the quality of the student learning experience is being safeguarded and improved.
Regulatory body	An organisation that has been delegated to perform functions under legislation relating to the regulation of a regulated profession. They carry out a range of functions in relation to the professions they regulate, including making sure individuals have the necessary qualifications and/or experience to practise the profession and taking any necessary enforcement action. In some cases, these functions are carried out by a single regulator for an individual profession and in other cases the functions are distributed across several regulators.
Statutory body	In the UK, a statutory body is a public organisation established by law to carry out specific functions, such as regulating an industry or providing a public service. Its powers, responsibilities and operations are defined and authorised by an Act of Parliament, distinguishing it from non-statutory bodies which are not created by law.
Strategic approach	A clearly articulated approach to managing quality and standards as part of a provider's education strategy, with comprehensive and effective governance and decision-making structures reaching up to governing bodies and including operational levels. Governance, and governance frameworks, refers in this context to processes and systems that define and govern institutional decision making.
Transnational education (TNE)	All types of higher education study programmes, or sets of programmes of study, or educational services (including those of distance education) in which the students are located in a country different from the one where the awarding institution is based. Such programmes may belong to the education system of a state different from the state in which it operates or may operate independently of any national education system.

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Continue exploring the Advice and Guidance

This publication is part of a suite of Advice and Guidance that accompanies the UK Quality Code for Higher Education 2024.

Select the Principles below to access additional guidance, practical considerations and resources that support the enhancement of quality and the maintenance of academic standards.

Principle 1
Taking a strategic approach to managing quality and standards

Principle 2
Engaging students as partners

Principle 3
Resourcing delivery of a high-quality learning experience

Principle 4
Using data to inform and evaluate quality

Principle 5
Monitoring, evaluating, and enhancing provision

Principle 6
Engaging in external quality and standards review and accreditation

Principle 7
Designing, developing, approving, and modifying programmes

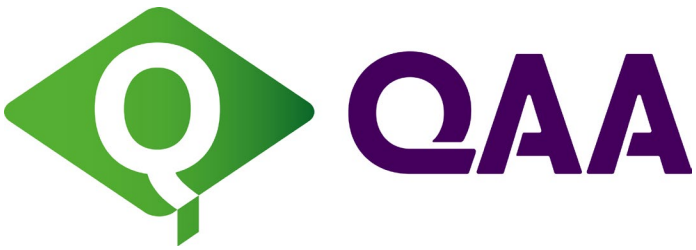
Principle 8
Operating partnerships with other organisations

Principle 9
Recruiting, selecting and admitting students

Principle 10
Supporting students to achieve their potential

Principle 11
Teaching, learning and assessment

Principle 12
Operating concerns, complaints and appeals processes



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