



This review method
is ESG compliant

Educational Oversight Review

Guidance for Providers

December 2025

This document is published
in both English and Welsh

Contents

Introduction.....	1
Overview.....	1
Components of the Educational Oversight Review	3
Aims and objectives of Educational Oversight Review.....	8
Provision to be considered by the review	8
Key stages of the review year	9
Review process	11
What is the application process?	11
Fees for an Educational Oversight Review	11
What happens following submission of an application?	12
Who will conduct the review?	12
How will we communicate during the review?.....	12
How are students involved in the review?	13
What support is available to help you prepare?.....	13
What do you need to produce?	14
What evidence will you need to provide?	14
How and when should evidence be provided?	15
What is the initial analysis?	15
What is the review visit?.....	15
How should you prepare for the visit?	16
How is the visit conducted?	16
What will happen at the visit?	17
Is there contingency to extend the review visit?	17
When will you know the outcome of the review?	18
What will the review report include?	18
What judgements will be made?	18
What is considered a successful outcome?	19
What is required by way of an action plan following a successful review?	20
What happens if you receive an unsuccessful outcome?	20
Negative outcomes	22
What if you disagree with the judgements and reasoning in the final report?	22
When and where is the report published?	22
What happens next?	22
How can you give feedback on your review experience?.....	23
What if you have a complaint about how the review was conducted?	23
Monitoring.....	24
Why is follow-up activity important?.....	24

What is the focus of monitoring?	24
What is the annual review process?	24
Notifications of material changes of circumstances.....	24
What is included in the annual return?	24
How is the annual return assessed?	25
What are the outcomes of an annual return desk-based assessment?	26
What is a monitoring visit?	27
What are the potential outcomes of a monitoring visit?	27
Annex 1: QAA review methods - Scotland, Wales and Northern Ireland	29
Annex 2: EOR Concerns Scheme	31
Annex 3: Participants in the review process.....	33
Annex 4: Protocol for the conduct of meetings	36
Annex 5: Review report	37
Annex 6: Judgements, outcomes and assessment criteria.....	38
Annex 7: Appeals and complaints.....	45
Annex 8: Material changes in circumstance	46
Annex 9: Timeline for the monitoring process	47
Annex 10: Data protection.....	48
Annex 11: Mapping of the Home Office requirements to the Quality Code (Core component)	49
Annex 12: Mapping of the remaining Sector-Agreed Principles of the Quality Code (Full Component)	58
Annex 13: Glossary.....	61

Compliance with the ESG

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

1 Educational Oversight Review (EOR) was first introduced in summer 2024. It draws upon QAA's 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 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 outcomes. It supports our work on behalf of the sector to protect the global reputation of UK higher education.

2 QAA's work and review methods are informed by the fundamental values of the European Higher Education Area. QAA's approach and methods are designed to meet the standards and reflect the guidelines set out in the Standards and Guidelines for Quality Assurance in the European Higher Education Area. QAA seeks to encourage engagement with other Bologna expectations, including means to enable student mobility.

Educational Oversight Review is a method that QAA offers:	
A	Primarily, for providers required to obtain educational oversight as directed by the Home Office for the purposes of a Student Sponsor Licence for higher education provision and includes those who are: ➤ in England and not eligible to register with the Office for Students¹ ➤ not reviewed by QAA through one of the reviews that QAA undertakes on behalf of funders and regulators in Scotland, Wales or Northern Ireland² ➤ in Wales and do not hold specific course designation.
B	For higher education providers: ➤ seeking specific course designation in Northern Ireland ➤ seeking specific course designation in Scotland, where they have been advised their higher education provision should be reviewed by QAA for that purpose³ ➤ based outside of Wales, but seeking specific course designation in Wales⁴
C	For any other higher education provider in the UK - that is not a higher education provider in England that has been refused registration by the Office for Students - that wishes to have a review by QAA and is not eligible for one of QAA's other review methods.

¹ Providers in England who are eligible to register with the Office for Students but have been refused registration, are not eligible for this method. Eligibility for registration with the Office for Students should be established by the provider and the Office for Students; this is not the responsibility of QAA. See the 'What is the application process?' section for more information.

² Details of QAA's review methods are available in Annex 1.

³ Provision in Scotland that is at Level 7 and 8 of the Scottish Credit and Qualifications Framework and is **not** provision that is a qualification of a higher education institution will be reviewed by The office of His Majesty's Chief Inspector of Education in Scotland - see <https://scqf.org.uk/about-the-framework/interactive-framework> and www.saas.gov.uk/guides/private-colleges-andtraining-providers for more information.

⁴ Higher education providers based in Wales, seeking to make a new application for Specific Course Designation in Wales, should contact QAA regarding a [Gateway Quality Review: Wales](#)

In this document, we refer to these as category A, B, and C providers respectively

3 You should contact QAA **before** making preparations for a review and we will be able to discuss your eligibility for this review method. Providers who consider they fall into category C above will be subject to an additional application stage before QAA confirms they will undertake a review. QAA is under no obligation to accept an application for review under category C.

4 This document intends to give higher education providers the information needed to understand how the review 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 QAA during the process.

5 For providers requiring reviews in order to apply for or maintain a Student Sponsor Licence, this review method is applicable for provider types shown in Table 1 - as set out in the Home Office's guidance document *Student Sponsor Guidance - Document 1: Applying for a Student Sponsor Licence*.

Table 1: Provider types requiring Student Sponsor Licence

Home Office guidance description	QAA guidance
Overseas higher education institution (HEI)	Providers based outside of the UK, operating their own provision in the UK that does not meet the Home Office's definition of a short-term study abroad programme ⁵
Private provider (independent provider) – higher education provision or predominantly higher education provision	Providers in Scotland or Northern Ireland, and providers in Wales that do not need a review for the purposes of specific course designation. This includes providers operating as 'third-party' study abroad providers offering courses for overseas HEIs.

⁵ QAA's understanding of the Home Office policy position is that overseas HEIs operating programmes that are not short-term study abroad programmes will be treated as a private provider for the purposes of Student Sponsor Licence requirements. The Home Office requirements for a short-term study abroad programme are: students must enrol in their home country; study in the UK for no more than 50% of the total length of their course; and return home to finish their degree course (which must be equivalent to a UK degree).

Embedded college offering pathway courses	Providers that are part of a network of providers based in England offering pathway colleges, should determine whether they meet the definition of an English higher education provider as set out in the <i>Higher Education and Research Act 2017</i>, and therefore will need to register with the Office for Students. We consider that providers in Scotland, Wales and Northern Ireland of this type are likely to be eligible for this method.
---	---

Components of the Educational Oversight Review

6 The Educational Oversight Review (EOR) consists of a number of components and operates on a cyclical basis. The components that apply will depend on your provider type. In the first year, and every four years after, providers will undertake the FSMG (financial sustainability, management, and governance), Core or Full components as applicable (the 'review year'). The Partial Review component is undertaken if a Core or Full component results in an unsuccessful outcome. In the intervening years, providers will undertake the monitoring component. Additionally, all providers will become subject to the QAA EOR Concerns Scheme.

Table 2: Summary of applicable components by provider type

Provider type	Component				
	FSMG	Core	Full	Partial Review (where required)	Monitoring
Overseas HEIs offering courses that do not meet the Home Office definition of short-term study abroad provision (category A providers)	Yes	No	Yes	Yes	Yes

Provider type	FSMG	Core	Full	Partial Review (where required)	Monitoring
Private provider offering higher education courses where the student can achieve a complete qualification at Level 4, 5 or 6, or equivalent, of the FHEQ and seeking a Student Sponsor Licence (category A providers)	Yes	No	Yes	Yes	Yes
Private provider offering only short-term, study abroad provision (category A providers)	Yes	Yes	No	Yes	Yes
Embedded college offering pathway courses (category A providers)	Yes	Yes	No	Yes	Yes
Provider seeking specific course designation only (category B providers)	No	No	Yes	Yes	Yes
Other providers (category C providers)	No	No	Yes	Yes	Yes

FSMG component

7 The FSMG component is a check on financial sustainability, management and governance ('the FSMG check'), for category A providers. The FSMG meets Home Office requirements and aims to give students reasonable confidence that they should not be at risk of being unable to complete their course as a result of financial failure of their education provider. Providers must offer evidence that they are financially sustainable; that financial management is sound; and that a clear relationship exists between the applicant's financial policy and the safeguarding of the quality and standards of its provision. The provider should also offer evidence that it is governed and managed effectively, with clear and appropriate lines of accountability for its academic responsibilities.

- 8 In terms of financial sustainability, the provider will need to give assurances that it:
- has adequate cash flow to stay solvent (that is, has sufficient liquidity to pay its debts as they fall due)
 - has an adequate balance sheet (that is, maintain a net total assets position and not incur deficits if these would result in a net liability position).

9 In terms of management and governance, the provider will need to demonstrate the management oversight and corporate governance arrangements in place at the provider. This should include a description of any board of governors and trustees, and any committees (for example, audit committee, finance committee) that provide oversight of the provider and independent challenge to the senior management. This should also include arrangements that provide assurance over the internal control environment at the provider (for example, internal audit, external audit) and include any recent or planned changes to the corporate governance arrangements. The provider should include information on terms of reference, membership and frequency of boards and committees, and, where possible, flowcharts of the interaction of these bodies. In terms of management and governance, the applicant will be assessed on the appropriateness of these arrangements against statutory requirements, compliance with its own memorandum and articles of association, and any good practice that it follows. Additionally, providers must outline contingency arrangements to safeguard international students' interests in the event of a sudden decline in international student numbers or institutional failure. The requirements for application for the FSMG check are set out in detail in supplementary guidance and templates that are made available to providers.

10 The FSMG check is conducted separately from the review of higher education quality and standards.

11 Providers subject to the QAA FSMG check undergo a full check at least once every four years, to coincide with the full review of quality and standards.

12 Some category A providers may be judged by QAA to require additional checks in between full checks, either annually or at QAA's request. This may occur where:

- the full check finds that the provider's financial position is heavily reliant on a planned change not guaranteed to come to fruition (such as significant growth in student numbers)
- issues have been identified in the full check which need to be revisited
- material changes have been notified by the provider to QAA (see Annex 8)
- potential (future) material changes are identified through the annual monitoring report (AMR).

13 The purpose of the additional check, therefore, is to compare the provider's actual audited or unaudited performance against the financial forecasts it provided for the previous full FSMG check (or previous additional check), as a means of assuring QAA that material issues have not emerged or crystallised. The additional check will therefore be a targeted

check and is not expected to replicate the activity involved in a full FSMG check.

14 From time to time and on a case-by-case basis, there may be circumstances where QAA alters the FSMG requirements for a category A provider to better reflect the specific context of the provider. Where requirements are altered, this may need to be agreed with both QAA and UK Visas and Immigration. Alterations will be mapped directly to the Home Office specified FSMG requirement for the purposes of equivalency and the (altered) FSMG check will proceed in the normal manner with the same level of scrutiny.

15 A category A provider that does not successfully pass the FSMG check will not be considered to have obtained educational oversight, even if they successfully pass the review of higher education quality and standards. The remainder of this handbook is concerned with the arrangements for the review of higher education quality and standards.

Core component

16 The Core component is a review of the provider's arrangements for maintaining the academic standards and quality of the courses it offers, against a subset of principles contained within the [UK Quality Code for Higher Education](#) (2024 revision) (the Quality Code). These principles have been mapped to the core requirements that have been set out by the Home Office in relation to educational oversight.

17 The review activity that will take place within the Core component may be varied according to the context of the institution and the complexity of its higher education provision. Visits for the core component will normally be one day but may be extended for a provider offering a significant number of subject areas over a range of different delivery sites.

Full component

18 The Full component is a review of the provider's arrangements for maintaining the academic standards and quality of the courses it offers against the full set of principles contained within the Quality Code. This will therefore also meet the Home Office requirements and assess a provider against a common UK framework.

19 The review activity that will take place within the Full component may also vary according to the context of the institution and the complexity of its higher education provision. Visits for the full component will normally be three days but may be extended for a provider offering a significant number of subject areas over a range of different delivery sites.

Partial Review component

20 The Partial Review component is an opportunity for the provider to achieve a successful outcome following an unsuccessful Full or Core review where up to two of the principles under review were judged to have not been met and require action.

21 The review activity that will take place within the Partial Review component may vary according to the extent of the remedial action required. The review activity may take the form of a desk-based assessment, or a visit either online or onsite. Further details can be found in the Partial Review Process Guidance.

Monitoring component

22 The monitoring component is a common approach to follow-up activity. It is generally a light touch engagement consisting of an annual return from the provider, allowing QAA to understand whether there have been significant changes that could call into question whether a provider's existing review is likely to remain a valid assessment and to monitor progress against any actions resulting from the most recent review.

23 For category A providers, there are more significant monitoring requirements, in that for certain changes of circumstances ('material changes', see Annex 8) the provider is required to notify QAA within 28 days, which will trigger a monitoring visit. The monitoring visit may be included within a scheduled review or annual monitoring visit, or it may be decided that an early monitoring visit is required.

24 More details regarding monitoring can be found in the 'Monitoring' section of this document.

Common features

25 The review of quality assurance arrangements is carried out by peer reviewers - staff and students from other providers. The reviewers are guided by a set of UK Expectations and associated Sector-Agreed Principles (as applicable) contained in the Quality Code about the provision of higher education, which is the key reference point for this review method.

26 The Sector-Agreed Principles identify the features that are fundamental to securing academic standards and offer a high-quality student learning experience in the UK. The underlying Key Practices set out how a provider can demonstrate that they are adhering to the Sector-Agreed Principles. Using these principles as the key reference point for this review method ensures that reviewers can consider individual provider context when making judgements as to whether a provider is aligned with the relevant Sector-Agreed Principles.

27 For category A providers requiring a review for the purposes of applying for, or maintaining, a Student Sponsor Licence, EOR is designed to assess them against the requirements and objectives set out by the Home Office. A mapping of the Quality Code to the Home Office requirements (included in Annex 11) may also be useful for providers that do not use the Quality Code (for example, because they are based overseas) as it refers to broader elements of quality assurance. For category A, B and C providers required to undertake the Full component of EOR, a list of all Sector-Agreed Principles is included in Table 3 and 4.

28 Students are at the heart of EOR. There are opportunities for the provider's students to take part in the review, including by contributing a student submission, meeting the review team during the review visit, and working with their providers in response to review outcomes. All review teams will include a student member.

29 In the Core and Full components, we will also be looking for examples of enhancement that you have undertaken with regard to your higher education provision. For the purposes of EOR, 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.

30 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.

31 EOR culminates in the publication of a report containing the judgements and other findings. The provider is then obliged to produce an action plan in consultation with students, describing how it intends to respond to those findings. Action plans are monitored through the monitoring process.

32 Providers that have a successful EOR will also become subject to the QAA EOR Concerns Scheme. The EOR Concerns Scheme is the process that QAA has in place where third parties can submit information to QAA that may lead QAA to consider that a further review of the provider's quality and standards arrangements are necessary. Details of the EOR Concerns Scheme can be found at Annex 2.

33 Annex 11 provides a mapping of the Quality Code to the Home Office requirements for category A providers who are subject to the Core component only.

31 Annex 12 provides a mapping of the remaining Sector Agreed Principles for category A, B and C providers who are subject to the Full component of EOR. These principles, along with those in Annex 11, will form the basis against which providers will be assessed.

Aims and objectives of Educational Oversight Review

32 The overall aims of EOR are to inform stakeholders as to whether a provider:

- sets and maintains the academic standards of the qualifications it offers in line with UK expectations if it is a degree-awarding body or organisation
- maintains the academic standards of the qualifications it offers on behalf of its degree-awarding bodies and/or other awarding organisations
- provides learning opportunities which allow students to achieve the relevant awards and qualifications.

Provision to be considered by the review

33 The scope of provision to be considered by an EOR encompasses all or a combination of the following:

- programmes of study leading to awards at Level 4-8 of The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ); and Level 7-12 of The Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)

- programmes of study leading to awards at Level 4-8 of the Regulated Qualifications Framework (see Ofqual register)⁶
- any other programmes that students on a Student Sponsor Licence may study
- integrated foundation-year programmes that are designed to enable entry to a specified degree programme or programmes on successful completion
- pathway provision that is designed to prepare students for higher education programmes - typically equivalent to Level 3 of the Regulated Qualifications Framework (RQF).

Key stages of the review year

34 Approximately 8-10 weeks before the start of a new academic year, each provider will be informed by QAA of the proposed visit dates and schedule for its review. Details of the review fee will also be included. You will be asked to confirm your acceptance of the review schedule and, in addition, complete a provider information form. For providers that are new to EOR and join during the year, this will occur approximately 8-10 weeks before review activity commences.

35 The EOR will always include the following sequential stages:

Indicative working weeks	Activity
Week 0	• QAA informs provider of proposed review team and the name of the QAA Officer coordinating the review
+1 week	• Provider confirms agreement of review team after checking for potential conflicts of interest
+4 weeks	• Preparatory meeting between QAA Officer and provider • Category A providers only - submit FSMG documentation • • Provider pays review fee
+9 weeks	• Provider uploads self-evaluation and supporting evidence to QAA's electronic folder • Student representatives upload student submission • Review team begins an initial analysis
+11 weeks	• QAA Officer informs provider of any requests for additional documentary evidence
+13 weeks	• Provider uploads additional evidence • Team conducts further analysis
+15 weeks	• Team holds first team meeting to discuss the initial analysis and agree the programme for the review visit
+16 weeks	• QAA Officer informs provider of the programme for the review visit, including: ○ the team's main lines of inquiry ○ who the team wishes to meet

⁶ Available at <https://register.ofqual.gov.uk/Qualification>

	○ any further requests for documentary evidence
+19 weeks	• Review visit
+20 weeks	• QAA Officer sends key findings letter to provider (copied to the Home Office for category A providers)
+24 weeks	• QAA sends draft review report to provider, who should ensure that it is shared with student representatives
+26 weeks	• Provider (including student representatives) review draft report to check for any factual inaccuracies
+27 weeks	• QAA confirms final report; if the outcome is not successful, provider considers whether it intends to appeal (if the provider appeals the process is paused)
+29 weeks	• QAA publishes report
+31-33 weeks	• Provider submits action plan for review by QAA (4 weeks after final report for unsuccessful outcomes, 6 weeks for successful outcomes)
+41 weeks	• Provider publishes action plan on its website and sends link to QAA

Review process

What is the application process?

36 This section provides higher education providers with the information needed to understand how the review 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 QAA during the process. Applicants for an EOR should see this as the start of a long-term relationship with QAA.

37 All providers are encouraged to contact QAA for an informal enquiry and scoping discussion. In this meeting, the reasons for seeking the review will be discussed, that is, which of the three categories of providers set out in this guidance you consider is applicable, and provide an opportunity to address any questions. Please contact educationaloversight@qaa.ac.uk to arrange a discussion.

38 Providers that we determine fall into category A or B will be asked to complete an application form to ensure we capture the information we need to progress your application. There is no application fee for providers in these categories. A provider in England who is not eligible to register with the OfS will be asked to provide evidence of ineligibility for registration. If QAA is in doubt as to your ineligibility, we will require you to engage with the OfS before your application can be progressed further.

39 For providers that we determine fall into category C, there will be a separate application process due to the need to understand more about the characteristics of the provider and reasons for seeking review and there is an application fee under this category due to the extra scrutiny work required by QAA. Providers that satisfy the application criteria will then progress onto the review process.

40 For all providers, the application form must be submitted to QAA electronically as a Word document to applications@qaa.ac.uk with supporting documents as necessary. For category C providers, your application will only be considered after your application fee has been received. Instructions will be provided regarding how to make this payment.

41 QAA will use the application to determine the appropriate components of EOR and develop a schedule of review activity, including making decisions about the length of the review visit and whether any specialist assessors are required. For category A providers, the information provided will also be used to inform the Home Office about providers seeking educational oversight.

42 Submitting an application form to QAA and it being accepted does not guarantee that a provider will ultimately be successful in achieving positive outcomes from the EOR.

43 In submitting an application for an EOR, the provider agrees that it is within the scope of the QAA EOR Concerns Scheme and has agreed to cooperate with any related investigations. Further details about the EOR Concerns Scheme are provided at Annex 2.

Fees for an Educational Oversight Review

44 The fee schedule for the Educational Oversight Review is updated on an annual basis. The schedule is published on the [QAA website](#).

What happens following submission of an application?

45 The detailed engagement with you regarding the review process will begin soon after the application for an EOR is received (and, for category C providers - has been accepted). Existing providers will be contacted at the start of the academic year in which the review is due, or when, following a monitoring visit, it is determined that a review is required. The dates of the review visit and the size of the review team will be confirmed in writing. You will also have the opportunity to confirm that you are not aware of any conflicts of interest with members of the review team. QAA will also supply you with the dates that we will require you to submit a self-evaluation document (SED) and associated evidence. This will be used this information to conduct an initial analysis (as explained further below).

46 It is recommended that the review briefing material available in this handbook is used as early as possible to prepare for the review process. Guidance on the preparation of the SED and the student submission are available separately from QAA, including further guidance for facilitators. Following confirmation of the review date, this information should be disseminated to students along with advice on how they can engage with the process through the student submission.

Who will conduct the review?

47 A QAA Officer will coordinate the review, support the review team and act as the primary point of contact with the provider after the application stage.

48 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.

49 In EOR, the precise composition of the review team is flexible and should address the nature of the provider and the scope of the review. The size of the team for the whole review will be between three and five reviewers depending on the scale of the provision on offer. Every team will include at least one member or former member of academic staff from another provider in the UK. Review teams may include a reviewer or reviewers with specific expertise in areas in which we consider such scrutiny would be beneficial - such as managing higher education provision with others, or with particular subject specialisms. All review teams will include a student member. More information on the appointment, training and support of our reviewers is available at Annex 3.

50 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 at Annex 3.

How will we communicate during the review?

51 The QAA Officer will 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 officer throughout the review to ask questions and/or seek clarification on the process.

52 At the point of application, 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 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 QAA Officer and the facilitator can be found at Annex 3.

How are students involved in the review?

53 Students are among the main beneficiaries of external quality assurance and therefore have opportunities to inform and contribute to the process throughout. 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.

54 We encourage you to involve your own students in the preparations for review, which may include working with students to co-create your SED and follow-up action plan.

55 We also offer students the opportunity to produce their own submission for the review team to consider, and we have produced guidance documentation about this (made available separately by QAA) that we expect you to disseminate among your student body. We expect you to support the participation of your students' union, if you have one. If you do not have a students' union, then we would encourage you to facilitate engagement by student representatives - for example, by providing advice and access to information. Should your students decide to produce a submission, it must be free from influence from you as the provider. A student submission will need to be submitted at the same time as your SED.

56 Should it wish, your student representative body can bring matters to the attention of the team separately, in writing via the QAA Officer, which may be followed up by the team as lines of inquiry during the review.

57 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. It is anticipated that 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 SED. Wherever possible, we encourage you to work with your representative student body in selecting the students to meet the team. We 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.

What support is available to help you prepare?

58 A preparatory meeting will take place approximately 15 weeks before the review visit and will be conducted virtually. At the preparatory meeting, the QAA Officer coordinating the review will discuss the structure of the review as a whole. The purpose of the meeting will be:

- to answer any questions about the review
- to discuss the information to be provided to the review team, including the SED and the student submission
- to discuss the information QAA has assembled from other sources
- to confirm the practical arrangements for the review visit.

59 The meeting should, therefore, involve those who are most immediately involved with the production of the SED and the student submission. In general, attendance by other staff should be confined to those with responsibility for the operational arrangements for the review – the preparatory meeting is not an opportunity for the QAA Officer to brief a large number of staff about the review process. The facilitator should attend. The QAA Officer can give you further guidance about who should participate in the meeting.

60 The discussion about the SED will be particularly important. The SED will be a key reference point for the review team. If the SED is reflective and well targeted to the principles set out in the Quality Code, and the evidence carefully chosen, the greater is the likelihood that the team will be able to verify your organisation's approaches and gather evidence quickly and effectively. The same is true of the quality of accompanying documentation that you provide. Further guidance about the structure and content of the SED is available separately from QAA.

61 The preparatory meeting will include discussion about a student submission. This will include the scope and purpose of a student submission and any topics beyond the standard template for the student submission that the student representatives consider appropriate. It will also provide an important opportunity to liaise with the lead or group of student representatives about how students will be selected to meet the team. We envisage the selection of students to be the responsibility of the student representatives, but they may choose to work in conjunction with the facilitator, or with other student colleagues, if they so wish. After the preparatory meeting, the QAA Officer will be available to help clarify the process further with either the facilitator or the student representatives.

62 If, by this stage, it appears unlikely that the student body intends to make a student submission, we will need to consider an alternative way of allowing students to contribute their views.

What do you need to produce?

63 The SED is intended to be reflective, evaluative and focused on the relevant principles of the Quality Code, with evidence carefully chosen to support the claims made. Descriptive content should be minimised to that necessary to provide context. Guidance on the content, how to structure the SED and any technical requirements to facilitate upload to our systems is available separately from QAA. Guidance and support for the student submission is also available separately from QAA.

64 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?

65 The evidence you provide must be relevant to the areas of the Quality Code we are reviewing; it must be appropriate to whether you are being reviewed under the Core component or the Full component. 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 SED, 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.

66 In addition to your submission, we may ask for additional information to be supplied and will obtain oral testimony from a range of stakeholders through meetings conducted

during the review visit. We will use all the evidence produced to test the operation of your approach and the claims made in your SED.

How and when should evidence be provided?

67 You will need to upload your SED, student submission, and your accompanying evidence electronically to a secure document library 10 weeks before the review visit. The precise date for doing this will have been explained by your QAA Officer at the preparatory meeting. We will provide you with step-by-step guidance to allow the secure online transfer of electronic files to our systems.

68 The QAA Officer will contact you throughout the process with any requests for additional information or evidence.⁷ 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 assessment of your SED; and secondly, in advance of the scheduled visit, once the team has considered any additional information or evidence received.

69 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 in light of 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.

70 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.

What is the initial analysis?

71 The review of quality assurance arrangements begins with an initial analysis. This is a desk-based exercise undertaken by the review team to scrutinise a wide range of information about the programmes of study on offer. The purpose of the initial analysis is for the team to begin its scrutiny to assess the evidence and outcomes against the relevant principles contained within the Quality Code, and to ascertain what further evidence may be required at this stage. This initial stage also helps to formulate the schedule for the visit in terms of areas to be explored further.

What is the review visit?

72 The second significant stage is a visit to the provider. The visit allows the review team to meet some of the provider's students and staff (and other stakeholders, where appropriate) and to scrutinise further information.

73 The programme for, and duration of, the review visit varies according to the size, complexity and type of provider.

⁷ 'Evidence' being something which demonstrates a provider meeting, or not meeting, the principles of the Quality Code under review, and 'information' being material needed to understand or interpret the evidence.

74 There will be one visit to the provider, and its duration will be between one and four days. At the end of the review visit, the review team will agree its judgements and other findings.

How should you prepare for the visit?

75 The time you have to prepare for the visit will be mutually agreed prior to the start of the review.

76 Around four weeks before the visit, the team will meet privately to discuss 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 inquiry 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 specific criteria at this stage, potential good practice and/or areas to explore with regard to your approach to enhancement. Further evidence may also be requested. The first team meeting allows the team to:

- discuss its analysis of the documentary evidence
- decide on issues for further exploration at the review visit
- decide whether it requires any further documentary evidence
- agree on the duration of the review visit
- decide whom it wishes to meet at the review visit.

77 Shortly after the team has met, the QAA Officer will send you a request for additional evidence and the proposed schedule and 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, ensuring they start on time, and that the agreed participants attend.

78 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 that are geographically dispersed or with students that 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.

79 A protocol for the conduct of meetings is provided at Annex 4. We ask you to make sure that everyone attending a meeting with the team are made aware of this protocol.

How is the visit conducted?

80 The visit will last between one and four days according to our assessment of the scale of review activity required. The minimum expectation is that visits will be one day for the core component and three days for the full component. The length of visit will be determined by the scale and complexity of your academic provision in order to accommodate the range of stakeholder meetings required; if you have considerable variability in the type of programmes offered and/or have several collaborative partnerships, you are likely to require a longer visit.

81 Meetings held during the visit are likely to involve face-to-face meetings and may include meetings where some or all participants attend via the use of video-conferencing software. Where you have multiple sites of delivery, the onsite visit will always be held at a

single delivery location. Exceptionally, we may consider conducting the whole visit online where this is considered appropriate - such as for providers who operate exclusively online or for exceptional 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?

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

83 During the visit, the review team will continue to consider documentary evidence. The team's view regarding whether the provider complies with the principles of the Quality Code (and thus, for category A providers, meets the Home Office's requirements) will be largely determined through the desk-based assessment of the information submitted in advance of the visit. The focus of meetings during the visit, therefore, will be to triangulate evidence, seek clarification and close off lines of inquiry.

84 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.

85 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.

86 The visit will include a final meeting between the team, facilitator and other key staff responsible for your quality assurance. This is an opportunity for the team to summarise the main lines of inquiry 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 that will help the team secure its findings. This meeting will normally be conducted onsite on the last day. This is not a feedback meeting about the findings of the review.

87 Normally, at the end of the final day of the visit, the team and QAA Officer hold a meeting to agree the judgement for each applicable principle of the Quality Code, including any statements of good practice, recommendations and conditions. This is a private team meeting and will normally be held onsite.

Is there contingency to extend the review visit?

88 In exceptional circumstances, the review team may recommend to the QAA Officer that it cannot reach judgements within the scheduled review visit. This is most likely to occur where a review team arranges for a short review visit and subsequently finds serious problems that were not apparent from the initial analysis of the evidence provided. In such circumstances, QAA may ask to extend the review visit, or, if that is not feasible, to arrange for the review team to return as soon as possible after the review visit finishes.

When will you know the outcome of the review?

89 Within one week from the end of the visit, the QAA Officer will send you a Key Findings Letter outlining the key outcomes of the review. Please note that the content of this letter is subject to confirmation during the report writing and moderation process and therefore outcomes may alter. After a further four weeks you will receive the draft report which will provide further detail and explanation on the decisions made by the team.

What will the review report include?

90 The review's findings will be decided by the review team as peer reviewers. Once the team has formed its judgements and set these out in the review report, the report will be considered through our internal moderation and quality assurance process to ensure that judgements are consistent and standardised across reviews. On conclusion of this process we will send you a copy of the draft report. The report will be written as concisely as possible, while including enough detail to be of maximum use to you. The report will contain an executive summary to explain the findings to a lay audience, noting specific provider context where relevant. The report will include the team's judgement, and reasoning for this judgement, against each of the principles of the Quality Code. For category A providers, we will also explicitly highlight whether the requirements of the Home Office for educational oversight have been met, including the FSMG check. 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.

91 The QAA Officer produces 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 at Annex 5.

92 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?

93 The review team will form a judgement regarding each of the principles of the Quality Code you have been assessed against.

94 The judgement for each principle will be either:

- the provider's approach **is aligned** with the Sector-Agreed Principle
- the provider's approach **is not aligned** with the Sector-Agreed Principle.

95 The review team will then consider all of the Sector-Agreed Principles for which the provider have been assessed, and make an overall judgement as follows:

For providers assessed against the Core component:

- If there is alignment with all Sector-Agreed Principles, the provider **meets** the Home Office's quality assurance requirements for educational oversight.
- If there is alignment with seven or more of the Sector-Agreed Principles, but not all, then the provider **requires action to meet** the Home Office's quality assurance requirements for educational oversight.

- If there is alignment with fewer than seven of the Sector-Agreed Principles, then the provider **does not meet** the Home Office's quality assurance requirements for educational oversight.

For providers assessed against the Full component:

- If there is alignment with all Sector-Agreed Principles, the provider **is fully aligned** with the Sector-Agreed Principles of the UK Quality Code for Higher Education.
- If there is alignment with 10 or more of the Sector-Agreed Principles, but not all, then the provider **requires action to be fully aligned** with the Sector-Agreed Principles of the UK Quality Code for Higher Education.
- If there is alignment with fewer than 10 of the Sector-Agreed Principles, then the provider **is not aligned** with the Sector-Agreed Principles of the UK Quality Code for Higher Education.

What is considered a successful outcome?

96 The judgements below are considered to be satisfactory successful outcomes:

- the provider **meets** the Home Office's quality assurance requirements for educational oversight
- or
- the provider **is fully aligned** with the Sector-Agreed Principles of the UK Quality Code for Higher Education.

97 Providers who achieve the above will be considered by QAA to have successfully completed a review. If fully aligned, a category A provider will have its educational oversight confirmed to the Home Office. Category B and C providers may not claim under any circumstances that they have met the educational oversight requirements of the Home Office, because they will not have undertaken the FSMG component of the EOR.

98 The judgements are made by teams of reviewers by reference to the applicable Sector-Agreed Principles in the Quality Code. Judgements represent the reasonable conclusions drawn by a review team, based on the evidence and time available. Guidance on how conclusions are reached is provided in Annex 6.

99 The review team may also identify features of good practice.

100 The review team may also make recommendations for development. Recommendations should not be considered as concerns, but rather things for the provider to consider to support enhancement and continuous improvement.

101 If you receive a successful outcome, you are asked to submit an action plan within six weeks of receiving the report, outlining the developments and enhancements you plan to make to your provision having considered the findings of the review.

What is required by way of an action plan following a successful review?

102 Following receipt of the final report, you will have up to six weeks to produce an action plan. Your action plan should outline the expected timeframe for the completion of all proposed actions.

103 As with the SED, we would expect students to be involved in the development of your action plan and, where applicable, include plans for areas of enhancement. Future review and monitoring teams will take into account the progress made on the actions from the previous review during the monitoring process.

104 We can provide a template for an action plan if you would find that helpful, although using a QAA template is not mandatory, and will not influence our opinion on whether the plan is fit-for-purpose. Action plans should follow common principles of good practice in having actions that are specific, measurable, achievable, realistic and time-bound.

105 If you submit your action plan before the six-week deadline, we will commence our consideration of the plan as soon as possible, based on the availability of the review team. We will confirm whether, in our professional opinion, the action plan is fit-for purpose and provides an adequate basis for you to achieve progress based on the findings of the review. Once we have accepted your action plan, it should be published on your website. Once published, you will need to provide QAA with the link to your action plan so that we can include this on our website.

106 Where the action plan you submit is not, in our professional opinion, considered fit-for purpose in addressing the outcomes of the review, we will make suggestions for improvement and request an amended version with a deadline we consider reasonable.

107 If, without good reason, you do not provide an action plan within the required timescale, or you do not engage with addressing feedback from us on the action plan, we will:

- take this into account in relation to your monitoring, and
- consider whether the lack of suitable actions represents evidence that you may not, in future, be aligned with the Sector-Agreed Principles of the Quality Code, and whether further investigation was needed under the Concerns Scheme, or another mechanism.

This applies even if you had a successful review outcome.

What happens if you receive an unsuccessful outcome?

108 The judgements below are considered unsuccessful outcomes:

- for providers assessed against the Core Component: the provider **requires action to meet** the Home Office's quality assurance requirements for educational oversight
- for providers assessed against the Full Component: the provider **requires action to be fully aligned** with the Sector-Agreed Principles of the UK Quality Code for Higher Education.

109 The review team will identify conditions⁸ for the provider to address in order to meet or fully align with the principles. The review team may also make recommendations for development. Recommendations should not be considered as concerns, but rather things for the provider to consider to support enhancement and continuous improvement. The review team may also identify good practice.

110 If you receive an unsuccessful outcome, you will enter the Partial Review process. You will need to submit an action plan **within four weeks** of receiving the final report, outlining the plans you have in place to address all of the conditions and recommendations within the report.

111 As with the SED, we would expect students to be involved in the development of your action plan and, where applicable, include plans for areas of enhancement.

112 We can provide a template for an action plan if you would find that helpful, although using a QAA template is not mandatory, and will not influence our opinion on whether the plan is fit-for-purpose. Action plans should follow common principles of good practice in having actions that are specific, measurable, achievable, realistic and time-bound.

113 Partial Review is only concerned with the actions addressing the report's conditions. The actions addressing the report's recommendations and any ongoing action being implemented following the Partial Review will be scrutinised during the Monitoring phase of the EOR process, should a successful Partial Review outcome be achieved.

114 Please refer to the EOR Partial Review Process Guidance, available on the [QAA website](#), for further details and indicative timescales.

115 The review team will consider your action plan to determine, in their professional opinion, whether it is credible and achievable in relation to the issues identified. If considered credible, the review team will determine, depending on the nature of the actions required, whether it will review the changes you plan to make as a result of the action plan as a future desk-based assessment, or a partial review visit, which may take place either online or onsite. You will then be required to publish your action plan on your website. Once published, you will need to provide QAA with the link to your action plan so that we can include this on our website.

116 All actions addressing the report's conditions should be completed within a maximum period of six months from the date you receive the final report. Once you have completed the actions, you will be required to submit your action plan with associated commentary and supporting evidence that the issue or issues identified by the team have been addressed. If you submit your completed action plan early, the review activity will not take place immediately. The timing of the Partial Review activity will be dependent on the availability of the review team.

117 Once the Partial Review activity is complete, the review team will produce an addendum to the final report. If you have satisfactorily addressed the issues, the team will confirm a successful outcome, and this will be reflected in the addendum. If the team considers the issues have not been addressed, the review will be considered unsuccessful, and the report and the addendum will be published confirming this outcome. For category A providers, QAA will notify UK Visas and Immigration of the outcome.

⁸ For providers subject to review in 2024-25, these were referred to as 'recommendations for action'.

118 If a successful Partial Review outcome is confirmed, the provider will enter the Monitoring phase of EOR. For further details, please refer to the Monitoring section of this document.

119 If you fail to submit an action plan within four weeks of receiving the report or fail to address the conditions within six months of receiving the final report, the team will conclude that the review is unsuccessful, and the published report will be considered final. For category A providers, QAA will notify UK Visas and Immigration of the outcome.

120 If you disagree with the outcomes of the final report, you may appeal in accordance with QAA's [Consolidated Appeals Procedure](#).

Negative outcomes

121 The judgements below are considered negative outcomes, and (subject to any appeal you may choose to make in line with QAA's Consolidated Appeals Procedure) the report will be published:

- for providers assessed against the Core Component: the provider **does not meet** the Home Office's quality assurance requirements for educational oversight
- for providers assessed against the Full Component: the provider **is not aligned** with the Sector-Agreed Principles of the UK Quality Code for Higher Education.

122 For category A providers, QAA will notify UK Visas and Immigration that you have failed to obtain educational oversight. If a successful outcome is not secured at the end of these processes, a provider will need to start the process again from the beginning in future.

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

123 We have formal processes for receiving complaints about the operation of our services and for appeals against unsuccessful outcomes. 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 at Annex 7.

When and where is the report published?

124 Once 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 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.

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

What happens next?

126 EOR is a cyclical review process, and a further review will need to commence within four years of the publication of the previous review report. Following a successful review, providers will be able to display the 'UK Quality Assured' QAA Quality Mark. If a provider fails to engage in the monitoring process, or in further four-yearly reviews, the report and QAA Quality Mark will be withdrawn from the QAA website, and the provider will no longer

be entitled to display the QAA Quality Mark.

127 The QAA Quality 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. Eligible providers can place the QAA Quality Mark on the homepage of their website, and on other documents, as a public statement of the outcome of their review. Following a successful review, QAA will supply an approved copy of the QAA Quality Mark, together with terms and conditions of use.

How can you give feedback on your review experience?

128 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.

129 We conduct internal 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 QAA undertakes.

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

130 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 at Annex 7.

Monitoring

Why is follow-up activity important?

131 Follow-up activity is an important element of EOR 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. It provides an opportunity for you to receive feedback on how you are addressing the findings of the review.

What is the focus of monitoring?

132 The monitoring process will always include an annual review of progress against your action plan. In this way, all providers experience a consistent follow-up to the review by demonstrating, and receiving feedback on, the implementation and impact of actions taken since the last review. The monitoring process is undertaken by all providers and consists of an annual return between reviews. For some providers, depending on their review outcome, or the content of their annual return, QAA may institute a monitoring visit (which may in itself lead to a further review).

What is the annual review process?

133 On an annual basis, you should submit an annual return to QAA, normally 9-10 months after your previous review (be this a Core, Full or Partial review), your last monitoring visit or your last submission of an annual return. Approximately 8-10 weeks before the start of a new academic year, QAA will notify you of the date when the annual return should be submitted.

Notifications of material changes of circumstances

134 In addition to the annual review process, category A providers are required to notify QAA within 28 days of a material change of circumstance taking place. The material changes that must be reported are listed at Annex 8.

135 Following receipt of a notification of a material change of circumstance, QAA will arrange a monitoring visit. QAA will determine on a case-by-case basis what evidence submission may be required from you before the monitoring visit, taking into account the context of the change of circumstances, and your previous review history. If you have changed the nature of your provision such that you would move from requiring a Core review to a Full review, your evidence submission will likely be required to demonstrate how you meet the additional Sector-Agreed Principles applicable to you.

136 Should QAA discover a category A provider has not notified QAA within 28 days of a material change taking place, then QAA will notify UK Visas and Immigration accordingly which may take action in line with its guidance.

What is included in the annual return?

137 You are required to update QAA on:

- current programmes offered, (credit) awarding bodies/organisations, 'sending' organisations or partner organisations, and student and staff numbers (as appropriate for the type of provider)

- student retention and achievement data for the last three years (not required for category A private providers offering only short-term, study abroad provision)
- any material changes since the last QAA visit (see Annex 8)
- progress on implementing the action plan arising from the previous QAA review or monitoring reports and any subsequent developments
- progress on any ongoing action being implemented as a result of a previous Partial Review (if applicable) and any subsequent developments
- actions taken to address any recommendations in other recent external reports (such as awarding organisation or professional, statutory or regulatory body reports)
- other updates related to working with relevant external reference points to meet UK expectations for higher education; this should (where applicable) include reference to the Quality Code and relevant Sector-Agreed Principles
- how students have been engaged in quality assurance activities in the previous year.

138 The annual return will take the form of a short briefing paper, which should be referenced to the supporting evidence. The template for the annual return is available separately from QAA.

139 The annual return should include how you are maintaining standards and quality, and report on the effective implementation of the action plan in response to the review report. You should supply evidence that the actions have been implemented effectively and identify any enhancements to the student experience as a result of these actions. Providers should engage students in their quality assurance processes. Students may be involved in implementing the action plan and/or in measuring the outcomes of actions taken.

140 You should maintain and update your published action plan on an ongoing basis, to ensure continual monitoring, review and enhancement of your higher education provision as the plan is implemented.

How is the annual return assessed?

141 Your annual return and supporting evidence will be read by a QAA Officer. If the outcome of the annual monitoring process in the previous year was commendable progress (see below) and there is no evidence of any significant issues with the implementation of the action plan or other issues arising from the annual return, then the process will conclude at this point and a note will be added to your QAA provider webpage confirming that you have completed the annual monitoring exercise. You will be required to undergo at least a desk-based assessment in the following year.

142 For providers that have not achieved a commendable outcome in the previous year, a QAA Officer and reviewer will conduct a desk-based assessment. Using the annual return, the QAA Officer and reviewer will determine, based on the evidence available to them, whether further information is required from the provider. QAA may make enquiries regarding a provider's annual return where it is unable to determine from the submission whether acceptable progress is being made. Providers will need to respond to the enquiry by the deadline set by the QAA Officer (normally two weeks), otherwise QAA may determine inadequate progress is being made.

143 QAA will also use the information in the annual return to determine whether they are any other issues or concerns that are relevant to quality and standards that may require further consideration.

What are the outcomes of an annual return desk-based assessment?

144 The QAA reviewer will make a judgement on the progress being made on implementation of the action plan.

145 The overall judgement following a desk-based assessment will be one of the following:

- The provider is making **commendable progress**
This is where the provider has completed the actions it intended to complete in line with the action plan and they are having their intended effect, and has either gone further, or undertaken additional enhancement activity, by implementing further actions that QAA considers will have a positive impact to quality and standards.
- The provider is making **acceptable progress**
This is the normally expected outcome, where the provider is implementing the action plan that has been agreed and the actions can be evidenced to be having their intended effect.
- The provider is making **inadequate progress**
This means the provider has failed to complete the expected actions, or has significantly deviated from the plan, or is unable to demonstrate the actions are having their intended effect.

146 In addition to the action plan outcomes, the reviewer will consider whether there are other factors that mean a monitoring visit would be appropriate:

- QAA has received complaints about academic standards or quality that are being investigated through the EOR Concerns Scheme (see Annex 2)
- there are other serious concerns about the provider's ability to effectively maintain academic standards and/or manage and improve/enhance the quality of learning opportunities.

147 If it is determined that no monitoring visit will take place, a short monitoring report is produced, with the action plan judgement becoming the monitoring judgement, and added to the QAA website alongside the provider's full review.

148 The annual return desk-based assessment will always be followed by a monitoring visit in the following circumstances:

- The provider had a full review that initially received an unsuccessful outcome that was addressed with a successful Partial Review in the previous year.
- In the previous year, the outcome of the annual return was originally that the provider was making inadequate progress with its action plan (irrespective of the subsequent outcome of a monitoring visit).
- In the previous year, the outcome of a monitoring visit was that the provider was making inadequate progress, and this was addressed by an action plan within three months.
- In this return, the outcome of the annual return is the provider is making inadequate progress.

- There has been a material change in circumstances.
- Where QAA has received notification (either through the annual return or elsewhere) of issues or concerns that it considers relate to matters of quality and standards, as covered by the Sector-Agreed Principles of the Quality Code, and these require further consideration (irrespective of the provider's progress regarding its action plan).

149 Where providers have a monitoring visit, this will result in a monitoring visit report being produced.

What is a monitoring visit?

150 The standard monitoring visit will last for one day and will normally include meetings with the provider's staff and students. The visit will usually be conducted online; however, an onsite visit may be necessary in specific situations, such as where a provider has moved to a new premises. The monitoring team will normally consist of two people: a QAA Officer and one reviewer.

151 Where appropriate, providers should engage effectively with relevant external reference points, including the Quality Code, to manage their higher education. They should actively engage students in quality assurance processes. Monitoring teams will note instances where providers are not managing these responsibilities effectively, in addition to identifying areas where the provider has made commendable progress.

152 The team will produce an annual monitoring report that will comment on:

- any changes since the last review or annual monitoring visit
- the progress that has been made in the monitoring, review and improvement of its higher education provision as documented in an ongoing action plan, including reference to associated reports from awarding bodies/organisations (as appropriate)
- any other thematic areas of interest - for example, use of the Quality Code (where appropriate these will be advised on an annual basis) and student outcomes data (as appropriate)
- any matters that should be followed up in the next monitoring/review visit
- a judgement on the provider's continuing management of its responsibilities for academic standards and the management/improvement of the quality of learning opportunities.

153 The timeline for the desk-based assessment and monitoring visit is available at Annex 9.

What are the potential outcomes of a monitoring visit?

154 Where there has been a monitoring visit, conclusions reflect the provider's continuing management of its responsibilities for academic standards and the management/improvement of the quality of learning opportunities.

155 The overall judgement following a monitoring visit will be one of the following:

- the provider is making **commendable progress**
- the provider is making **acceptable progress**
- the provider is making **inadequate progress**

156 A draft of the monitoring team's findings will be sent to you for comment on factual accuracy. The final monitoring report will be published on the QAA website and, for category A providers, shared with UK Visas and Immigration.

157 Where a monitoring visit has taken place, the findings of the monitoring visit will take precedence over any desk-based assessment that may have taken place.

Examples:

- A provider may have been considered to be making inadequate progress by the desk-based assessment but, following the monitoring visit, can be determined to be making acceptable progress.
- A provider may have been considered to be making acceptable progress by the desk-based assessment, but other concerns have led to a monitoring visit, and the provider may be considered to be making inadequate progress.

Guidance on how conclusions are reached is provided at Annex 6.

158 Where there are weaknesses in the provider's maintenance of academic standards and/or quality, and/or where action plans have not been implemented fully or have not been effective in all areas, a judgement that **the provider is making inadequate progress** will be made. In these circumstances:

- If the concerns relate only to the implementation of the provider's action plan, then the provider must produce a new action plan within 30 days of the report. Provided QAA accepts the action plan as credible, a further monitoring visit will take place in approximately three months. If no action plan is provided, or QAA determines the action plan is not credible, or the outcome of the further monitoring visit is that inadequate progress is being made, then the provider will need to undergo a full review within six months. For category A providers, UK Visas and Immigration will be notified in accordance with paragraph 8.9 of the [Student Sponsor Guidance](#) and the full review will include the FSMG component.
- If the concerns suggest that the provider may no longer be aligned with the Sector-Agreed Principles against which it was reviewed, then the provider will need to undergo a full review within six months. For category A providers, UK Visas and Immigration will be notified in accordance with paragraph 8.9 of the [Student Sponsor Guidance](#) and the full review will include the FSMG component.

The provider's monitoring visit report will state which of these outcomes applies.

Annex 1: QAA review methods - Scotland, Wales and Northern Ireland

UK nation	Method	Overview
Scotland	Tertiary Quality Enhancement Review	Tertiary Quality Enhancement Review (TQER) is the quality assurance and enhancement review method for further and higher education provision in colleges and universities across Scotland. It is one mechanism under Scotland's Tertiary Quality Enhancement Framework (TQEF) that is designed to support enhancement and give assurance on quality standards and the quality of the student experience. TQER is a peer-led, enhancement-focused approach which has been co-created with staff and students from across Scotland's tertiary institutions. It places student interests and the student voice at the heart of Scotland's quality system. It also recognises the value, commitment and professionalism of staff across Scotland's system and seeks to provide support and challenge for institutions to deliver meaningful experiences for students and to develop their learning and teaching. More information can be found here: TQER
Wales	Quality Enhancement Review	Quality Enhancement Review (QER) is the method by which we review higher education providers in Wales as part of the Quality Assessment Framework for Wales. It provides a distinctive approach to institutional review, developed to address the particular context of the higher education sector in Wales. QER provides quality assurance and supports quality enhancement, assuring governing bodies, students and the wider public that providers meet the requirements of the Commission for Tertiary Education and Research in Wales (Medr)s. QER assesses providers against agreed baseline regulatory requirements and the European Standards and Guidelines. More information can be found here: QER

Wales	Gateway Quality Review: Wales	On behalf of Medr, we undertake Gateway Quality Reviews of higher education providers to test their higher education provision against the baseline quality regulatory requirements in Wales. We also retest the quality aspects of the baseline regulatory requirements at the end of a four-year period, when engaged by the provider to do so. The overall aim of Gateway Quality Review is to provide Medr with an expert judgement about the quality assurance of a provider's higher education provision. The Gateway Quality Review is designed to: • ensure that the student interest is protected • provide expert advice to ensure that the reputation of the UK higher education system is protected, including the protection of academic standards • identify areas for development and/or specified improvements that will help a provider to meet the baseline regulatory requirements. More information can be found here: Gateway Quality Review: Wales.
Northern Ireland	TBC	TBC

Annex 2: EOR Concerns Scheme

As well as undertaking reviews of independent providers, QAA can also investigate concerns about a provider's academic standards and quality of provision. Where there is evidence of weaknesses that go beyond an isolated occurrence, and where the evidence suggests broader failings in the management of quality and standards, QAA can investigate. These concerns may be raised by students, staff, organisations, or anyone else through the EOR Concerns Scheme.

Concerns raised in the immediate build-up to an EOR

When a concern becomes known to QAA in the immediate build-up to an Educational Oversight Review visit, we may investigate the concern within that review rather than conduct a separate investigation. If we choose to investigate through the review, we will pass the information and accompanying evidence to the reviewers. If the duration of the review visit has already been set, the team may need to revise its decision. QAA may also add extra reviewers to the review team. We will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome.

The review team may make a separate request for additional information if it is not feasible to do so as part of the EOR timeline, but no later than two weeks before the site visit. Where a concern is investigated as part of an EOR, the investigation will be conducted as part of onsite engagement with the provider. The team may need to revise their meeting schedule and the list of key staff to meet on the visit.

The reporting of the concern will be incorporated within the EOR review report and contribute evidence to the team's judgements and findings. It is possible that the investigation of the concern may lead to conditions or recommendations and may have an impact on judgement areas.

Concerns raised during an EOR

Where a concern becomes known to QAA during a review visit, we may investigate the concern during the review visit, and this could be grounds for extending the review visit (see paragraph 88). If we choose to investigate the concern in this way, we will pass the information and accompanying evidence to the reviewers. We will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome.

The reporting of the concern will be incorporated within the EOR review report and contribute evidence to the team's judgements and findings. It is possible that the investigation of the concern may lead to conditions or recommendations and may have an impact on judgement areas.

Alternatively, we may choose to investigate the concern after the review visit has ended and this may also affect the review outcome, and delay publication of the review report.

Concerns raised after an EOR visit has ended

In the instance where a concern is raised with QAA after the review visit has ended, which may affect the review outcome, QAA may decide to delay publication of the report while it conducts a separate concerns investigation. QAA will determine whether the concerns have already been captured by the review team in their report, or whether they represent new issues of which the team was unaware.

Concerns investigation follow-up through EOR

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

Details of the provider's response to the outcomes of the investigation report or to the initial inquiries will be incorporated within the EOR review report and contribute evidence to the team's judgements and findings. It is possible that the provider's response may lead to conditions or recommendations and may have an impact on judgement areas.

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, 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 inquiry.

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.

Student representatives

Where possible, student representatives from the provider undergoing review are included in the process. The student representatives will normally carry out the following key roles:

- organise or oversee the writing of the student submission
- work with the provider in the development of its action plan.

A QAA Officer will provide further advice for both facilitators and student representatives in the build up to their reviews.

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, to:

- liaise with the provider on the method, information required and logistical arrangements
- facilitate communication between the provider, facilitator and 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 monitoring 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, 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 [Conflicts 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 and for following the relevant guidance on considering those conflicts as set out in the QAA Conflicts of Interest Policy.

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: 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 EOR 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.
- All meetings are led by the review team.
- 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 through illness, fire alarm or another 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 although 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 5: Review report

Content of the report

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

- Title page and contents
- Executive summary of the review outcomes with cross-references to the relevant sections in the main body of the report, to include:
 - the overall judgement
 - recommendations (where appropriate)
 - conditions (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 six requirements for educational oversight set out by the Home Office
- Commentary on the institution's strategy and practice for enhancement
- List of evidence (removed prior to publication)

Timing of report publication

The production and publication of the report will follow the process outlined on page 22. 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. QAA will not publish a report, nor meet a third-party request for disclosure of a report, while an appeal is pending or under consideration.

Annex 6: Judgements, outcomes and assessment criteria

Judgements from a full review

Review judgements are based on evidence and the balance of probability, supported by the information available to the team at the time of the review.

Review teams make decisions from:

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

The judgement matrix below shows how findings are determined by the team:

STEP 1	
Determine the outcome for each Sector-Agreed Principle	
Your institution demonstrates that it is aligned with a Sector-Agreed Principle if:	Your institution demonstrates that it is not aligned with Sector-Agreed Principle if:
There are no conditions related to the Sector-Agreed Principle. The review team is satisfied that you have sufficiently demonstrated evidence in relation to the Key Practices of the Sector-Agreed Principle, and any areas for development are determined by the review team to be non-material and relate 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 Key Practices more fully • your institution's practices to drive improvement and enhancement.	There are conditions related to the Sector-Agreed Principle that arise from, either individually or collectively: • a lack of sufficient or compelling evidence that the provider is able to demonstrate the Key Practices are undertaken • 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 • 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. There may be recommendations for development identified in relation to both judgements. A provider may be aligned with a Sector-Agreed Principle without any good practice. A finding of good practice against a Key Practice does not guarantee full alignment with a Sector-Agreed Principle.	

STEP 2 Determine the overall judgement		
The provider meets the Home Office's quality assurance requirements for educational oversight (for providers assessed against the Core component). OR The provider is fully aligned with the Sector-Agreed Principles of the UK Quality Code for Higher Education (for providers assessed against the Full component).	The provider requires action to meet the Home Office's quality assurance requirements for educational oversight (for providers assessed against the Core component). OR The provider requires action to be fully aligned with the Sector-Agreed Principles of the UK Quality Code for Higher Education (for providers assessed against the Full component).	The provider does not meet the Home Office's quality assurance requirements for educational oversight (for providers assessed against the Core component). OR The provider is not aligned with the Sector-Agreed Principles of the UK Quality Code for Higher Education (for providers assessed against the Full component).
Meets all of the Sector-Agreed Principles	Meets 7 or more Sector-Agreed Principles (Core component) or 10 or more Sector-Agreed Principles (Full component). There will be conditions for each of the Sector-Agreed Principles that have not been met. The provider enters the Partial Review process.	Fewer than 7 Sector-Agreed Principles (Core component) or 9 Sector-Agreed Principles (Full component) have been met. There will be conditions for each of the Sector-Agreed Principles that have not been met. The provider will need to start the process again from the beginning in future.

Judgements from Partial Review

Partial Review judgements are based on evidence and the balance of probability, supported by the information available to the team at the time of the review.

Review teams make decisions from:

- reading and considering your action plan, commentary and any supporting evidence submitted
- discussing topics with staff, students and other stakeholders during the visit (if a visit has been deemed necessary)
- analysing and reflecting on those documents and discussions.

The judgement matrix below shows how findings are determined by the team:

Determine the overall judgement	
The provider meets the Home Office's quality assurance requirements for educational oversight (for providers assessed against the Core component). OR The provider is fully aligned with the Sector-Agreed Principles of the UK Quality Code for Higher Education (for providers assessed against the Full component).	The provider does not meet the Home Office's quality assurance requirements for educational oversight (for providers assessed against the Core component). OR The provider is not aligned with the Sector-Agreed Principles of the UK Quality Code for Higher Education (for providers assessed against the Full component).
All conditions have been addressed and the provider now meets the Sector-Agreed Principle(s) that required action. The provider now meets all of the Sector-Agreed Principles and enters the monitoring phase of EOR.	All of the Sector-Agreed Principles have not been met. Subject to any appeal made in line with QAA's Consolidated Appeals Procedure, the provider has failed to obtain educational oversight. The provider will need to start the process again from the beginning in future.

Judgements from Annual Monitoring

Annual Monitoring judgements are based on evidence and the balance of probability, supported by the information available to the team at the time of the review.

QAA officers and reviewers make decisions based on:

- the provider's track record in the full review and monitoring process
- reading and considering your annual return, supporting evidence and any further information submitted
- any material change in circumstances you have informed us of (see Annex 8 for further details)
- other information that QAA may have received regarding quality and standards at your provider that you will have been informed about
- discussions with staff and students and other stakeholders during the visit (if one takes place)
- the analysis of and reflections on those documents and discussions.

The judgement matrix below sets out how different components of monitoring work together and judgements are reached.

Judgements on the annual return

STEP 1 Determine whether a desk-based assessment is required	
No desk-based assessment required	Desk-based assessment required
The provider achieved a commendable outcome in the previous monitoring where a desk-based analysis or monitoring visit was conducted, there has been no material change in circumstances and there is no evidence in the annual return of anything that may give cause for concern that the provider is no longer making progress with implementing its action plan, or may no longer be aligned with the relevant Sector-Agreed Principles. Process ends.	The provider achieved an acceptable outcome in the previous monitoring where a desk-based assessment or monitoring visit was conducted. OR The provider achieved a commendable outcome in the previous monitoring process and there is evidence in the annual return of something that may give cause for concern that the provider is no longer making progress with implementing its action plan, or may no longer be aligned with the relevant Sector-Agreed Principles. OR The provider achieved a commendable outcome in the previous monitoring process and there has been a material change in circumstances. OR The provider's previous review was a full review.

STEP 2 Determine the progress being made on the action plan		
Commendable progress	Acceptable progress	Inadequate progress
The provider has completed the actions it intended to complete in line with the action plan and they are having their intended effect, and has either gone further, or undertaken additional enhancement activity, by implementing further actions that QAA considers will have a positive impact to quality and standards.	The provider is implementing the action plan that has been agreed and the actions can be evidenced to be having their intended effect.	The provider has failed to complete the expected actions, or has significantly deviated from the plan, or is unable to demonstrate the actions are having their intended effect.

STEP 3 Consider the other information in the annual return and other information available to QAA and determine whether a visit is required	
Visit required	No visit required
The provider has been determined at Step 2 to have made inadequate progress. OR The provider has made commendable progress or acceptable progress on its action plan, but there is evidence in the annual return or in other information available to QAA of something that may give cause for concern that the provider may no longer be aligned with the relevant Sector-Agreed Principles. OR The provider has made commendable progress or acceptable progress on its action plan, but there has been a material change in circumstances. OR The provider had a full review in the previous year and initially received an unsuccessful outcome that was addressed with an action plan within six months. OR In the previous year's monitoring visit, the outcome was determined that the provider was making inadequate progress, and this was addressed with an action plan within three months. OR In considering the action plan in the previous year, the outcome was determined that the provider was making inadequate progress (irrespective of the outcome of the subsequent monitoring visit).	The provider has been determined to have made commendable or acceptable progress, and there is no evidence in the annual return or other information available to QAA of something that may give cause for concern that the provider may no longer be aligned with the relevant Sector-Agreed Principle, and none of the circumstances in the 'visit required' box apply. Process ends.

Judgements from Annual Monitoring visits

STEP 1 Determine the outcome of the monitoring visit			
The provider is making commendable progress	The provider is making acceptable progress	The provider is making inadequate progress (action plan required)	The provider is making inadequate progress (full review required)
The provider has completed the actions it intended to complete in line with the action plan and they are having their intended effect, and has either gone further, or undertaken additional enhancement activity, by implementing further actions that QAA considers will have a positive impact to quality and standards. Where a material change has occurred, appropriate actions have been implemented and are having their intended effect. There is no evidence to suggest that the provider may no longer be aligned with the relevant Sector-Agreed Principles.	The provider is implementing the action plan that has been agreed, and the actions can be evidenced to be having their intended effect. Where a material change has occurred, appropriate actions have been agreed and are being implemented. There is no evidence to suggest that the provider may no longer be aligned with the relevant Sector-Agreed Principles.	The provider has failed to complete the expected actions, or has significantly deviated from the plan, or is unable to demonstrate the actions are having their intended effect, and this is the first monitoring visit to establish this. Where a material change has occurred, appropriate actions have not been agreed. There is no evidence to suggest that the provider may no longer be aligned with the relevant Sector-Agreed Principles.	The provider has failed to complete the expected actions, or has significantly deviated from the plan, or is unable to demonstrate the actions are having their intended effect, and this is the second monitoring visit to establish this. Where a material change has occurred, appropriate actions have not been agreed. and/or There is evidence to suggest that the provider may no longer be aligned with the relevant Sector-Agreed Principles.

Annex 7: 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 review 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 review 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 8: Material changes in circumstance

A material change in circumstances may trigger an early monitoring visit or a full review. Providers must inform QAA within 28 days of meeting about one of the triggers outlined below.

The following changes in circumstances may require an early monitoring visit or full review, at an additional cost:

- change of address
- acquisition of a new building or delivery site
- extension of premises with an increase in capacity by 25% or more
- change of legal or trading name or merger with another provider
- change of principal and/or proprietor or equivalent
- change of 20% or more of permanent teaching staff (including both part-time and full-time staff)
- change of awarding body/organisation
- for providers with fewer than 50 students at the last QAA visit, an increase in total student numbers (international and domestic) of more than 50 students
- a change of 50% or more of the type of provision/courses offered
- for providers with 50 or more students at the last QAA visit, an increase in total student numbers (international and domestic) by more than 20% or 100 students, whichever is greater
- a change in the accredited status of the provider in the UK, or in the accredited status of the overseas higher education provider that awards the degrees.

When informing QAA of a material change in circumstances, providers should supply a commentary on the context and impact of the material changes on the student experience.

In addition, QAA may decide that a monitoring visit or a full review is required based on the evidence submitted in a provider's annual return, where this is insufficient to demonstrate that satisfactory progress is being made, or otherwise raises concerns about the provider's management of academic standards or quality.

Annex 9: Timeline for the monitoring process

Indicative working weeks	Activity
Week 0	QAA informs provider of proposed review team and the name of the QAA Officer coordinating the monitoring activity
1 week	Provider confirms agreement of review team after checking for potential conflicts of interest
5 weeks	Provider submits electronic copies of the annual return and supporting evidence to QAA⁹
6 weeks	- QAA Officer and reviewer undertake a desk-based assessment - QAA Officer informs provider of any requests for additional documentary evidence
7 weeks	- Provider uploads additional evidence - QAA Officer and reviewer conduct further assessment
8 weeks	- QAA Officer and reviewer complete their assessment and will determine whether a monitoring visit will be required (judgement criteria can be found in Annex 6) - Provider informed of outcome

	Visit required	No visit required
9 weeks	QAA Officer agrees the arrangements for the visit with the provider; the team may ask for additional evidence/raise points for clarification before and/or during the visit as required	Officer and reviewer produce short monitoring report with the action plan judgement becoming the monitoring judgement
12 weeks	Monitoring visit	QAA publishes report
14 weeks	Draft report sent to provider	
15 weeks	Provider reviews draft report to check for any factual inaccuracies	
16 weeks	QAA confirms final report	
18 weeks	QAA publishes report	

⁹ If the outcome of the previous annual return process was commendable progress and there is no evidence of any significant issues with the implementation of the action plan or other issues arising from the annual return, then the process will conclude at this point and a note will be added to the QAA webpage confirming the provider has completed the annual monitoring exercise. The provider will be required to undergo at least a desk-based assessment in the following year.

Annex 10: Data protection

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

We comply with the General Data Protection Regulation (GDPR) (EU) 2016/679, the *Data Protection Act 2018*, and any other applicable Data Protection legislation in relation to personal data. We store personal data and non-personal data securely and ensure the data is only processed for the purposes of conducting our review activities and is only accessible to those who require access to carry the requirements of the review.

We are committed to ensuring and maintaining 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 so that personal and special category information is processed compliantly. All our staff and reviewers undergo GDPR training on an annual basis. How we gather and process personal information, the individual's rights and our obligations are set out in [QAA's Privacy Notice](#). There is a Data Protection Incident Reporting Policy and procedure for reporting, assessing and managing incidents.

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 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 relations team.
- All review supporting materials are deleted in accordance with our records retention policy.

Annex 11: Mapping of the Home Office requirements to the Quality Code (Core component)

Requirement 1: The setting and/or maintenance of academic standards by the provider	
Quality Code - Sector-Agreed Principle	Key Practices
Sector-Agreed Principle 1: Taking a strategic approach to managing quality and standards <i>Providers demonstrate they have a strategic approach to securing academic standards and assuring and enhancing quality that is embedded across the organisation.</i>	- a Academic standards and the quality of the student learning experience are the responsibility of the provider. Degree-awarding bodies are aware that they have ultimate responsibility for the qualifications offered in their name. - b The strategic approach is employed wherever and however provision is delivered and is embedded in the culture and practices of providers. - c The strategic approach aligns with providers' policies and practices on equity, equality, diversity and inclusion, and environmental sustainability for students and staff. - d The strategic approach to securing academic standards, quality assurance and enhancement is published, communicated clearly and accessible to staff, students and external stakeholders. It is supported by a comprehensive and transparent governance framework. - e The strategic approach is monitored and evaluated on a regular basis. - f External expertise is a key element of the strategic approach to managing quality and standards.
Sector-Agreed Principle 7: Designing, developing, approving and modifying programmes	a All programmes and modules meet academic standards that are consistent with relevant national qualifications and credit frameworks. Where applicable, provision also meets professional body and accreditation requirements, and apprenticeship standards.
<i>Providers design, develop, approve and modify programmes and modules to ensure the quality of provision and the academic standards of awards are consistent with the relevant Qualifications Framework. Providers ensure their provision and level of qualifications are</i>	- b A definitive set of documents are produced from the design, development, approval and modification processes, which are held securely and act as the primary source of information about each programme. Similar but proportionate arrangements are in place for modules and smaller units of study. - c The award to be received and how outcomes of study are recorded and certificated are made

comparable to those offered across the UK and, where applicable, The Framework for Qualifications of The European Higher Education Area .	clear to all students and staff involved in the teaching, learning and evaluation of the programme and module. - d Policies and processes that support the design, development, approval and modification of programmes and modules are published on each provider's website and are easily accessible to key stakeholders. - e External engagement and evaluation form a component part of the design, development, approval and modification process. - f The design, development, approval and modification processes align with providers' policies and practices on equity, equality, diversity and inclusion, and environmental sustainability. - g Students are involved meaningfully in the design, development, approval and modification of programmes and modules.
---	---

Requirement 2: The provision of learning opportunities by the provider	
Quality Code - Sector-Agreed Principle	Key Practices
Sector-Agreed Principle 11: Teaching, learning and assessment <i>Providers facilitate a collaborative and inclusive approach that enables students to have a high-quality learning experience and to progress through their studies. All students are supported to develop and demonstrate academic and professional skills and competencies. Assessment employs a variety of methods, embodying the values of academic integrity, producing outcomes that are comparable across the UK</i>	- a Learning and assessment at all levels is informed by research and/or scholarship. Teaching, learning and assessment align to ensure students can demonstrate their achievements, reflect on and reinforce their prior learning, skills and knowledge, and fulfil their potential. - b Students are given clear information about the intended modular and/or programme learning outcomes and the purpose of assessment and are enabled to use feedback/feedforward to support further learning. - c Staff involved in facilitating learning and supervising research are appropriately qualified and supported to enhance their teaching and supervisory practice. Research degrees are

<i>and recognised globally.</i>	delivered in supportive environments that are conducive to learning and research. d Students are enabled and encouraged to take responsibility for their own learning and to take an active role in shaping and enhancing the learning process. Providers offer ongoing advice and guidance about academic integrity to ensure that students and staff understand what is expected of them. e As students move through their learning journey, they are given the opportunity and support to transition effectively between academic levels, further study and employment. Providers enable students to recognise the progression they have made and steps they need to take to achieve their potential. f Providers design assessments that test appropriate learning outcomes and are fair, reliable, accessible, authentic and inclusive. Where applicable, and sustainable, students are offered different options for undertaking assessments to promote accessibility and inclusion. g Providers establish coherent approaches to technologies that impact teaching, learning and assessment (such as Generative Artificial Intelligence). These approaches are clearly communicated to staff and students, include how they are utilised and define misuse of such technologies. h Providers offer advice and guidance about academic integrity to ensure that students and staff understand what is expected of them throughout the learning journey. The advice is kept current.
--	---

Requirement 3: The enhancement of the quality of students' learning opportunities by the provider	
Quality Code - Sector-Agreed Principle	Key Practices
Sector-Agreed Principle 4: Using data to inform and evaluate quality <i>Providers collect, analyse and utilise qualitative and quantitative data at provider, departmental, programme and module levels. These analyses inform decision-making with the aim</i>	a A consistent, coherent and evidence-informed strategic approach to the collection, storage and management of data is employed across the provider. The provider makes explicit the type and level of data utilised (such as departmental, programme, module level) and the policies and processes that underpin its use in the maintenance of academic standards and the assurance and enhancement of quality.

<i>of enhancing practices and processes relating to teaching, learning and the wider student experience.</i>	- b Staff and students are aware of the types of data gathered and how it is stored and used in the management of quality and standards. - c When designing and operating monitoring and evaluation arrangements, staff and students adhere to ethical and data protection requirements relating to gathering and submitting data for national data sets, regulatory purposes, and internal monitoring and evaluation. - d Staff who are required to collect, manipulate and analyse data for reporting, quality assurance and enhancement purposes receive training that enables them to undertake these activities effectively, ethically and securely. Policies cover any third-party use of data, including applications utilising Generative Artificial Intelligence. - e Providers in partnership arrangements (including the student representative body, where applicable) ensure data sharing agreements and reporting requirements are clearly stated, understood and reviewed periodically. - f Data is collected and analysed in ways that enable providers to understand and respond to the needs of their student populations, promoting equality, diversity and inclusion, and environmental sustainability.
Sector-Agreed Principle 5: Monitoring, evaluating and enhancing provision <i>Providers regularly monitor and review their provision to secure academic standards and enhance quality. Deliberate steps are taken to engage and involve students, staff and external expertise in monitoring and evaluation activity. The outcomes and impact of these activities are considered at provider level to drive reflection and enhancement across the provider.</i>	- a Providers agree strategic principles for monitoring and evaluation to ensure processes are applied systematically, operated consistently and appropriate to their operational context. - b The methods for monitoring and evaluation activity are documented to clarify their aims, objectives, intended actions and targets. They are explicit about how they will be conducted, the nature of evidence (data) to be considered and the form of reporting, along with key indicators of success. - c Staff and students are engaged in monitoring and evaluation activities and receive appropriate training and support to undertake them. - d The actions and outcomes from monitoring and evaluation activities are communicated in an accessible manner to staff, students, the governing body and, where required, external stakeholders.

	e Improvements and enhancements that have been implemented as a result of monitoring and evaluation are, in turn, monitored and evaluated to ensure their impact is positive and remains fit for purpose. f Monitoring and evaluation activity facilitates providers' insights and promotion of equality, diversity and inclusion, and education for sustainable development. g Programmes and modules are monitored and reviewed regularly by internal and external peers, employers and students, in line with the provider's strategic approach to quality and standards. Outcomes from processes required from funding, accrediting, professional and approval bodies feed into monitoring and review.
--	---

Requirement 4: The provision of information to students by the provider	
Quality Code - Sector-Agreed Principle	Key Practices
Sector-Agreed Principle 9: Recruiting, selecting and admitting students <i>Providers operate recruitment, selection and admissions processes that are transparent, fair and inclusive. Providers maintain and publish accurate, relevant and accessible information about their provision, enabling students to make informed choices about their studies and future aspirations.</i>	a Policies and procedures for application, recruitment, selection and admission to programmes are reliable, fair, transparent and accessible, including processes for the recognition of prior learning. Similar and proportionate arrangements are in place for modules and other units of study. b Providers offer information that supports prospective students, and their advisors for recruitment and widening access purposes, in making informed decisions. Providers meet their legal and regulatory obligations in relation to the information presented about themselves and their provision or any changes they make to programmes and modules. c Staff, student representatives and external partners engaged in the delivery of recruitment, selection, admissions and widening access processes are appropriately trained and resourced.

	d All teams involved in the application, selection and admissions processes ensure information about the applicant journey is consistent and clear. Specific elements of the selection process are clearly defined and any programme or module changes that can impact decision making are communicated swiftly and consistently to enable all parties to exercise informed choice.
Sector-Agreed Principle 10: Supporting students to achieve their potential <i>Providers facilitate a framework of support for students that enables them to have a high-quality learning experience and achieve their potential as they progress in their studies. The support structure scaffolds the academic, personal and professional learning journey, enabling students to recognise and articulate their progress and achievements.</i>	a Accessible, relevant, accurate and timely information is offered to students and the staff supporting them throughout the learning journey about the provider, programme of study, wider opportunities for development and availability of support services. b All students are supported at key transition points throughout their journey, with their specific needs and requirements met and their pathways into learning recognised. c Students and staff are aware of the ongoing academic, professional and pastoral services and activities available, and students are encouraged to access these opportunities and support throughout their learning journey. d Staff are appropriately qualified, trained and supported to deliver high-quality learning and support for all students, particularly those with specific needs and requirements. e Students and staff recognise that activities offered outside the formal curriculum are beneficial for promoting students' sense of belonging, as well as providing opportunities to broaden their skills and achievements, complementing their formal studies.
Sector-Agreed Principle 12: Operating concerns, complaints and appeals processes <i>Providers operate processes for complaints and appeals that are robust, fair, transparent and accessible, and clearly articulated to staff and students. Policies and processes for concerns, complaints and appeals are regularly reviewed and the outcomes are used to support the enhancement of provision and the student experience.</i>	a Policies and processes for concerns, complaints and appeals are accessible, robust and inclusive, and enable early resolution wherever possible and include information relating to recruitment, selection and admission. b Concerns, complaints and appeals policies and procedures, including information about them, are clear and transparent to students, those advising them and those implementing the processes. Formal and informal stages of the processes are clearly articulated. c Providers meet (where applicable) the national and international requirements of external bodies with responsibility for hearing or overseeing concerns and complaints.

	d Actions resulting from concerns, complaints and appeals are proportionate and enable cases to be resolved as early as possible. e Processes for concerns, complaints and appeals are monitored and reviewed to ensure they promote enhancement throughout the provider and operate as intended, to the benefit of students and staff. f Outcomes from concerns, complaints and appeals are used to develop and enhance teaching and learning and the wider student experience.
--	---

Requirement 5:

The suitability of teaching staff, taking into account whether pre-appointment checks have been carried out on staff where they will be teaching students under the age of eighteen or any vulnerable adults

Quality Code - Sector-Agreed Principle	Key Practices
Sector-Agreed Principle 3: Resourcing delivery of a high-quality learning experience <i>Providers plan, secure and maintain resources relating to learning, technology, facilities and staffing to enable the delivery and enhancement of an accessible, innovative and high-quality learning experience for students that aligns with the provider's strategy and the composition of the student body.</i>	a Strategic and operational plans, along with resources, align with the student journey and are designed and implemented to support a positive student experience and enable student achievement. b Providers ensure they have dedicated, accessible and inclusive resources to support and enhance the delivery of their programmes (and smaller units of study) along with the wellbeing of students and staff. These include staffing, digital and physical resources. c Resources are reviewed and updated in alignment with strategic developments and changes in provision, as well as staff and student recruitment. This also ensures relevance to the workplace and the wider academic discipline. d Resources are allocated to ensure that staff receive ongoing professional development to support and enhance the delivery of a high-quality and innovative student learning and research experience. e Processes and activities to support the management of academic standards and quality enhancement are appropriately resourced to meet strategic, operational and regulatory objectives and requirements.

	f The creation, development and maintenance of accessible and inclusive learning environments (physical and virtual) offer all students the opportunity to be engaged in their learning experience and facilitate a sense of belonging. Providers ensure they consider environmental sustainability in designing and maintaining these learning resources and facilities. g Providers, in collaboration with staff and students, monitor and evaluate on a systematic basis the effectiveness and impact of learning environments and the resources required for the delivery and enhancement of the learning experience.
--	---

Requirement 6:

The suitability of the premises for teaching, having regard to the number, age and needs (including any special needs) of students

Quality Code - Sector-Agreed Principle	Key Practices
Sector-Agreed Principle 3: Resourcing delivery of a high-quality learning experience <i>Providers plan, secure and maintain resources relating to learning, technology, facilities and staffing to enable the delivery and enhancement of an accessible, innovative and high-quality learning experience for students that aligns with the provider's strategy and the composition of the student body.</i>	a Strategic and operational plans, along with resources, align with the student journey and are designed and implemented to support a positive student experience and enable student achievement. b Providers ensure they have dedicated, accessible and inclusive resources to support and enhance the delivery of their programmes (and smaller units of study) along with the wellbeing of students and staff. These include staffing, digital and physical resources. c Resources are reviewed and updated in alignment with strategic developments and changes in provision, as well as staff and student recruitment. This also ensures relevance to the workplace and the wider academic discipline. d Resources are allocated to ensure that staff receive ongoing professional development to support and enhance the delivery of a high-quality and innovative student learning and research experience. e Processes and activities to support the management of academic standards and quality enhancement are appropriately resourced to meet strategic, operational and regulatory objectives and requirements.

	f The creation, development and maintenance of accessible and inclusive learning environments (physical and virtual) offer all students the opportunity to be engaged in their learning experience and facilitate a sense of belonging. Providers ensure they consider environmental sustainability in designing and maintaining these learning resources and facilities. g Providers, in collaboration with staff and students, monitor and evaluate on a systematic basis the effectiveness and impact of learning environments and the resources required for the delivery and enhancement of the learning experience.
--	---

Annex 12: Mapping of the remaining Sector-Agreed Principles of the Quality Code (Full Component)

Sector-Agreed Principle 2: Engaging students as partners	
Description	Key Practices
<i>Providers take deliberate steps to engage students as active partners in assuring and enhancing the quality of the student learning experience. Engagement happens individually and collectively to influence all levels of study and decision making. Enhancements identified through student engagement activities are implemented, where appropriate, and communicated to staff and students.</i>	- a Student engagement through partnership working is strategically led, student-centred and embedded in the culture of providers. - b Student engagement and representation activities are clearly defined, communicated, resourced and supported. Transparent arrangements are in place for the collective student voice to be heard and responded to. - c Providers demonstrate effective engagement with students, ensuring any representative groups or panels reflect the diversity of the student body. Students understand that their voice has been listened to and are aware of how their views have impacted the assurance and enhancement of the student experience. - d Student engagement opportunities and processes are inclusive of students' characteristics and responsive to the diversity of each provider's student population. They involve student representative bodies, where applicable. - e Providers and student representative bodies, where such bodies are in place, recognise and celebrate the contribution of students to the enhancement of teaching and learning and the wider student experience. - f Students are enabled and encouraged to actively engage in the governance and enhancement of the wider student experience beyond the formal curriculum.

Sector-Agreed Principle 6:

Engaging in external review and accreditation

Description	Key Practices
<i>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.</i>	- 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.

Sector-Agreed Principle 8:

Operating partnerships with other organisations

Description	Key Practices
<i>Providers and their partners agree proportionate arrangements for effective governance to secure the academic standards and enhance the quality of programmes and modules that are delivered in partnership with others. Organisations involved in partnership arrangements agree and communicate the mutual and specific responsibilities in relation to delivering, monitoring, evaluating, assuring and enhancing the learning experience.</i>	- a Where academic provision is delivered through partnership, all partners agree, understand, communicate and take responsibility for the maintenance of academic standards and enhancement of quality. - b Providers are aware that working in partnership with other organisations will involve different levels of risk. Due diligence processes are completed in accordance with each provider's approach to minimising risk, maintaining academic standards and enhancing quality. - c Written agreements between partners are signed prior to the start of a programme or module and cover the lifecycle of the partnership, including details about closing a partnership. - d Providers and their partners ensure compliance with the regulatory and legislative requirements of the countries in which they work and maintain an awareness of the cultural context in which they operate. Providers ensure students have information about the responsibilities of each partner and where to go for support throughout their studies. - e Providers maintain accurate, up-to-date records of partnership arrangements that are subject to a formal agreement. - f Partnerships are subject to ongoing scrutiny that includes periodic monitoring, evaluation and review to assure quality and facilitate enhancement.

Annex 13: Glossary

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 any recommendations and/or conditions in the report and gives any plans to capitalise on the identified good practice.

Condition

A statement made by the review team on an area where the provider is required to develop or change a process or procedure in order to align with a Sector-Agreed Principle.

Degree-awarding body

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

Desk-based assessment

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.

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.

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 inquiry

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.

Monitoring

An engagement by a QAA Officer (and potentially other reviewers), each year after the review, of how the institution has responded to review outcomes and to explore their progress against their action plan.

Office for Students

The regulator of higher education in England.

Partial review

A follow-up review in the case of an unsuccessful judgement that is limited in scope to the areas identified as not meeting the criteria in the original review.

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.

QAA Quality 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.

Recommendation

A statement made by the review team identifying actions the provider should consider taking to support enhancement and continuous improvement.

Reference points

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

Self-evaluation document (SED)

The written submission from a provider that includes information about the institution, supported by evidence, on how it considers it meets the 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.

Published – August 2026

© The Quality Assurance Agency for Higher Education 2025
Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

+44(0)1452 557000 (voicemail only)
www.qaa.ac.uk