



International Quality Review

Building a global reputation for your university or college

Handbook

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About the Quality Assurance Agency for Higher Education (QAA)

The Quality Assurance Agency for Higher Education (QAA) is the independent body entrusted with monitoring and advising on the standards of student achievement and the quality of the student learning experience in UK higher education. In the United Kingdom (UK), QAA works with higher education providers, students and all those with a mutual interest in higher education to ensure students working towards a UK qualification get the higher education experience they are entitled to expect.

In addition, QAA plays a leading role in international developments in the quality assurance of higher education, working not just to maintain but to enhance the quality and integrity of the UK's higher education sector internationally.

International recognition of QAA

QAA is a full member of the European Association for Quality Assurance in Higher Education (ENQA). Following its review in 2013, QAA was the first agency to be judged fully compliant with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (Brussels, 2015; often referred to as the 'European Standards and Guidelines', or ESG).¹

QAA is listed on the European Quality Assurance Register (EQAR) in recognition of its compliance with the ESG.

QAA is a full member of the International Network for Quality Assurance Agencies in Higher Education (INQAAHE). In 2014 INQAAHE found QAA to be comprehensively aligned with the INQAAHE Guidelines of Good Practice.²

QAA is an observer of the Asia-Pacific Quality Network (APQN). In 2015 QAA was recognised by APQN for its efforts in achieving international cooperation in assuring the quality of cross-border education.

1 For more details see [Standards for IQR](#).

2 www.inqaah.org/main/professional-development/guidelines-of-good-practice-51/ggp-aligned-agencies

About International Quality Review (IQR)

1 International Quality Review (IQR) offers institutions outside the UK the opportunity to have a review by the UK's Quality Assurance Agency for Higher Education (QAA). The review will benchmark institutions' quality assurance processes against international quality assurance standards set out in Part 1 of European standards and guidelines (ESG).³

2 IQR is a three-stage process, consisting of the **application** stage, the **scoping visit** stage and the **review** stage.

3 Higher education institutions from outside the UK may apply to undergo a review by submitting an application. QAA will assess the application and judge the eligibility of the institution to progress to the next stage. Eligible applicants will then be invited to undergo a scoping visit to determine if they will be recommended for a full review.

4 The review stage is carried out by **peer reviewers**: that is, senior staff and students from UK and international higher education providers. The reviewers apply their knowledge and experience of higher education quality assurance processes. They also use their experience of international higher education to consider how the standards apply in the context in which the institution is operating. This will include consideration of relevant reference points applied nationally or internationally.

5 Students play an essential role in IQR. Each review team includes a student reviewer, and there are also opportunities for students at the applicant institution to take part in the review process. Students might: provide initial feedback through a questionnaire, meet the review team during the review visit(s); work with staff at the institution as they respond to the review findings. Institutions also have the option to identify a student to act as **lead student representative (LSR)** for the review. One role of the LSR would be to coordinate the writing of a **student submission** for the review team (see Roles and Annex 2).

6 After the review, the review team draws up a report, published by QAA, which sets out the overall outcome and key findings.

7 Following a successful outcome of the review in which it is found that the institution meets the ESG standards, institutions are expected to produce and publish an action plan in consultation with students, describing how they intend to respond to the findings in the report. Successful institutions are entitled to display QAA's **review graphic** specific to IQR that indicates the date on which the institution successfully completed its IQR review.

Aims and benefits

8 The overall aim of IQR is to offer non-UK higher education institutions an opportunity to demonstrate that their quality assurance systems conform to international standards.

9 IQR benefits higher education institutions by enabling them to analyse and improve their quality assurance systems. They do this both through analysing and evaluating their own processes and by taking part in an external review by QAA. Successful reviews enable institutions to demonstrate that their quality assurance processes are not only effective but also comparable with international best practice.

³ See www.enqa.eu/index.php/home/esg.

10 Where possible, QAA will cooperate with the appropriate government ministry or agency in the institution's home country. QAA will inform them that a review is taking place and will make arrangements for collaboration as appropriate. For example, the ministry or agency might advise QAA about local context and regulations.

11 IQR does not seek to replace national requirements and does not authorise an institution to offer programmes outside their national regulatory systems or within the UK national higher education context. IQR is not a form of accreditation, it does not confer degree awarding powers and it does not confer any legal or funding benefits on a successful institution.

12 IQR provides an assessment of an institution's quality assurance and enhancement processes as a whole. It does not assess individual courses (programmes of study).

Eligibility criteria

13 In order to take part in IQR, an institution will need to guarantee at the application stage that the review process can be conducted in the English language, and must be willing to provide independent translations and interpretation from and into English of documents and conversations necessary for the purpose of the review.

14 An institution will also need to demonstrate through the submission of evidence that they meet the following eligibility criteria:

- they are registered, or otherwise appropriately recognised, as a higher education provider by the national quality assurance authority or other relevant agency or ministry of the country or countries in which they are located
- the national quality assurance authority or other relevant agency or ministry is aware of their intention to request an IQR
- they have been operational for a minimum of three years at the time of application
- they have recruited a minimum of three cohorts of students, at least one of which has graduated
- they are financially viable and sustainable
- they have the legal right to use the infrastructure, main facilities and resources of the premises in which they deliver higher education
- a significant amount of the provision they offer can be regarded as higher education, both in terms of student headcount and percentage of provision.

15 In addition to the list above, eligibility also depends upon the outcome of a risk assessment by QAA. For example, QAA may assess the safety and stability of the environment in which an institution is operating.

Standards

16 International Quality Review considers an institution's quality assurance processes against the 10 standards set out in Part 1 of the ESG, deciding whether the institution meets each of the standards. The review team will take into account, and where necessary make allowance for, the context in which the institution operates. By mutual agreement between the institution and QAA, the review team may also consider how an institution meets other reference points, such as national requirements.

Outcome

17 The outcome of the IQR is an overall conclusion together with key findings. These are all contained within the published report.

18 The overall **conclusion** contained within the published report is the conclusion that the review team is reasonably able to reach, based on the evidence and time available. It will be expressed as one of the following.

- The institution meets all the standards for International Quality Review.
- The institution meets all the standards for International Quality Review subject to meeting specific conditions.
- The institution does not meet the standards for International Quality Review.

19 The other key findings are the features of **good practice** and the **recommendations** for action and improvement, as identified by the review team.

20 The report will also provide more detailed findings, stating decisions about the 10 standards set out in Part 1 of the ESG with supporting evaluation.

Standards for IQR

21 IQR uses the *European Standards and Guidelines for Quality Assurance in the European Higher Education Area* (Brussels, 2015; often referred to as the 'European standards and guidelines' or ESG). These 10 standards are summarised in the box below.⁴

European standards and guidelines for internal quality assurance

- 1.1 Policy for quality assurance
- 1.2 Design and approval of programmes
- 1.3 Student-centred learning, teaching and assessment
- 1.4 Student admission, progression, recognition and certification
- 1.5 Teaching staff
- 1.6 Learning resources and student support
- 1.7 Information management
- 1.8 Public information
- 1.9 Ongoing monitoring and periodic review of programmes
- 1.10 Cyclical external quality assurance

22 During the review, the review team considers how and whether an institution meets each of the 10 standards set out in the ESG. The review team analyses institutional policies, procedures and systems and decides whether, in relation to each of the above standards, these enable the institution to be confident (and assure others) that it meets the relevant standard in each case. The review team also considers whether these institutional policies, procedures and systems are clear, transparent, appropriate, fair and relevant, and whether they are systematically applied and consistently operated.

23 During its review activities, the review team considers **examples of practice**⁵ which help it determine the institution's effectiveness in meeting the 10 ESG standards. These examples are listed in full in [Annex 3](#).

4 The full text for each standard can be found at: www.engq.eu/index.php/home/esg

5 The examples of practice are adapted from the guidelines set out in the ESG for each standard, expanded to reflect examples of practice that a QAA review team may expect to see operating effectively when deciding if an institution meets a standard.

An overview of the process

24 International Quality Review takes place in three stages: the **application stage**, the **scoping visit stage** and the **review stage**.

25 The first stage commences with an application from the institution to QAA in which the institution should describe how it meets the [eligibility criteria](#) (page 3, paragraphs 13-15) and submit specified evidence. Following a screening process, QAA informs the institution whether it is eligible to move to the scoping visit stage.

26 The second stage is the scoping visit which consists of a visit to the applicant institution that enables the institution to learn more about IQR and requirements for a review and also enables QAA to determine whether it is suitable to proceed to the third stage, a full review.

27 The third stage is the review. At this stage: the institution submits a self-evaluation document and supporting evidence; the QAA review team visits the institution and formulates its findings following which QAA publishes its review report; and the institution develops its action plan.

Stage 1: Application

28 An institution seeking to undergo IQR should complete QAA's IQR application form for consideration by QAA as to the institutions ability to meet the eligibility criteria. In addition, the application form provides the opportunity for the institution to provide a brief overview of itself, the arrangements for delivering higher education, and the programmes on offer.

29 Evidence that should be submitted at this stage includes:

- a brief description of the institution, its mission and ethos
- a list of programmes (courses) provided
- the locations where learning takes place
- academic partnerships (if any)
- student and staff numbers (headcount), both specifically for higher education programmes as a percentage of all academic provision at the institution
- proof of legal identity and assurance that there are no current legal disputes taking place that may be relevant to the application
- proof of licence to practise (the right to operate as a higher education provider)
- proof of ownership/lease of the facilities used for learning
- proof of financial good standing (comprising copies of accounts for the previous two years and financial planning for the next two years)
- a short narrative explaining the decision to undergo IQR.

30 QAA acknowledges receipt of the application and, following closure of the application window, screens the application in order to decide whether an institution meets the eligibility criteria and so make a recommendation as to whether the institution should progress to the scoping stage. QAA communicates its decision to the institution no more than four weeks after the application window closes, outlining how this decision has been reached. The decision of QAA as to whether an institution meets the eligibility criteria is final.

Stage 2: Scoping visit

31 If an institution's application is successful in meeting the eligibility criteria, it may then progress to the scoping visit stage which enables mutual sharing of information.

32 Before the scoping visit the institution may be asked to provide additional evidence about:

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

33 A QAA scoping team of two then visits the applicant institution. QAA will tell the institution whom the scoping team would like to meet. The scoping visit takes place over two to four days, depending on the size and complexity of the institution and its higher education provision. The scoping team gather further information in order to determine whether to recommend the institution for review, and, if so, what length the review visit should be.

34 During the scoping visit the institution also receives a briefing on the review process, enabling it to consider in detail whether IQR meets its needs.

35 Following the scoping visit, QAA sends a letter to the institution stating whether the institution can progress to a full review. This will explain why the scoping team reached their decision.

36 If the institution is not able to progress, QAA will make points for further consideration about what the institution would need to do in order to qualify for the review stage in future. The letter will also explain how the institution can re-engage with the process.

37 QAA's decision as to whether an institution is suitable to progress to the review stage is final. Where QAA finds that an institution should be allowed to progress to the review stage, the institution should not take this as any guarantee that they will achieve a successful outcome following the IQR.

Stage 3: The review

38 The review is an opportunity for the institution to demonstrate how it meets each of the 10 ESG standards.

39 Upon agreeing with QAA to progress to the review stage, the institution will receive a timeline for its review, including due dates for carrying out its own responsibilities. It will also receive full briefing material to support it through preparing for the review. An indicative schedule for the review is provided below.

Time	Activity
Following the scoping visit.	QAA and the institution agree key dates for the review visit, and confirm the contact details of the facilitator and the QAA officer. QAA announces who will be on the review team and how long the review visit will last.
Approximately 12 weeks before the review visit.	The institution uploads its self-evaluation and supporting evidence to QAA's electronic folder. The review team begins its desk-based analysis.
Approximately nine weeks before the review visit.	The QAA officer informs the institution of any requests for additional documentary evidence.
Approximately six weeks before the review visit.	The institution uploads additional evidence to the electronic folder (if required).
Approximately four weeks before the review visit.	The review team holds its first team meeting to discuss the outcome of the desk-based analysis, and the programme for the review visit. The QAA officer informs the institution of: - the review team's main lines of enquiry - whom the review team wishes to meet - any further requests for documentary evidence.
The review visit takes place.	
One week after the review visit	The QAA officer sends a letter to the institution stating the findings of the review.
Four weeks after the review visit	QAA sends the draft review report to the institution (and lead student representative where relevant) for the purposes of allowing the institution to advise QAA of factual errors or errors of interpretation
Seven weeks after the review visit	The institution (and lead student representative where relevant) advise QAA of any factual errors or errors of interpretation (incorporating any comments from partner organisations).
Nine weeks after the review visit	QAA publishes the report and issues a press release.
Seventeen weeks after the review visit	The institution publishes its action plan on its website.

40 The review team conducts the review through analysis of the evidence submitted and a visit to the institution, as detailed in later sections of this handbook ([The desk-based analysis](#); [The review visit](#)).

Roles

41 QAA appoints a team of three reviewers to conduct the review and a QAA officer to manage it. The institution appoints a facilitator. There is also the option for a lead student representative (LSR) from the institution to be appointed, representing the students' views.

42 QAA will indicate the review team's membership to the institution. QAA will tell the institution which organisations the members of the review team work for or, in the case of student reviewers, the institution at which they have studied, and whether they have declared any other interests (such as membership of a governing body of another provider). QAA will ask the institution to let it know of any actual or potential conflicts of interest that reviewers might have with the institution, and may make adjustments to review team membership in light of that.

43 Before finalising the review team, QAA will appoint an officer to coordinate the review process, support the review team, and act as the primary point of contact with the institution. The institution will be told who the QAA officer is and will be welcome to get in touch to ask questions. The QAA officer can provide advice about the review process but cannot act as a consultant for the preparation for review, nor comment on whether the processes in place for quality assurance are appropriate or fit for purpose; that is the job of the review team.

Review team members

44 Each QAA review team consists of at least one UK peer reviewer, one international peer reviewer (from outside the UK), and a student reviewer. QAA peer reviewers have current or recent senior-level expertise and experience in the management and quality assurance of higher education provision in the UK and internationally.

45 Review team members are selected on the basis of their experience in higher education and are expected to draw on this in their conclusions and evaluations about the management of quality and academic standards. All reviewers are fully trained by QAA and QAA arranges preparation sessions for review team members to ensure that they are familiar with the review methodology and have a good understanding of the context of the review.

The role of students

46 QAA believes that students play a critical role in the quality assurance of higher education. They provide a valuable insight from the perspective of being, or having recently been, recipients of higher education. Where possible, IQR has the same features of student engagement as QAA's other review processes. Student reviewers are full and equal members of review teams.

47 Students of the institution under review may also contribute to the review process by, for example, completing a questionnaire in relation to their learning experience and their experience of quality assurance at the institution, participating in meetings during the review visits and assisting the institution in drawing up and implementing the action plan after the review.

48 There is the option for a student to undertake the role of lead student representative (LSR; see section below and [Annex 2](#)).

The QAA officer

49 The role of the QAA officer is to guide the review team and the institution through all stages of the review, ensuring that QAA approved procedures are followed. The QAA officer is responsible for the logistics of the review programme including liaising with the institution, confirming the programmes for the initial meeting and the review visit, keeping a record of all discussions, and drafting the review report. The QAA officer will accompany review teams throughout the visits to institutions.

50 The QAA officer also advises and guides the review team in its deliberations to ensure that decisions and the overall conclusion are securely based on evidence available and that each review is conducted in a consistent manner.

The facilitator

51 Applicants must nominate a facilitator from their institution to work alongside QAA. The facilitator helps to organise and ensure the smooth running of the review process and improve the flow of information between the review team and the institution. The development of an effective working relationship between QAA and the institution through the facilitator should help to avoid misunderstandings (for example, the institution misunderstanding what QAA requires, or QAA misunderstanding the nature and scope of the institution's provision). Further details about the role of the facilitator can be found in Annex 2: Roles and responsibilities.

The lead student representative

52 This optional additional voluntary role is designed to allow students from the institution to play a central part in the organisation of the review. The lead student representative (LSR) helps ensure smooth communication between the student body, the institution and QAA, and will normally oversee the production of a student submission. If possible, QAA would like to work with the LSR to select the students that the review team will meet.

53 If the option of appointing an LSR is taken up, it is recommended that the volunteer(s) be appointed by the students themselves, with support from a student representative body or equivalent within the institution. The LSR may be a member of the student representative body but may not hold a senior staff position. The role of LSR may be operated on a shared-role arrangement as long as it is clear who is the main LSR point of contact.

54 The institution is expected to provide as much operational and logistical support to the LSR as is feasible and, in particular, to ensure that any relevant information or data is shared with the LSR to ensure that the student submission is well informed and evidence based.

Degree-awarding bodies

55 Institutions that provide programmes leading to qualifications of separate awarding bodies may invite these institutions to be involved in the review process. For example, the awarding body might assist with the preparation of the self-evaluation document or attend review visits. The extent of the involvement of an awarding body in IQR should be decided in discussion between the institution and the awarding body. It is the responsibility of the institution being reviewed, where appropriate, to keep relevant awarding bodies informed of the progress of the review and to make any requests for support.

56 Where such arrangements exist, the institution under review will indicate to the QAA review team how the responsibilities are distributed. The review team will consider the institution's responsibilities in relation to programmes it provides under such arrangements but will not consider aspects of the provision for which the awarding body is responsible.

57 Where responsibility for an aspect of quality assurance lies with a UK degree-awarding body, quality assurance requirements are covered by UK higher education review processes and transnational education (TNE) reviews. Where responsibility lies with a non-UK degree-awarding body, the review team will seek only to acknowledge that the quality of the provision is assured through another quality assurance process.

Documentation

58 The evidence base for IQR is a combination of information collected by QAA, information submitted by the institution, including the self-evaluation document, and information provided by students.

Information collected by QAA

59 QAA will compile information about the institution from publicly available sources. This will vary depending on the institution and may include the most recent reports relating to the institution from other national and international agencies and organisations, and of other organisations with which the institution works in partnership.

Self-evaluation document and supporting evidence

60 Institutions are required to prepare a self-evaluation document (SED) supported by documentary evidence. Guidance on how to structure the SED is provided in [Annex 4](#). QAA will provide further guidance on compiling the SED when briefing the institution about the review process, for example during the scoping visit. The SED is intended to be reflective and focused on the areas of review, and the evidence should be carefully chosen to support these. High quality, relevant institutional evidence enables the review team to verify the institution's approaches and gather relevant and appropriate evidence of its own quickly and effectively.

Main functions of the SED

61 The self-evaluation document (SED) should be both descriptive and evaluative. It has several main functions:

- to give the review team an overview of the institution, including its background and experience in managing quality and standards*
- to describe to the review team the institution's approach to quality assurance
- to explain to the review team how the institution knows that its approach is effective in meeting the standards for the review (and other external reference points, where applicable), and how it could be further improved
- to guide the review team through the evidence base.

*Details should be provided of any relationships with degree-awarding bodies or awarding organisations, and of the external reference points (other than the standards for International Quality Review) that the institution is required to consider.

62 The SED should in all cases include a section on each of the 10 standards of the ESG (see also [Annex 3](#)).

63 The SED must include clear references to the evidence that illustrates or substantiates its contents, since it is not the responsibility of the review team to seek this evidence out. Evidence included must be clearly germane to the evaluation. It is quite acceptable - indeed it is to be expected - that the same key pieces of evidence will be referenced in several different parts of the SED.

64 There are some types of information that are likely to be indispensable to the review team in completing the IQR. The following information could be referenced from the SED, rather than being provided on request later:

- agreements with degree-awarding bodies and other partners, where applicable
- policies, procedures and guidance on quality assurance and enhancement (perhaps in the form of a handbook or code of practice)
- a diagram of the administrative structures, including deliberative and management committees (both centrally and school/faculty-based), which are responsible for the assurance of quality and standards
- minutes of committees centrally responsible for the quality assurance of the institution for the two academic years prior to the review
- annual overview reports (for example, on external examining or annual monitoring) where these have a bearing on the assurance of quality and standards for the two years prior to the review.

65 If the institution collaborates with one or more partner organisations that provide programmes on its behalf, the review team will require specific evidence about any such relationships, including:

- the most recently concluded formal agreement between the institution and its partner, at both institutional and programme level
- details of the process, and reports of the events, through which the institution assures itself that the partner is appropriate to deliver or support its programmes.

The review team may also request specific evidence about a sample of programmes delivered by the partner including:

- the most recent annual and periodic review reports held by the institution, together with the report of the most recent programme approval
- information that allows the institution to be satisfied that the partner is able to maintain the institution's own quality assurance standards.

Data to be included

66 QAA encourages institutions to consider their achievements and deficiencies against relevant nationally or internationally benchmarked datasets. Where such datasets exist, the SED should report against, reflect upon, and contextualise their results.

How the SED is used in the review

67 The SED is used throughout the review process. During the desk-based analysis it is part of the information base that helps to determine the duration and schedule of the review visit. The review team will be looking for indications that:

- the institution systematically monitors and reflects on the effectiveness of its quality assurance processes
- monitoring and self-evaluation using management information and comparisons against previous performance and against national and international benchmarks, where available and applicable
- monitoring and self-evaluation are inclusive of students (and other people and organisations where relevant)
- monitoring and self-evaluation lead to the identification of strengths and areas for improvement, and subsequently to improvements in procedures or practices.

The review team will also expect the SED to consider whether the institution's pedagogical approaches ensure sufficient support for students to enable them to achieve the learning outcomes of their programmes.

68 The SED continues to be used by the review team during the review visit, both as an information source and as a way of navigating the supporting evidence.

Technical requirements for the SED and supporting evidence

69 QAA will explain by letter how the SED and supporting evidence should be uploaded to the electronic site. The QAA officer will inform the institution of the date by which this must be done.

70 The table below shows the key technical points to consider when compiling the SED and supporting evidence.

Technical requirements for the SED and supporting evidence	
Overall presentation	The SED and supporting evidence should be supplied in a coherent structure: <ul style="list-style-type: none"> all files together, with no subfolders or zipped files documents clearly labelled numerically, beginning 001, 002, and so on.
File naming convention	Only use alphanumeric characters (a-z and 0-9) and the hyphen (-). Do not use: <ul style="list-style-type: none"> the underscore (_), full stops, spaces and any other punctuation marks or symbols as these will not upload successfully.
File types to avoid	Do not upload: <ul style="list-style-type: none"> shortcut files (also known as .lnk and .url files) temporary files beginning with a tilde (~) administrative files such as thumbs.db and .DS_Store.
For technical assistance with uploading files, please contact the QAA officer or the QAA service desk on 0044 (0) 1452 557123, or email helpdesk@qaa.ac.uk . The service desk operates from Monday to Friday between 9.00 and 17.00 UK time.	

Other information given by the institution

71 The review team has three main opportunities to ask for additional evidence from the institution: before the first review team meeting; between the first review team meeting and the review visit; and at the review visit itself (for timing of these events, see the tables for [stage 3](#) on page 7 and for [findings and follow-up](#) on page 18).

72 The types and amount of additional information requested by the review team will vary from one review to another and according to several factors, including the size of the provision under review and any issues arising from the SED and student submission.

The desk-based analysis

73 The review team begins by undertaking a desk-based analysis of all the information submitted, including the SED and the supporting evidence. Should the review team identify any gaps in the information, or require further evidence about specific issues, a request for further information is made before the first review team meeting.

74 Before the review visit, the review team holds a first review team meeting. Its purpose is to allow the review 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
- confirm the requirements for the review visit.

75 The QAA officer then confirms with the institution the arrangements for the review visit, including who the review team wishes to meet and what the main lines of enquiry will be.

76 Identifying the review team's main lines of enquiry is designed to prepare the institution for the review visit. The lines of enquiry will be based either on those standards that the desk-based analysis indicates are not being met or on potential areas of good practice. The lines of enquiry do not preclude the review team from investigating any other area or issue within the scope of IQR during the review visit.

The review visit

77 The review visit will last two, three or four days and will reflect the scale and complexity of the provision under review. QAA will determine the length of the review visit using the information gathered at the scoping stage.

78 At the beginning of the review visit, the review team will hold a short meeting with the head of the institution, which will highlight the institution's overall strategy for higher education. Thereafter the activity carried out at the review visit may include contact with academic and support staff (including staff from partner organisations where applicable), current students and recent graduates, and employers of the institution's graduates. The review team will ensure that its schedule includes meetings with students, to gain first-hand information on their experience as learners and on their engagement with the institution's quality assurance and enhancement processes. The review team will be pleased to make use of video or teleconference facilities to meet people who may find it difficult to attend in person, such as distance-learning students or alumni.

79 Where the institution has significant formal arrangements for working with partners who provide learning opportunities or student support on behalf of the institution under review, the review team may ask to meet staff and students from one or more of those organisations in person or by video conference or teleconference. These meetings will take place within the period of the review visit unless there is good reason why this cannot happen (for instance, because the review visit coincides with another organisation's vacation period).

80 The review visit will include a final meeting between the review team and senior staff of the institution, the facilitator and the lead student representative (if there is one). This will not be a feedback meeting about the findings of the review, but will be an opportunity for the review team to summarise the major lines of enquiry and issues that it has pursued (and may still be pursuing). The institution also has a final opportunity to offer clarification and/or present evidence that will help the review team come to secure its findings.

81 The facilitator and lead student representative (if there is one) will not be present with the review team for its private meetings. The review team is not expected to have regular contact with them, other than at the beginning and/or end of the day, or when they are invited to clarify evidence or provide information. However, the facilitator and lead student representative (if there is one) can suggest informal meetings if they want to alert the review team to information which they consider the review team might find useful.

82 On the final day of the review visit, the review team considers its findings in private in order to:

- agree the decisions for each of the 10 standards
- agree any features of good practice that it wishes to highlight
- agree any recommendations for action by the institution, graded as 'advisable' or 'desirable' (advisable being the more urgent), with a suggested time limit according to their seriousness and the urgency with which they need to be addressed
- decide on the overall conclusion of the review.

83 The review team considers the institution's processes against the ESG and considers how these are applied within the context of the institution. The review team also considers other relevant reference points, for example those set out by the degree-awarding bodies with whom the institution collaborates. The review team then decides if the institution meets each of the 10 standards and, on that basis, comes to an overall conclusion about the institution.

How the findings are determined

The table below shows how findings are determined by the review team.

An institution demonstrates that it meets a standard if either of the following statements is true	An institution demonstrates that it does not meet a standard if either of the following statements is true
<p>There are no recommendations for improvement in relation to this standard.</p> <p>OR</p> <p>Any recommendations for improvement do not relate to issues that, individually or collectively, present any serious risks to the management of this standard*, and they relate only to:</p> <ul style="list-style-type: none"> • 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 the institution to meet the standard. <p>*Some moderate risks may exist, and these must be addressed in the institution's action plan in order to avoid more serious problems developing over time.</p>	<p>There are recommendations for improvement in relation to this standard, and they relate, either individually or collectively, to:</p> <ul style="list-style-type: none"> • weakness in the operation of part of the 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 the institution's planning processes • quality assurance procedures that are not applied rigorously enough. <p>OR, more seriously,</p> <p>There are recommendations for improvement in relation to this standard, and they relate, either individually or collectively, to:</p> <ul style="list-style-type: none"> • ineffective operation of parts of the institution's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to the institution's quality assurance • breaches by the institution of its own quality assurance procedures.
<p>Note When a standard is met in full there may be findings of good practice in relation to it; however a standard may also be met without any good practice being identified.</p>	<p>Note: A finding of good practice does not guarantee that a standard is met in full. A finding of good practice may only enable to the institution to partially meet the standard.</p>

Findings and follow-up

84 Following the review visit, the review team will finalise the key findings of the review and work with the QAA officer to produce a review report for publication. This section explains the three possibilities for the overall conclusion and what happens after the review visit.

The overall conclusion

85 The three possibilities for the overall conclusion are:

- the institution meets all the standards for International Quality Review
- the institution meets all the standards for International Quality Review subject to specific conditions
- the institution does not meet the standards for International Quality Review.

These are explained in more detail below.

The institution meets all the standards for International Quality Review

86 Where the draft report concludes that the institution meets all 10 standards, the report will be finalised and published on the QAA website. This will be two weeks after the institution's deadline to advise QAA of factual errors or errors of interpretation.

87 After the report has been published, the institution is expected to provide an action plan, signed off by the head of the institution, responding to the recommendations, if any, and giving any plans to capitalise on the identified good practice. The action plan must be published on the institution's website. At this point, having met all the standards, the institution will have successfully completed the review.

88 If the institution undergoes a successful review but, without good reason, does not provide an action plan within the required timescale, QAA will reconsider the overall conclusion of the review.

The institution meets all the standards subject to specific conditions

89 Where only one (or at most) two of the standards are not met, the review team may decide to set specific conditions that enable a successful IQR outcome to be achieved. These conditions are likely to be one or more of the recommendations, and will only be set where they relate to a very small number of failings that, while potentially significant, only impact on the one (or at most two) standards that are not met. The review team will only do this if they consider that the failings can be rectified in a way that can be sufficiently analysed through a brief desk-based exercise following specific actions undertaken by the institution and a subsequent submission to QAA of further evidence.

90 Where the draft report concludes that the institution meets all the standards subject to specific conditions, the review process will be extended to allow the institution to meet those conditions and the review team to confirm that it has done so successfully. QAA will set out a timeframe with follow-up actions. This will be sent to the institution.

91 The institution is expected to provide an action plan, signed off by the head of the institution. This should address any specific conditions set by the review team, as well as respond to any other recommendations and set out any plans to capitalise on any good practice identified.

92 Once the institution has completed the necessary actions and submitted relevant evidence to QAA, a small review team will undertake a follow-up desk-based analysis to determine if the institution now has satisfied the conditions set and subsequently meets the ESG standards. This may include a phone/video call. If the institution has met the conditions and it is determined that they meet the ESG standards it will have successfully completed the review. If not, then it has also not met the standards for IQR.

The institution does not meet the standards for International Quality Review

93 Where the review team concludes that the institution does not meet the standards, the outcome of the IQR is unsuccessful. In this instance, the draft report will not be published but will be sent to the institution to consider whether it wishes to request a re-consideration of the overall conclusion.

94 Any request (see Complaints and re-considerations below) should be made within one month of receiving the draft report and should be based on the findings contained within it. QAA will not publish the report, meet a third party request for disclosure of its contents, or consider the action plan during the re-consideration process. Where a re-consideration is unsuccessful, the report will be published promptly after the end of the re-consideration process.

Follow-up to the review

95 The timings for this part of the process are given in the indicative timeline on page 8. The precise dates will be confirmed by the QAA officer.

96 Approximately one week after the end of the review, the institution will receive a letter stating the provisional findings. These comprise the overall conclusion of the review, a list of recommendations and a list of features of good practice if applicable. The recommendations will be graded in relation to their seriousness and the urgency with which they need to be addressed ('advisable' or 'desirable'; see page 16). Where the review team has set specific conditions in order for the 10 standards to be met, these will clearly be stated. Paragraphs 90 to 93 provide more details.

97 Approximately four weeks after the review visit, the institution will receive the draft report containing the full findings of the review. The report will be written as concisely as possible, while including enough detail to be of maximum benefit. It will contain the overall conclusion, recommendations and findings of good practice, followed by the analysis and evidence that supports the findings. This analysis will be separated into 10 sections representing the 10 standards of the ESG. At the end of each section the report will say whether the relevant standard has been met. The findings will be summarised in a one page executive summary at the beginning of the report.

98 The review's findings will be decided by the review team as peer reviewers. The QAA officer will ensure that the findings are backed by adequate and identifiable evidence, and that the review report provides information in a succinct and accessible format. To this end, QAA will retain editorial responsibility for the final report and will moderate reports to promote consistency.

99 The institution has the opportunity to respond within three weeks of receipt of the draft report, telling QAA of any factual errors or errors of interpretation. These can only relate to the period before or during the review visit; the review team will not consider amending the report to reflect changes or developments made after the review visit ended. The draft report will also be shared with the lead student representative where relevant, and QAA will invite his or her comments by the same deadline.

Announcing the outcome

100 The institution's IQR report, published on QAA's website, sets out the review team's findings (overall conclusion, recommendations and good practice) and analysis. The institution can make the report available via its media outlets.

101 Successful institutions will also be able to make the following statement: [The institution] has received a successful International Quality Review from the UK's Quality Assurance Agency for Higher Education (QAA) undertaken in [Month] [Year], in acknowledgement that at the time of review [the institution] met the standards set out by QAA's review process.

102 They will also have the right to use the IQR review graphic.

Complaints and re-considerations

103 QAA has formal processes for receiving complaints and requests for re-consideration of outcomes of IQR.

Privacy and disclosure of information

104 An effective IQR requires access to a considerable amount of information, some of which may be sensitive or confidential. Institutions and their staff can be assured that confidential information that they disclose to QAA during IQR will not be publicly released or used in an inappropriate manner.

105 QAA's review policies and procedures provide the following assurances.

- Information provided by an institution is used only for the purpose of review.
- Information marked by an institution as 'confidential' is not disclosed to any other party by QAA or by individual reviewers, 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 the institution.
- Review meetings are confidential: the review team does not reveal what has been said by any individual, nor are individuals identified in the review report. The institution is encouraged to require the same degree of confidentiality from people whom the review team will meet during the review.
- QAA and its reviewers store confidential information securely.
- Review teams are required to destroy material relating to a review, including the self-evaluation document 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 QAA policy and procedure and will be managed by QAA's public relations team.

Annex 1: Sample schedule for a review visit

A typical schedule for a review visit might look like this. The actual schedule will be determined by the review team, in agreement with the institution.

Times	Day 1
0830	Review team arrival and introductions
0900 - 1030	Review team meeting alone Agenda setting
1030 - 1100	Meeting 1 with head of institution
1100 - 1130	Review team meeting alone
1130 - 1230	Meeting 2 with senior management staff
1230 - 1500	Review team meeting alone, and working lunch
1500 - 1600	Meeting 3 with teaching staff
1600 - 1630	Review team meeting alone
1630 - 1730	Meeting 4 with a representative group of students
1730 - 1800	Review team meeting alone
1800 - 1830	Meeting with facilitator (and lead student representative if relevant)
1830	Departure of review team

Times	Day 2
0830 - 0930	Review team arrival and meeting alone
0930 - 1030	Meeting 5 with staff from academic support teams
1030 - 1100	Review team meeting alone
1100 - 1200	Meeting 6 with stakeholders, that is: employers, graduates and any other appropriate interested parties
1200 - 1330	Review team meeting alone and working lunch
1330 - 1530	Site visits including meeting with staff providing support where relevant
1530 - 1630	Review team meeting alone
1630 - 1700	Meeting with facilitator
1700	Departure of review team

Times	Day 3
0830 - 1000	Review team arrival and preparation for final meeting
1000 - 1100	Meeting 7 - final meeting with senior staff with responsibility for quality
1130 - 1230	Review team meets alone to discuss key findings and reach its overall conclusion. The key findings consist of: <ul style="list-style-type: none"> • the overall conclusion about whether the institution meets all the 10 standards • specific conditions (applicable if at least one standard is not quite met) • recommendations (and degree of urgency) • features of good practice.
1230	Working lunch for review team
1300 onwards	Review team final meeting continues. Note that this meeting does not have any time restrictions.

Annex 2: Roles and responsibilities

Attributes of review team members

The principal attributes expected of review team members include:

- experience of managing quality and academic standards in higher education or recent experience of being a student in higher education
- a clear understanding of the governance and management of higher education institutions
- an ability to assimilate, analyse and synthesise a substantial amount of documentary material
- an ability to engage in discussion and debate with institutional representatives to identify and comment on key issues relating to quality
- an ability to produce written commentary on the findings of review activity and to assist in drafting the report
- a willingness to work as a member of a review team and share responsibility for collective decisions and an overall conclusion.

Responsibilities of the QAA officer

The principal responsibilities of the officer are to:

- ensure compliance with the process set out in this handbook
- liaise with the institution about the schedule for the review programme
- contribute to the selection and briefing of review team members
- confirm arrangements for the first review team meeting and the review visit
- keep a record of all meetings relating to the review
- oversee the follow-up to the review
- compile the review report and oversee its production.

Role and responsibilities of the institution's facilitator

The person appointed as facilitator must possess:

- a good working knowledge of the institution's systems and procedures, and an appreciation of matters relating to quality and standards
- knowledge and understanding of IQR
- the ability to communicate clearly in English, build relationships and maintain confidentiality
- the ability to observe objectively
- the ability to provide objective guidance and advice.

The facilitator will be expected to:

- act as the primary contact for the QAA officer during the preparations for the review
- act as the primary contact for the review team during the review visit
- provide advice and guidance to the review team on the SED and any supporting documentation
- provide advice and guidance to the
- review team on the institution's structures, policies, priorities and procedures
- keep an updated list of evidence to be presented to the review team throughout the review, to be confirmed by the QAA officer

- ensure that the institution has a good understanding of the matters raised by the review team, thus contributing to the effectiveness of the review
- meet the review team on request during the review, in order to provide further guidance on sources of information and clarification of matters relating to the institution's structures, policies, priorities and procedures
- where relevant, work with the lead student representative to ensure that the student representative body is informed of, and understands, the progress of the review.

The facilitator will not be present for the review team's private meetings. However, he or she will have the opportunity for regular meetings with them at other times, which will provide opportunities for both the review team and the institution to seek further clarification outside of the formal meetings. This is intended to improve communication between the institution and the review team during the review and enable the institution to gain a better understanding of the review team's lines of enquiry.

The facilitator is permitted to observe any of the review team's other meetings, except those with students. When observing, the facilitator should not participate in the discussion unless invited to do so by the review team.

The facilitator may legitimately:

- bring additional information to the attention of the review team
- seek to correct factual inaccuracy
- assist the institution in understanding matters raised by the review team.

It is for the review team to decide how best to use the information provided by the facilitator. The facilitator is not a member of the review team and will not make judgements about the provision.

The facilitator is required to observe the same conventions of confidentiality as members of the review team. In particular, the confidentiality of written material produced by review 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 review team and report back to other staff, in order to ensure that the institution has 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.

The facilitator does not have access to QAA's electronic communication system for review teams.

The review team has the right to ask the facilitator to disengage from the review process at any time, if it considers that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.

Responsibilities of the lead student representative

The lead student representative (LSR), if there is one, should receive copies of all key correspondence from QAA. He or she should normally be responsible for:

- organising or overseeing the writing of the student submission
- helping the review team to select students to meet
- advising the review team during the review visit, on request
- liaising internally with the facilitator to ensure smooth communication between the student body and the institution
- disseminating information about the review to the student body
- collating the students' comments on the draft review report
- coordinating the students' input into the institution's action plan.

The LSR is permitted to observe any of the review team's meetings with students but not the meetings with staff. He or she will, however, be invited to attend the final meeting with the institution towards the end of the review visit.

Avoiding conflicts of interest

To avoid bias, or the perception of bias, and to ensure the integrity of the review system, it is essential that conflicts of interest be avoided. QAA requires review team members to declare any matters that could lead to a conflict of interest in being appointed to a particular review team. Institutions are given the opportunity to object to a particular appointment if they consider there may be a conflict of interest.

Circumstances in which a conflict of interest may exist, or be perceived to exist, include, but are not limited to, the following.

- The reviewer is an employee of the institution to be reviewed, or has been one within the last three years.
- A close relative of the reviewer is an employee of the institution.
- The reviewer is a failed, current or prospective applicant for a position at the institution.
- The reviewer is a senior advisor or consultant to the institution, or has been in the last three years.
- The reviewer, or any close relative, is a student at the institution.
- The reviewer is a graduate of the institution.
- There is kinship, close friendship or animosity between the reviewer and any senior manager in the institution.
- The reviewer is antipathetic to the mission, goals or ethos of the institution.

Being an employee of another higher education institution in the country in which the institution is located is not in itself regarded as a conflict of interest.

Reviewers are asked to declare before appointment to a particular review team whether there are any circumstances, including but not limited to those above, which could lead to a conflict of interest. Similarly, institutions are asked before a review team is finalised whether they object to any potential member on grounds of perceived conflict of interest or for any other material reason. The decision on appointment is made by QAA after considering the information provided by reviewers and any objections raised by the institution.

The QAA officer is subject to the same policy and procedures on conflict of interest as members of the review team.

Annex 3: Examples of practice

Listed below are examples used by the review team to determine the extent to which the institution meets the 10 ESG standards. They are adapted from the guidelines set out in the ESG for each standard, expanded to reflect examples of practice that a QAA review team may expect to see operating effectively when deciding if an institution meets a standard. The examples should be considered as a guide only, in acknowledgment that not all of them will be appropriate for all institutions.

1.1 Policy for quality assurance

Clearly set out policies and arrangements for managing quality assurance standards, including where activities are carried out by other parties, appropriate to the context in which the institution is operating

Effective governance and management arrangements to support the implementation and ongoing monitoring of quality assurance and enhancement policies

A quality assurance culture that is evident at all levels of the institution.

1.2 Design and approval of programmes

Clearly defined processes, roles and responsibilities for programme design and approval in line with institutional strategy

Oversight of the processes for programme design and approval

Criteria against which programme proposals are assessed

Evaluation of programme design and approval processes and action taken to improve them where necessary

Relevant use of reference points and external expertise in programme design and approval

Appropriate involvement of students in programme design and approval

Arrangements to support and develop staff contribution to programme design and approval

1.3 Student-centred learning, teaching and assessment

Strategic approach to learning and teaching, understood by staff, students and others involved in teaching and learning

Learning and teaching activities and associated resources that provide every student with an equal and effective opportunity to achieve the intended learning outcomes

Learning and teaching practices that are informed by reflection, evaluation of professional practice, and subject-specific and educational scholarship

Qualified and supported staff responsible for teaching or supporting students

Processes to collect and analyse appropriate information to ensure the continued effectiveness of the strategic approach

Assistance for students in understanding their responsibility to engage with the learning

opportunities provided

Feedback to students that is sufficiently detailed and focused to enable them to monitor their individual progress and further their academic development

Appropriate and effective arrangements for representing the collective student voice at all institutional levels, to support quality assurance and promote enhancement

Secure assessment policies, regulations and processes, including those for the recognition of prior learning

Staff responsible for assessing student work, or conducting associated assessment processes, who are competent to undertake these roles

Assessment and feedback practices that are informed by reflection, consideration of professional practice, and subject-specific scholarship

Staff and students have a shared understanding of the basis on which academic judgements are made

Volume, timing and nature of assessment that enables students to demonstrate the extent to which they have achieved the intended learning outcomes

Clear processes for marking assessments and moderating marks

Clear structures and processes for the operation of assessment panels and awards boards

Processes for preventing, identifying, investigating and responding to unacceptable academic practice

Academic appeals and complaints procedures that are understood by students, conducted in a timely and fair manner, and acted upon appropriately

Processes that make available opportunities for students to raise matters of concern without risk of disadvantage

1.4 Student admission, progression, recognition and certification

Recruitment and admission policies and processes informed by strategic priorities

Processes for recognition of prior learning to support student mobility

Procedures for handling appeals and complaints about recruitment and admission

Processes to inform prospective and current students, at the earliest opportunity, of any significant changes to a programme to which they have applied

Information provided to successful applicants to enable them to make the transition from applicant to student

Information provided to students to enable their development and achievement

Commitment to equity that enables student development and achievement

Opportunities for students to develop skills that enable their academic, personal and professional progression, including through informal learning

Processes that determine and evaluate how student development and achievement is enabled

Policies and systems that facilitate successful academic progression

Record of studies provided to students on completion of their programme, which provides evidence for others of the students' achievement in their academic studies

1.5 Teaching staff

Systems and procedures to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met

Policies and practices for the recruitment of suitably qualified staff

Policies for providing and recording continuing professional development opportunities for staff involved in teaching or supervising students, including the encouragement of scholarly activity

Support provided to staff in the development of teaching methods and the enhancement of the student learning experience

Promotion of staff scholarship to inform teaching practice

Encouragement of innovation in teaching methods and the use of new technologies

Arrangements for part-time and sessional teaching staff

1.6 Learning resources and student support

Systems for allocating, planning and providing learning resources and student support

Defined roles and responsibilities for staff that enable student development, mobility and achievement

Qualified and supported staff who enable students to develop and achieve

Access to the required learning resources, with opportunities for students to develop the skills to use them

Physical, virtual and social learning environments that are safe, accessible and reliable for every student

Information provided to students that specifies the learning opportunities and support available to them

Guidelines that set out what is expected of students and what students can expect of the institution

1.7 Information management

Systems to collect relevant data and information in relation to programmes and other activities

Processes to monitor data and information to support the effective management of programmes and other activities

1.8 Public information

Published information that describes the mission, values and overall strategy of the institution

Recruitment information and activities that enable prospective students to make informed decisions

Published process for application and admission to the programmes of study

1.9 Ongoing monitoring and periodic review of programmes

Strategic oversight of the processes for ongoing monitoring and periodic review of programmes

Processes, roles and responsibilities for ongoing monitoring and periodic review of programmes

Deliberate steps to use the outcomes of ongoing monitoring and periodic review to enhance provision to ensure a supportive and effective learning environment is maintained

Evaluation of ongoing monitoring and periodic review processes, and action taken to improve them where necessary

Use of reference points and external expertise in ongoing monitoring and periodic review

Involvement of students in ongoing monitoring and periodic review

Arrangements to support and develop staff contribution to ongoing monitoring and periodic review

Process to protect the academic interests of students when a programme is closed

1.10 Cyclical external quality assurance

Regular and continuing use of external contributors to quality assurance and enhancement processes

Consideration of action taken and progress made since the previous external quality assurance activity when preparing for the next one

Annex 4: Suggested structure for the SED

This annex demonstrates an effective way of structuring a self-evaluation document (SED).

Section 1: Brief description

The description should cover:

- the institution's mission
- recent major changes (or changes since the last QAA review where relevant)
- strategic aims or priorities
- key challenges the institution faces
- implications of changes, challenges and strategic aims for safeguarding academic standards and the quality of students' learning opportunities
- details of the external reference points, where relevant, that the institution is required to consider (for example, national requirements, the requirements of professional, statutory and regulatory bodies, and qualification frameworks)
- where applicable, details of the institution's responsibilities for its higher education provision

The final bullet point is particularly important for institutions offering qualifications on behalf of a partner organisation that delivers the programme. Given that reviews are concerned with the way in which institutions discharge their responsibilities in respect of partnerships, the review team will require a clear understanding of what those responsibilities are.

This description should be underpinned by:

- the submission of a completed 'Responsibilities checklist' for each partnership with a degree-awarding body or awarding organisation
- the provision of agreements with partner organisations involved in programme delivery.

Section 2: Track record in managing quality and standards

Briefly describe the institution's background and experience in managing quality and standards, including reference to the outcomes of previous external review activities and the institution's responses. Where relevant, describe how the recommendations from the last QAA or other external review(s) have been addressed, and how good practice identified has been built on. Refer to any action plans that have been produced as a result of review(s).

Section 3: Quality assurance standards in relation to the ESG standards

Comment separately on how the institution addresses each of the 10 ESG standard (where applicable, within the context of its agreements with degree-awarding bodies and other awarding organisations).

Reference the evidence used by the institution to verify that each standard is being met and is effectively managed, as well as any relevant benchmarked datasets. The evidence should include a representative sample of the reports of external examiners/verifiers, programme approvals and periodic reviews, as well as the institution's response to those reports (for example as minutes of committee meetings), where applicable. See [Annex 3](#) for the examples of practice used to determine how effectively the institution meets the standards.

Annex 5: Glossary of terms

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

annual monitoring Checking a process or activity every year to see if it meets expectations for standards and quality. Annual reports normally include information about student achievements and may comment on the evaluation of courses and modules.

collaborative arrangement A formal arrangement between a degree-awarding body and another higher education provider. These may be degree-awarding bodies who the institution collaborates with to deliver higher education qualifications on behalf of the degree-awarding bodies. Alternatively, it may be other delivery organisations who deliver part or all of a proportion of the institution's higher education programmes.

degree-awarding body Institutions who have authority, for example from a national agency, to issue their own awards. Institutions applying to IQR may be degree-awarding bodies themselves, or may collaborate to deliver higher education qualifications on behalf of degree-awarding bodies.

desk-based analysis an analysis by the review team of evidence, submitted by the institution, that enables the review team to identify its initial findings and subsequently supports the review team as it develops its review findings

enhancement See **quality enhancement**

European Standards and Guidelines For details, including the full text on each standard, see www.enqa.eu/index.php/home/esg.

examples of practice A list of policies and practices that a review team may use when considering the extent to which an institution meets the standards for review. The examples should be considered as a guide only, in acknowledgment that not all of them will be appropriate for all institutions.

facilitator The member of staff identified by the institution to act as the principal point of contact for the QAA officer and will be available during the review visit, to assist with any questions or requests for additional documentation.

good practice A feature of good practice is a process or way of working that, in the view of a QAA review team, makes a particularly positive contribution to the institutions higher education provision

lead student representative An optional voluntary role that is designed to allow students at the institution applying for IQR to play a central part in the organisation of the review.

oversight Objective scrutiny, monitoring and quality assurance of educational provision.

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

periodic review An internal review of one or more programmes of study, undertaken by institutions periodically (typically once every five years), using nationally agreed reference

points, to confirm that the programmes are of an appropriate academic standard and quality. The process typically involves experts from other higher education providers. It covers areas such as the continuing relevance of the programme, the currency of the curriculum and reference materials, the employability of graduates and the overall performance of students. Periodic review is one of the main processes whereby institutions can continue to assure themselves about the academic quality and standards of their awards.

programme of study An approved course of study that provides a coherent learning experience and normally leads to a qualification. UK higher education programmes must be approved and validated by UK degree-awarding bodies.

quality enhancement The process by which higher education providers systematically improve the quality of provision and the ways in which students' learning is supported.

QAA officer The person appointed by QAA to manage the review programme and to act as the liaison between the review team and the institution.

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.

recognition of prior learning Assessing previous learning that has occurred in any of a range of contexts including school, college and university, and/or through life and work experiences.

recommendation Review teams make recommendations where they agree that an institution should consider developing or changing a process or a procedure in order to improve the institutions higher education provision

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

self-evaluation document A self-evaluation report by an institution. The submission should include information about the institution as well as an assessment of the effectiveness of its quality systems.

student submission A document representing student views that describes what it is like to be a student at the institution, and how students' views are considered in the institution's decision-making and quality assurance processes

validation The process by which an institution ensures that its academic programmes meet expected academic standards and that students will be provided with appropriate learning opportunities. It may also be applied to circumstances where a degree-awarding institution gives approval for its awards to be offered by a partner institution or organisation.

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