

International Quality Review for ACE Impact

Method Handbook for Higher
Education Institutions
Outside the UK

November 2023



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About the Quality Assurance Agency for Higher Education (QAA)

The Quality Assurance Agency for Higher Education (QAA) is the UK's quality body for higher education. We were founded in 1997 and are an independent body and a registered charity which is funded through multiple channels of work.

The purpose of QAA is to safeguard academic standards and ensure the quality and global reputation of UK higher education. We do this by working with higher education providers, regulatory bodies and student bodies with the shared objective of supporting students to succeed. We offer expert, independent and trusted advice, and address challenges, in a system where there is shared responsibility for the standards and quality of UK higher education.

QAA has a role in the enhancement and regulation of UK higher education and works across all four nations of the UK. In addition, through QAA Membership we deliver services, expertise and guidance on key issues that are important to our member universities and colleges and their students.

Internationally, through building strong partnerships, we both enhance and promote the reputation of UK higher education and provide services to higher education institutions, agencies and governments globally, in full alignment with European Standards and Guidelines.

International recognition of QAA

We are a full member of the European Association for Quality Assurance in Higher Education (ENQA) - the umbrella organisation for quality assurance agencies in the European Higher Education Area. Full membership of ENQA shows that an agency complies with the Standards and Guidelines for Quality Assurance in the European Higher Education Area.

Compliance with these standards is checked every five years through an independent review. Our last ENQA review took place in February 2018. The review report is published on the [ENQA website](#). QAA is currently undergoing its five-yearly [external ENQA review](#); this is scheduled to finish in December 2023.

About The Africa Higher Education Centers of Excellence (ACE) Project

The [Africa Higher Education Centers of Excellence \(ACE\) Project](#) is the first World Bank initiative aimed at capacity building of higher education institutions in West Africa. It is delivered by the World Bank in collaboration with governments of participating countries and supports higher education institutions specialising in science, technology, engineering and mathematics (STEM), environment, agriculture, applied social science/education and health.

The first phase of the ACE Project (ACE1) began in 2014. In May 2018, the governments of Nigeria, Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Ghana, Senegal, Niger, Djibouti, Guinea, Togo and The Gambia, with support from the World Bank and the French Development Agency, launched the next phase of ACE - ACE Impact. Modelled after ACE1, ACE Impact is designed to further address the regional development challenges in West and Central Africa through a focused programme of postgraduate education and applied research.

For ACE Impact, the participating governments, selected universities and funders have defined the allocation of funds based on the funding needs of each ACE and the host country's priorities. Each ACE's funds are distributed according to a set of disbursement-linked indicators (DLIs) and disbursement-linked results (DLRs) - pre-defined indicators that, once achieved by the ACE host institution, qualify for the disbursement of a pre-determined amount.

The DLIs and DLRs for ACE Impact are grouped into seven areas or themes, one of which is institutional impact. Within the institutional impact theme is an expectation that each host institution will undertake gap analyses or self-evaluations followed by institutional international accreditation by the end of the ACE programme in 2024.

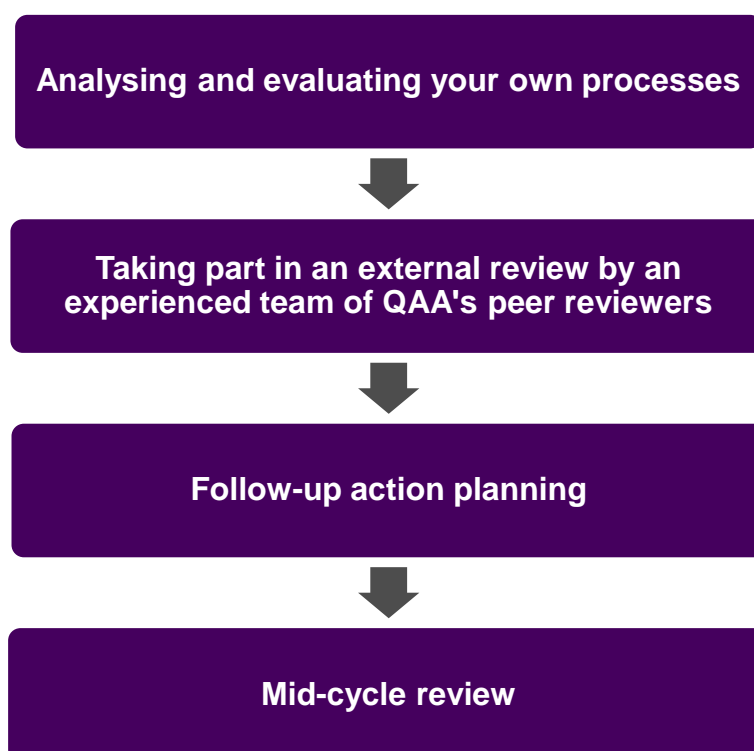
About International Quality Review for ACE Impact

International Quality Review for ACE Impact (IQR for ACE Impact) has been specially developed by the UK's Quality Assurance Agency for Higher Education (QAA) to provide institutions taking part in ACE Impact with an independent peer review which may lead to international institutional accreditation by QAA.

The review includes 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 required level, and the quality of the student learning experience is being safeguarded and continually improved.

IQR for ACE Impact assesses the applicant institutions against the [European Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG Part 1: Internal Quality Assurance\)](#). QAA will also take into account the local context and national and regional regulatory requirements. For an additional cost, QAA can tailor the review to include additional aspects that meet your specific requirements.

IQR for ACE Impact benefits higher education institutions by enabling you to analyse and improve the quality assurance systems that safeguard your programmes, which supports development of your curriculum and helps student achievement. You do this through:

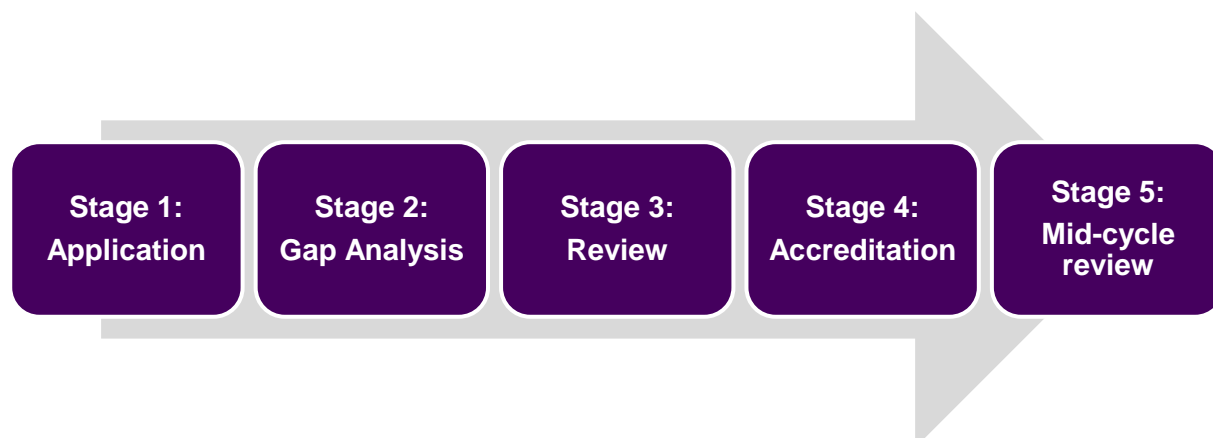


A successful IQR for ACE Impact review means that you are officially accredited by QAA. You will be eligible to display the QAA Institutional Accreditation Badge which will demonstrate that your quality assurance processes are not only effective, but also comparable with international best practice. The QAA Institutional Accreditation Badge can be displayed on your website and marketing material for the period of the accreditation.



An overview of the process

International Quality Review for ACE Impact takes place in five stages:



Application

An international higher education institution seeking to undertake an International Quality Review (IQR) under the Africa Higher Education Centres of Excellence for Development Impact Project (ACE Impact), completes an application form and provides evidence demonstrating that it meets the eligibility criteria. This is scrutinised by a Screening Panel to determine whether the institution could proceed to the gap analysis stage.

Gap analysis

The institution is asked to carry out its own gap analysis of its systems and processes against the 10 ESG standards for Internal Quality Assurance and to provide a set of evidence to support its analysis. A QAA review team analyses the documentation and comments on the gap analysis through a desk-based analysis and a visit to the institution to identify to what extent the institution can provide evidence that it is meeting the 10 standards in Part 1 of the ESG and, thus, if it is suitable to proceed to a full review. The QAA review team also identifies where the institution needs to carry out further development or capacity building to meet the 10 ESG standards.

Review

The review is an opportunity for the institution to demonstrate how it meets each of the 10 Standards set out in Part 1 of the ESG through a self-evaluation document (SED), supported by relevant evidence. The review team comprises at least three people - one UK peer reviewer, one international peer reviewer and one student reviewer. The team may be expanded to include additional members for large and complex providers. The review team studies the SED and evidence, and prepares an analysis which will be considered prior to the review visit. The review team then visits the institution to meet staff, students and other stakeholders. The review team considers the evidence to confirm whether or not the institution meets the 10 ESG standards. The review team drafts a report setting out its findings on whether or not each of the standards is met, along with recommendations and aspects of good practice.

Accreditation

The review team presents the review report and the recommendation regarding accreditation to QAA. QAA considers the report and recommendations, and determines whether the institution should be awarded Institutional Accreditation. Where accreditation is awarded,

QAA shares the QAA Institutional Accreditation Badge with the institution for use. The accreditation period is five years and is subject to a satisfactory mid-cycle review which must be completed for the full five years' accreditation to be granted. QAA publishes the review report on the QAA website together with a link to an action plan which is published on the institution's website. The action plan is developed by the institution in response to the conclusions of the review report.

Mid-cycle review

This takes place two to three years after a successful review. It is usually a desk-based study and the institution is asked to provide evidence that any recommendations and other findings from the IQR for ACE Impact review are being addressed. The institution is also asked to outline any changes that might impact on the extent to which the standards are being met.

Towards the end of the five-year accreditation period, the institution is invited to seek reaccreditation; or the institution approaches QAA with a request to do so. Where the institution chooses to seek a further five-year accreditation, the process for the renewal of IQR for ACE Impact commences at Stage 3: Review.

Stage 1: Application

Eligibility criteria

To be eligible for the IQR for ACE Impact, your institution will need to demonstrate to QAA, through the evidence provided, that the following criteria are met:

- 1 The IQR for ACE Impact process will be conducted in English and the institution will take full responsibility for any translations from and into English which are deemed necessary for the process.
- 2 The institution is registered, or otherwise appropriately recognised, as a higher education institution by the national quality assurance authority or other relevant agency or ministry of the country or countries in which it is located.
- 3 The national quality assurance authority or other relevant agency or ministry is aware of the institution's intention to request an IQR for ACE Impact from QAA.
- 4 The institution has been operational for a minimum of three years at the time of application.
- 5 The institution has recruited a minimum of three cohorts of students, at least one of which has graduated.
- 6 The institution is financially viable and sustainable.
- 7 The institution has the legal right to use the infrastructure, main facilities and resources of the premises in which it delivers higher education.
- 8 A significant amount of the provision the institution offers can be regarded as higher education, both in terms of student headcount and percentage of provision.

Eligibility will also depend on the outcome of a risk assessment by QAA. For example, QAA will assess the safety and stability of the environment in which the institution is operating. QAA reserves the right to revise this assessment in the face of significant events.

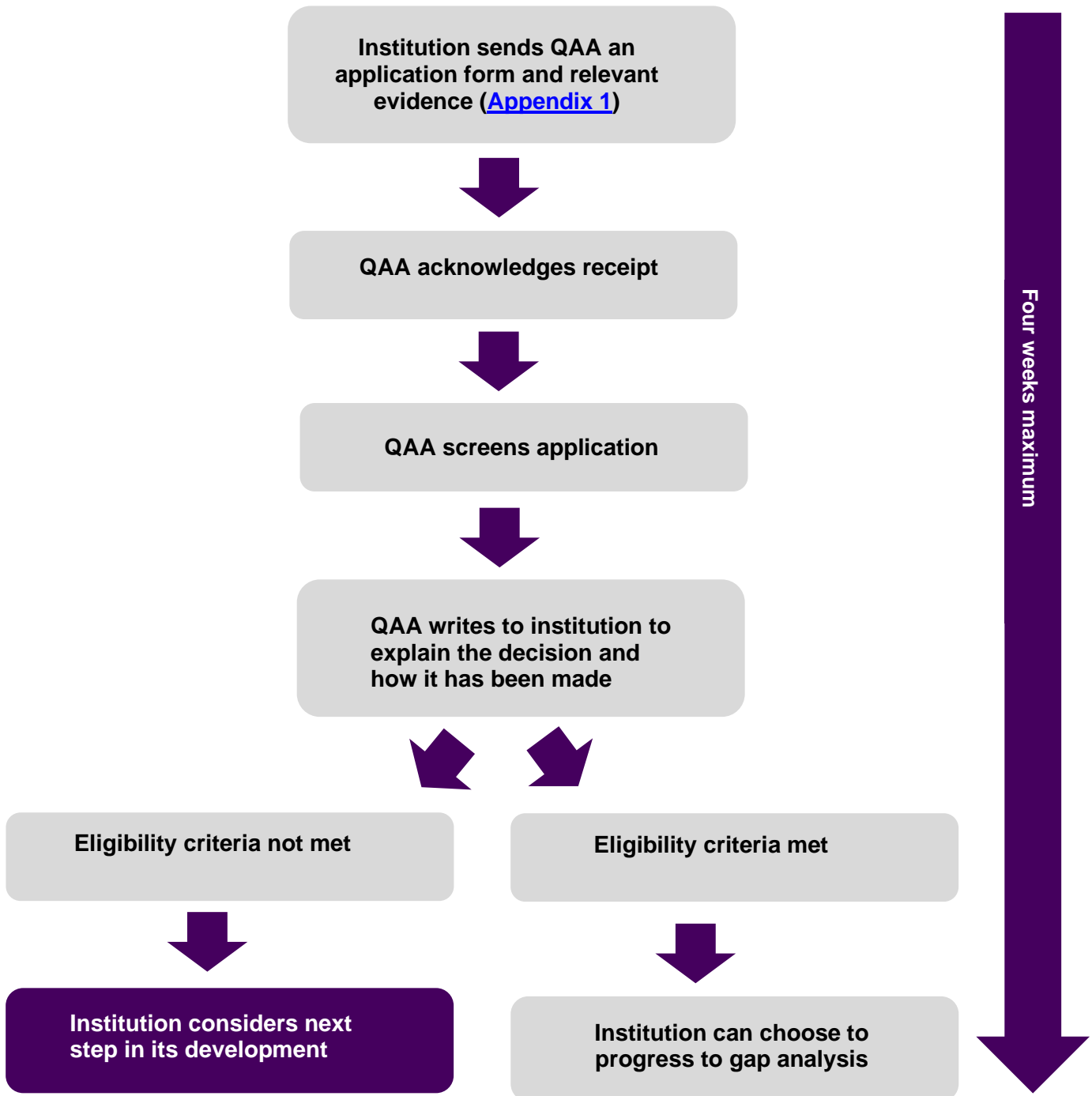
IQR for ACE Impact reviews an institution's quality assurance and enhancement processes as a whole; it does not review or accredit individual courses or subjects. A successful IQR for ACE Impact review may lead to accreditation of the institution's quality assurance and enhancement processes.

IQR for ACE Impact does not, nor does it 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 for ACE Impact does not confer degree awarding powers and it does not itself confer any legal or funding benefits on a successful institution.

Further details about the supporting documentation required at application stage can be found in [Appendix 1](#).

The application process

The key stages in application are:



The decision of QAA as to whether an institution meets the eligibility criteria is final. If your application is unsuccessful but after a period of further development your institution feels that it would meet the criteria, we would welcome a new application.

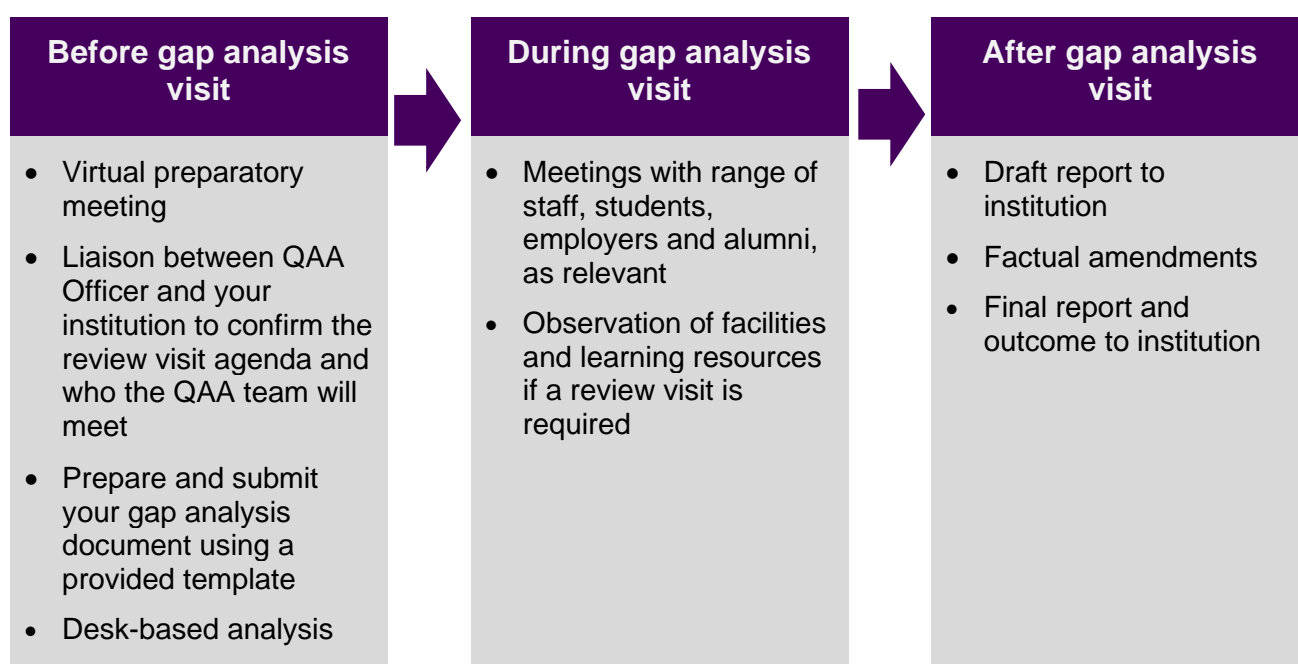
Ask QAA about our development and capacity building programmes to support institutions in preparing for IQR for ACE Impact.

Stage 2: Gap analysis

The gap analysis is the opportunity for your institution to undertake a self-assessment of its institutional processes to identify to what extent it can provide evidence that it is currently meeting the 10 standards in Part 1 of the ESG, and where it might need to carry out further development or capacity building to meet those standards. It is also the opportunity for your institution to learn more about IQR for ACE Impact and requirements for a review. It enables QAA to determine whether your institution is at a suitable point to proceed to Stage 3: Review. The gap analysis stage should take place within six months following the completion of Stage 1: Application.

The gap analysis process

The key stages in the gap analysis are:



The process takes place over approximately four months. An indicative timeline for the gap analysis stage can be found in [Appendix 2](#). QAA will provide you with the timeline for the gap analysis, including due dates for carrying out its responsibilities. QAA will also provide you with full briefing material to support your preparation for the gap analysis.

Before the gap analysis visit

The gap analysis team

QAA appoints a gap analysis team of two, including one QAA Officer and one assessor to carry out the gap analysis.

The QAA Officer will coordinate the gap analysis process and act as the primary point of contact with your institution. Your institution will be told who the QAA Officer is and how to contact them. Your institution is welcome to get in contact to ask questions. The QAA Officer is responsible for the logistics of the gap analysis stage including liaising with your institution, confirming the programmes for the gap analysis visit, keeping a record of all discussions, preparing and editing the report, as well as acting as an assessor. Further details about the role of the QAA Officer can be found in [Appendix 3](#).

QAA will indicate the membership of the gap analysis team to your institution. Your institution will be informed which institutions or organisations the members of the gap analysis team work for and whether they have declared any other interests (such as membership of a governing body of another provider). QAA will ask your institution to indicate any actual or potential conflicts of interest that the gap analysis team might have with your institution and may adjust team membership in light of that information.

The facilitator

Your institution must nominate a facilitator to work with the QAA Officer. The facilitator helps to organise and ensure the smooth running of the gap analysis stage and improve the flow of information between the gap analysis team and your institution. The development of an effective working relationship between QAA and your institution through the facilitator should help to avoid misunderstandings (for example, your institution misunderstanding what QAA requires, or QAA misunderstanding the nature and scope of your institution's provision). Further details about the role of the facilitator can be found in [Appendix 3](#).

Supporting documentation

As part of the preparation for this stage, your institution will be asked to carry out its own gap analysis of its systems and processes against the 10 standards for internal quality assurance set out in [Part 1 of the ESG](#) - this can include specific reference to local, regional and national requirements - and compile and provide a set of evidence to support this analysis. Your institution will be asked to provide supporting references to documentary evidence that may demonstrate achievement of the 10 ESG standards.

Further details about the submission requirements can be found in [Appendix 4](#). A template will be provided for you to record your gap analysis. The gap analysis template that you complete is likely to be the first piece of evidence the gap analysis team will encounter in the gap analysis process. It will continue to be used throughout the process, both as a source of information and as a way of navigating the supporting documentation. Your institution may also be asked for additional information following the QAA team's desk-based analysis of your submission. Further details about technical requirements for the institution submission and supporting documentation can be found in [Appendix 5](#).

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

Virtual preparatory meeting

Prior to the gap analysis visit, the QAA Officer will arrange a virtual preparatory meeting with your institution. The QAA Officer will deliver a briefing on the gap analysis process which is followed by the opportunity for you to ask questions. The QAA Officer will discuss the agenda for the gap analysis visit and will advise your institution who it would like to meet and when the meetings should take place. The QAA Officer will also explain and agree logistics such as arrangements for the uploading of evidence, the meeting schedule, the platform to be used, and the evidence of the facilities that will be necessary for this stage.

Pre-visit analysis

The pre-visit analysis begins with the QAA gap analysis team undertaking a desk-based analysis of the gap analysis template you completed and the supporting evidence. Should

the gap analysis team identify any gaps in the information, or require further evidence about specific issues, a request for further information is made through the QAA Officer.

The gap analysis team do not assess the effectiveness of the policies and procedures or their implementation. Such assessment takes place during Stage 3 – Review.

During the gap analysis visit

The gap analysis visit will normally last two days and will reflect the scale and complexity of the provision under review. A sample gap analysis visit schedule is provided at [Appendix 6](#). Guiding principles to determine whether a gap analysis or particular elements of a gap analysis should be undertaken onsite are provided at [Appendix 7](#).

The gap analysis team will hold meetings with a range of your staff, students and other stakeholders according to a schedule agreed with the facilitator in advance. The facilitator will be responsible for arranging the necessary meetings, ensuring they start on time, and that the agreed participants attend. The gap analysis team will adhere strictly to the schedule, starting and finishing meetings on time. The schedule will also allow time for the gap analysis team to have private team meetings and meals where they can discuss and explore the review themes; the times of these private meetings must also be strictly observed. A protocol for the conduct of meetings is provided in [Appendix 8](#). You should make sure that everyone attending a meeting with the gap analysis team are made aware of the protocol.

At the end of the gap analysis visit, the QAA Officer will lead a virtual development session with your institution to discuss lessons learnt from the scoping and advice on preparing for the full institutional review and mapping against the ESG standards. This session should not be construed as coaching; it will be just procedural support.

After the gap analysis visit

Following the desk-based analysis and the visit, QAA will make comments on your submitted gap analysis document. QAA will also send you a letter to your institution stating whether your institution is considered ready to progress to the next stage straight away, whether we consider that further development or capacity building is required before your institution is ready to progress, or whether it is unlikely that your institution will be ready for review within the lifetime of the ACE Impact project.

If the outcome of the gap analysis is that we consider further development or capacity building is needed, the report will explain what action we consider is required and how long it is likely to take. In this way, the report will provide your institution with a road map towards the next stage.

If the outcome of the gap analysis visit is that we consider it is unlikely that your institution will be ready for review within the lifetime of the ACE Impact project, the report will explain why.

The QAA comments will not be published on the QAA website. In all cases QAA's decision as to whether your institution is suitable to progress to the review stage is final.

It is QAA's understanding that once the gap analysis stage is completed, the institution shall be eligible for a financial disbursement under DLR 7.3.

A positive outcome from the gap analysis does not guarantee a successful outcome for Stage 3: Review.

Stage 3: Review

The review stage is the opportunity for your institution to demonstrate how it meets each of the 10 Standards set out in Part 1 of the ESG.

The review should take place within six months following the completion of Stage 2: Gap Analysis. QAA will provide your institution with the timeline for its review, including due dates for carrying out its responsibilities. QAA will also provide you with full briefing material to support the preparation for the review.

The review team conducts the review through analysis of the evidence submitted and a review visit to the institution, as detailed in later sections of this handbook.

IQR for ACE Impact Accreditation Standards

IQR for ACE Impact uses the standards for internal quality assurance set out in Part 1 of the ESG as its review criteria. During the review, the QAA team considers how and whether your institution meets each of the standards. In relation to each standard, the review team analyses evidence, including policies, procedures and systems and decides whether these enable your institution confidently to demonstrate that it meets the relevant standard in each case. The review team also considers whether these policies, procedures and systems are clear, transparent, appropriate, fair and relevant, and whether they are systematically applied, consistently operated and effective. The review team will consider, and where appropriate make allowance for, the context in which your institution operates.

The 10 European standards for internal quality assurance

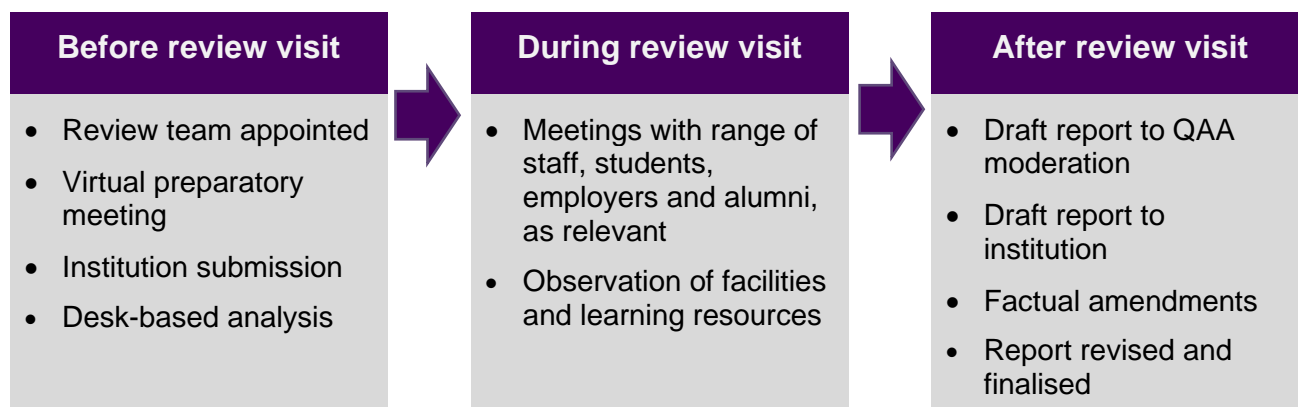
- 1.1 Policy for quality assurance
- 1.2 Design and approval of programmes
- 1.3 Student-centred learning, teaching and assessment
- 1.4 Student admission, progression, recognition and certification
- 1.5 Teaching staff
- 1.6 Learning resources and student support
- 1.7 Information management
- 1.8 Public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

Further information about the ESG Standards can be found at:
https://enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf

For more information and examples of practice to meet the ESG Standards, see [Appendix 9](#).

The review process

The key stages in the review are:



The process takes place over approximately six months. An indicative timeline for the review stage can be found in [Appendix 2](#).

Before the review visit

The review team

QAA normally appoints a team of three reviewers to conduct the review and a QAA Officer to manage it. Each QAA review team consists of one UK peer reviewer, one international peer reviewer (with experience 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. Student reviewers are recruited from students or sabbatical officers who have experience of contributing, as a representative of students' interests, to the management of academic standards and quality. QAA believes that students play a critical role in the quality assurance of higher education. Because of this, student reviewers are full and equal members of review teams. They provide a valuable insight from the perspective of being, or having recently been, recipients of higher education.

Review team members are selected based on their experience in higher education and are expected to draw on this in their evaluations and conclusions about the management of quality and academic standards. All reviewers are fully trained by QAA.

Depending on the scale and complexity of the provision under review, QAA may appoint a larger team; this will be discussed with you before you commit to undertake Stage 3: Review.

QAA will provide names of the proposed QAA review team for your confirmation in advance of the review. You will be informed for which institutions or organisations the members of the review team work or, in the case of student reviewers, the institution(s) at which they have studied, and whether they have declared any other interests (such as membership of a governing body of another institution). QAA will ask you to indicate any actual or potential conflicts of interest that reviewers might have with your institution and we may adjust the team membership in light of that information.

QAA Officer

QAA will appoint a QAA Officer to coordinate the review process, support the review team, and act as the primary point of contact with your institution. QAA will tell you who the QAA Officer is and you will be welcome to get in contact to ask questions. The QAA Officer can provide advice about the review process but cannot act as a consultant for your preparation for the 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.

The QAA Officer is responsible for the logistics of the review including liaising with your institution, confirming the review visit schedule, keeping a record of all discussions, and editing the review report.

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

Your institution must nominate a facilitator to work with the QAA Officer. 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 your institution. The development of an effective working relationship between QAA and your institution through the facilitator should help to avoid misunderstandings (for example, your institution misunderstanding what QAA requires, or QAA misunderstanding the nature and scope of your institution). Further details about the role of the facilitator are in [Appendix 3](#).

Lead student representative (LSR)

Students from your institution may also contribute to the review process by, for example, providing a written document describing what it is like to be a student at the institution. This might take the form of a written document or could be done by analysing the outcomes of a questionnaire in relation to their learning experience and their experience of quality assurance at the institution. Students are expected to participate in meetings during the review visit and assist your institution in drawing up and implementing the action plan following the review.

There is the option for a student to undertake the role of lead student representative (LSR). This voluntary role is designed to allow students to play a central part in the organisation of the review. The 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.

If you decide to appoint an LSR, it is recommended that the volunteer(s) be appointed by the students themselves, with support from a student representative body or equivalent. The LSR must be a member of the student representative body. The role of LSR may be a shared-role arrangement providing it is clear who is the main point of contact.

You are 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, representative of students' views, and evidence based. Students would be expected to share their evidence and information with you on a similar basis.

Further information on the role of the LSR and student involvement in the review can be found in [Appendix 3](#) and [Appendix 10](#).

Documentation for the review

The evidence base for IQR for ACE Impact is a combination of information collected and submitted by your institution, including the self-evaluation document ([Appendix 11](#)), together with its supporting evidence and information provided by students - for instance, a student submission ([Appendix 10](#)). Further details about technical requirements for the submission can be found in [Appendix 5](#).

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

Self-evaluation document (SED)

Your institution is required to prepare a self-evaluation document (SED) supported by documentary evidence for the review. Guidance on how to structure the SED is provided in [Appendix 11](#). QAA will provide further guidance on compiling the SED when briefing about the review process at the virtual preparatory meeting with your institution. The SED is intended to be reflective, evaluative and focused on the areas of review; the evidence should be carefully chosen to support these. High-quality, relevant evidence enables the review team to verify your institution's approaches and gather relevant and appropriate evidence of its own quickly and effectively.

Supporting documentation

The SED must be accompanied by supporting documentation as evidence. Your institution may also be asked for additional information by the review team following the QAA team's desk-based analysis of your submission. The review team has three main opportunities to ask for additional evidence from your institution: before the first review team meeting; between the first review team meeting and the review visit; and at the review visit itself. The review team will only ask you for additional information that assists them in forming robust opinions on how your institution meets the IQR for ACE Impact standards. Requests will be specific and proportionate.

Virtual preparatory meeting

Prior to your submission, the QAA Officer will arrange a virtual preparatory meeting with your institution. The QAA Officer will deliver a briefing on the review process which is followed by the opportunity for you to discuss the key features of the review method and ask questions. The QAA Officer will discuss the review timeline including that of the submission and visit dates and further details of how to prepare institution and student submissions.

Pre-visit analysis

The pre-visit analysis begins with the reviewers undertaking a desk-based analysis of 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 through the QAA Officer.

The review team holds a private first review team meeting. Its purpose is to allow 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
- confirm the requirements for the review visit.

The QAA Officer then confirms the arrangements for the review with you, including who the review team wishes to meet.

During the review visit

The review visit will normally last between three and five days and will reflect the scale and complexity of the provision under review. A sample review schedule is provided at [Appendix 6](#). Guiding principles to determine whether a review or particular elements of a review should be undertaken onsite are provided at [Appendix 7](#).

The review team will hold meetings according to a schedule agreed in advance with the facilitator. The facilitator will be responsible for arranging the necessary meetings, ensuring they start on time, and that the agreed participants attend. The review team will adhere strictly to the schedule, starting and finishing meetings on time. The schedule will also allow time for the review team to have private team meetings where they can discuss and explore the review themes; the times of these private meetings must also be strictly observed. A protocol for review meetings is provided at [Appendix 8](#). You should make sure that everyone attending a meeting with the review team are made aware of the protocol.

At the beginning of the review visit, the review team will hold a meeting with the head of your institution, which should highlight your institution's overall strategy for higher education. Thereafter, the activity carried out at the review may include contact with academic and support staff (including staff from partner organisations where applicable), current students and recent graduates, and employers with which your institution has partnerships. The review team will ensure that its schedule includes meetings with students. This enables the team to gain first-hand information on the students' experience as learners and on their engagement with your institution's quality assurance and enhancement processes.

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

The review visit will include a final meeting between the review team and the head of your institution, the facilitator and the LSR (if there is one). This 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). Your institution also has a final opportunity to offer clarification and/or present evidence that will help the review team secure its findings. It will **not** be a feedback meeting about the findings of the review.

The facilitator and LSR (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 LSR (if there is one) can suggest additional short meetings if they want to alert the review team to information which they consider the team might find useful.

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 ESG standards
- agree any features of good practice that it wishes to highlight
- agree any recommendations for action by your institution
- decide on its overall conclusion for the review and any conditions.

After the review visit

The review team considers your institution's processes against the ESG standards and considers how these are applied within the context of your institution. The review team also considers other relevant reference points - for example, those set out by any other body that validates your institution's award/qualification and with whom your institution collaborates. The review team then decides if your institution meets each of the 10 ESG standards and comes to its overall conclusion. Further details of how the findings are determined by the review team can be found in [Appendix 12](#).

Following the review visit, the team finalise its key findings with the QAA Officer to produce the review report.

Once the team has drafted its report, it will be reviewed and moderated by QAA staff, who were not involved in your review, to check that the review was conducted in line with the published method and to ensure that the findings are clearly articulated and evidence based.

Following QAA internal moderation, the draft report will be shared with your institution. The report may contain recommendations and features of good practice, followed by the analysis and evidence that supports the findings. This analysis will be separated into 10 sections representing the 10 ESG Standards. The findings will also be summarised in a short executive summary at the beginning of the report.

You have the opportunity to respond within two weeks of receipt of the draft report, informing QAA of any factual errors or misinterpretations leading from those inaccuracies. These can only relate to evidence made available to the review team in the period before or during the review visit; the review team will not consider amending the report to reflect evidence, changes or developments made after the review visit. The draft report will also be shared with the LSR, where relevant, who will be invited to provide comments by the same deadline. If your institution provides higher education leading to qualifications of separate awarding bodies, then any other awarding bodies discussed in the report will also receive a draft copy and be invited to comment on any factual errors or errors of interpretation.

The review team will consider your response to the draft report and make any changes it deems necessary, incorporating these into a revised report.

Stage 4: Accreditation

The overall judgement

The three possibilities for the overall judgement are:

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

These possibilities and the next steps are explained below.

Your institution meets all the standards for International Quality Review for ACE Impact

Where the revised report concludes that your institution meets all 10 of the IQR for ACE Impact standards, the report will be finalised and signed off by QAA. The finalised report will be sent to you together with the outcome letter.

Where accreditation is awarded, QAA will share the QAA Institutional Accreditation Badge with you, together with details on how and where it can, and cannot, be used. The accreditation period is five years and is subject to a satisfactory mid-cycle review which must be completed for the full five years' accreditation to be granted.



Your IQR for ACE Impact report will be published on QAA's website. The report sets out the review team's confirmed findings (overall judgements, recommendations and good practice) and analysis. Your institution can make the report available via its media outlets.

Where successful with IQR for ACE Impact, your institution will be able to make the following statement:

'[Your institution] has received a successful International Quality Review for ACE Impact from the UK's Quality Assurance Agency for Higher Education (QAA) undertaken in [Month] [Year], in acknowledgement that at the time of review [your institution] met all the standards set out by QAA's International Quality Review for ACE Impact.

[Your institution] has been awarded QAA International Institutional Accreditation until [Month] [Year].'

Your institution is expected to provide an action plan within four weeks after receiving the final report. The action plan should be signed off by the head of your 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 your institution's website; the link to your action plan will be published on the QAA website alongside the IQR for ACE Impact report. Further details of how to produce an action plan are in [Appendix 13](#).

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

review and the right to use the QAA badge and the award of accreditation may be withdrawn.

After accreditation, any significant changes to your institution must be notified to QAA with six months' notice of the proposed changes. The effect of these changes on accreditation and the actions required will be considered by QAA and communicated to your institution.

Your institution meets all the standards for International Quality Review for ACE Impact subject to meeting specific conditions

Where one (or at most two) of the IQR for ACE Impact standards are not fully met, the review team may set specific conditions that need to be met before successful IQR for ACE Impact outcome can be achieved. Conditions will only be set where they relate to weaknesses that, while potentially significant, only impact on one (or at most two) IQR for ACE Impact standards. The review team will only do this if they consider that the weaknesses can be rectified in a short space of time and in a way that can be sufficiently analysed through a brief desk-based exercise following specific actions undertaken by your institution and a subsequent submission to QAA.

Where the revised report concludes that your institution meets all the IQR for ACE Impact standards subject to meeting specific conditions, the review process will be extended by a maximum of 12 months to allow your institution to meet those conditions and the review team to confirm that they have been addressed successfully. QAA will work with you to set out an appropriate time frame with follow-up actions.

Your institution is expected to provide an action plan within four weeks after receiving the revised report. The action plan should be signed off by the head of your institution. This should address the conditions set by the review team, as well as respond to any other recommendations that were made. The action plan should also detail any plans to capitalise on any good practice that was identified.

Once your institution has completed the necessary actions and submitted relevant evidence to QAA, a follow-up desk-based analysis will be undertaken by the review team to determine whether your institution has now satisfied the conditions set and consequently meets all the IQR for ACE Impact standards. A report recommending whether to revise or retain the original outcome will then be submitted to QAA for a final decision. Once the decision has been made of whether your institution meets all the standards for International Quality Review for ACE Impact or not, the process indicated (above or below as appropriate) is followed.

Your institution does not meet the standards for International Quality Review for ACE Impact

Where the revised report concludes that your institution does not fully meet the IQR for ACE Impact standards, the outcome of the IQR for ACE Impact is unsuccessful. Your institution can accept the report and the decision of QAA and no further action will be required.

Your institution may wish to appeal the overall judgement. This should be made within four weeks of receiving the revised report and should be based on the findings contained within it. QAA will **not**: publish the report at this stage; comply with a third-party request for disclosure of the report's contents; or consider the action plan during the appeal process. Further details of how to appeal against the review outcomes can be found in [Appendix 14](#).

Alternatively, your institution can choose to go through a developmental stage in which QAA will help you develop and present evidence to fill in the gaps in your systems. The QAA Officer will arrange an additional feedback meeting with you confirming what the main

concerns are in your systems and what actions are required. Your institution is expected to provide an action plan within four weeks after the meeting with the QAA Officer. The action plan should be signed off by the head of your institution. This should address any specific concerns set by the review team. The QAA Officer will consult with the review team to confirm whether your action plan provides a clear understanding of what your institution needs to do to meet all the standards for International Quality Review for ACE Impact. Please note that a charge will be payable where this developmental stage is required.

Once your institution has completed the necessary actions and submitted relevant evidence to QAA, a follow-up desk-based analysis will be undertaken to determine whether your institution has addressed the concerns identified and consequently now meets the IQR for ACE Impact standards. A report recommending whether to revise or retain the original outcome will then be submitted to QAA for a final decision. If the decision has been made that your institution meets all the standards for International Quality Review for ACE Impact, the process to achieve accreditation will be followed. If the decision is made that your institution still does not meet the standards for International Quality Review for ACE Impact, there will be no more submission available. This decision is final. At this stage, the report will be published on the QAA website.

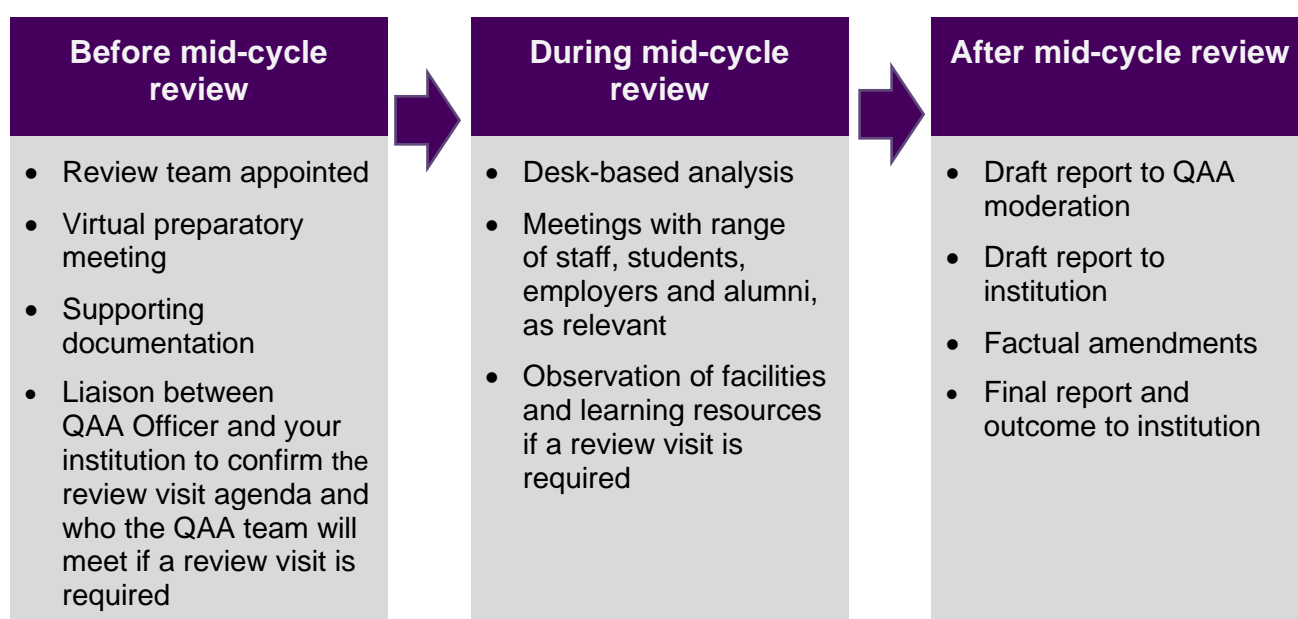
In all cases, once the IQR for ACE Impact review process is complete, the report will be published on the QAA website.

Stage 5: The mid-cycle review

The mid-cycle review takes place two to three years after a successful review, as a requirement for the continued validity of your QAA International Institutional Accreditation. It provides an opportunity for your institution to receive feedback on how it is following up on recommendations and features of good practice found during the QAA IQR for ACE Impact review. A successful mid-cycle review is required to retain the QAA Institutional Accreditation Badge for the full five years granted by QAA.

The mid-cycle review is usually a desk-based study unless the scoping and review visits had been conducted virtually. The key stages in the mid-cycle review are shown and explained in more detail below.

The mid-cycle review process



The process takes place over approximately four months. An indicative timeline for the mid-cycle review stage can be found in [Appendix 2](#).

Before the mid-cycle review

The mid-cycle review team

QAA appoints a team of two, including one QAA Officer and one reviewer to carry out the mid-cycle review.

The QAA Officer will coordinate the review and act as the primary point of contact with your institution. Your institution will be told who the QAA Officer is and you are welcome to get in touch to ask questions.

The QAA Officer will advise and guide the reviewer in their deliberations to ensure that decisions and the overall conclusion are securely based on the evidence made available by your institution. The QAA Officer is responsible for editing and producing the report, as well as acting as a reviewer. Further details about the role of the QAA Officer can be found in [Appendix 3](#).

QAA will send the names of the proposed QAA review team for confirmation by your institution in advance of the review. Your institution will be informed for which institutions or organisations the members of the review team work and whether they have declared any other interests (such as membership of a governing body of another institution). QAA will ask you to indicate any actual or potential conflicts of interest that reviewers might have with your institution and we may adjust the team membership in light of that information.

The facilitator

Your institution must nominate a facilitator to work with the QAA Officer. The facilitator helps to organise and ensure the smooth running of the mid-cycle review stage and improve the flow of information between the QAA team and your institution. The development of an effective working relationship between QAA and your institution through the facilitator should help to avoid misunderstandings (for example, your institution misunderstanding what QAA requires, or QAA misunderstanding the nature and scope of your institution's provision). Further details about the role of the facilitator can be found in [Appendix 3](#).

Supporting documentation

As part of the preparation for the mid-cycle review, your institution will be asked to submit a brief evidence-based report to QAA summarising:

- any major changes in the structure and organisation of the institution since the IQR for ACE Impact review
- any key strategic developments (for example, in learning and teaching, research or information management) since the IQR for ACE Impact review
- where relevant, any developments in collaborative arrangements with partner institutions or other organisations since the IQR for ACE Impact review
- actions taken to address the recommendations identified in the IQR for ACE Impact review
- actions taken to further any features of good practice identified in the IQR for ACE Impact review
- the institution's intentions for the further development of quality assurance procedures and for the enhancement of learning opportunities.

This brief evidence-based report is likely to be the first piece of evidence the review team will encounter in the mid-cycle review process. It will continue to be used throughout the process, both as a source of information and as a way of navigating the supporting documentation.

The report must be accompanied by supporting documentation as evidence. Your institution may also be asked for additional information following the QAA team's desk-based analysis of your submission. Further details about technical requirements for the institution submission and supporting documentation can be found in [Appendix 5](#).

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

Virtual preparatory meeting

The QAA Officer will contact you approximately three months in advance to agree the schedule for your mid-cycle review. Prior to your submission, the QAA Officer will arrange a virtual preparatory meeting with your institution. The QAA Officer will deliver a briefing on the mid-cycle review process which is followed by the opportunity for you to ask questions. If a review visit is required, the QAA Officer will discuss the agenda for the review visit and will advise your institution who it would like to meet and when the meetings should take place. The QAA Officer will explain and agree logistics, such as arrangements for the uploading of documentary evidence, at this stage.

During the mid-cycle review

The QAA Officer and a reviewer conduct the mid-cycle review to evaluate:

- your institution's response to recommendations and any features of good practice identified in the IQR for ACE Impact review
- whether quality assurance and enhancement arrangements appear appropriate in light of evolving institutional priorities and contexts
- whether any changes in your institution might impact on the extent to which the standards are being met.

Where a visit is required in the mid-cycle review, the QAA team will hold meetings with a range of your staff, students and other stakeholders according to a schedule agreed with the facilitator in advance. A sample review schedule is provided at [Appendix 6](#). The facilitator will be responsible for arranging the necessary meetings, ensuring they start on time, and that the agreed participants attend. The review team will adhere strictly to the schedule, starting and finishing meetings on time. The schedule will also allow time for the review team to have private team meetings and meals where they can discuss and explore the review themes; the times of these private meetings must also be strictly observed. A protocol for review meetings is provided in [Appendix 8](#). You should make sure that everyone attending a meeting with the review team are made aware of the protocol.

After the mid-cycle review

Following the desk-based analysis and review visit (if required), the review team will finalise its key findings from the mid-cycle review and produce a review report setting out QAA's conclusions about the progress made against the recommendations in the IQR for ACE Impact report and highlighting perceived strengths and weaknesses in current and future plans for quality assurance and enhancement. The report will also propose a conclusion regarding the continuing validity of the QAA International Institutional Accreditation.

Once the team has drafted its report, it will be reviewed and moderated by QAA staff, who were not involved in your review, to check that the review was conducted in line with the published method and to ensure that the findings are clearly articulated and evidence based.

Following QAA internal moderation, the draft report will be shared with your institution. Your institution has the opportunity to respond within two weeks of receipt of the draft report, telling QAA of any factual errors or any misinterpretations leading from those inaccuracies. The review team will consider your response and make any changes it deems necessary, incorporating those changes in a revised report.

There are two possibilities for the mid-cycle review judgement:

- Your institution is making satisfactory progress since the successful International Quality Review for ACE Impact and that the period of validity of the QAA International Institutional Accreditation can be continued to the end of the five-year accreditation cycle.
- Your institution is not making satisfactory progress since the successful International Quality Review for ACE Impact and that the period of validity of the QAA International Institutional Accreditation cannot be continued to the end of the five-year accreditation cycle.

Where the revised report concludes that your institution is making satisfactory progress since the successful International Quality Review for ACE Impact, the period of validity of the QAA International Institutional Accreditation can be continued to the end of the five-year accreditation cycle. The report will be finalised and signed off by QAA.

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

If the mid-cycle review report indicates the existence of potentially serious difficulties and is not meeting the requirements of the ESG, QAA may decide that further engagement is necessary, or that your institution's licence to display the QAA International Institutional Accreditation badge should be suspended or withdrawn, or that the accreditation should end.

Renewal of IQR for ACE Impact accreditation

Towards the end of the accreditation period, you will be invited to apply for a new IQR for ACE Impact review. Details of the process to be followed will be provided during the final year of the institutional accreditation period.

Where you choose to seek a further five-year accreditation, the process for the renewal of IQR for ACE Impact commences at Stage 3: Review.

Appendices

Appendix 1 - Supporting documentation required at application stage

When completing the application form, your institution will be asked to supply the following documentation:

- proof of licence to practise (the right to operate as a higher education institution)
- proof of recognition by the relevant national authority
- a list of higher education programmes/courses being offered.

Appendix 2 - Indicative timeline for each stage

Stage 1: Application timeline

Time	Activity
Week 0	Receipt of documentation, your institution submits application
Week +1	QAA Officer initial screening check and request for additional documentation
Week +2	Supplementary documentation received
Week +3	QAA Officer completes initial screening
Week +3	QAA holds a screening panel meeting to decide whether your application can proceed to the next stage
Week +4	QAA sends letter confirming outcome and next steps

Stage 2: Gap analysis timeline

Time	Activity
Week -12	QAA allocates a QAA Officer and an assessor and informs your institution
Week -10	Preparatory meeting between QAA Officer and your institution Gap analysis visit schedule and QAA team confirmed
Week -6	Your institution uploads gap analysis documentation to QAA's secure electronic site QAA team begins desk-based analysis
Week -4	QAA team reviews gap analysis documentation QAA team requests additional documentation (if required)
Week -2	Your institution uploads additional documentation
Week -1	QAA team continues desk-based analysis QAA team prepares for gap analysis visit
Week 0	Gap analysis visit takes place
Week 2	Draft report to your institution
Week 4	Receipt of your institution's comments
Week 6	QAA sends letter confirming outcome and next steps

Stage 3: Review and accreditation timeline

Time	Activity
Week -18	Your institution confirms decision to proceed to review stage and makes payment QAA allocates a QAA Officer and informs your institution
Week -16	Preparatory meeting between QAA Officer and your institution Review schedule confirmed
Week -14	Review team agreed with your institution
Week -12	Your institution uploads a self-evaluation document (SED) with supporting documentation to QAA's secure electronic site
Week -12	Review team begins desk-based analysis
Week -9	QAA Officer requests any additional documentation
Week -6	Your institution uploads additional documentation
Week -5	Review team continues desk-based analysis
Week -4	Review team holds its first team meeting to discuss the outcome of the desk-based analysis, and the programme for the review visit The QAA Officer informs you of: <ul style="list-style-type: none"> the review team's main lines of enquiry who the review team wishes to meet any further requests for documentary evidence
Week -2	Your institution uploads additional documentation and confirms attendee lists for the visit QAA prepares for the review visit
Week 0	Review visit takes place
Week +2	QAA review team prepares draft report Draft report goes to QAA internal moderation
Week +4	QAA Officer sends draft review report to your institution, including Lead Student Representative (LSR) where relevant, for the purposes of allowing you to advise QAA of factual errors or errors of interpretation
Week +6	You (and LSR where relevant) advise QAA of any factual errors or errors of interpretation (incorporating any comments from partner organisations)
Week +8	Review report finalised and signed off by QAA

Time	Activity
Week +9	QAA sends outcome letter and final report to your institution QAA publishes final report on QAA website

Stage 4: Mid-cycle review timeline

Time	Activity
Week -8	Preparatory meeting between QAA Officer and your institution Review schedule confirmed
Week -6	Review team agreed with your institution
Week -4	Your institution uploads a brief evidence-based report with supporting documentation to QAA secure electronic site
Week -4	Review team begins desk-based analysis
Week -3	QAA Officer requests any additional documentation (if required)
Week -2	Your institution uploads additional documentation
Week 0	Desk-based analysis finished Review visit takes place (if required)
Week +2	QAA review team prepares draft report Draft report goes to QAA internal moderation
Week +4	QAA Officer sends draft review report to your institution for the purposes of allowing you to advise QAA of factual errors or errors of interpretation
Week +6	Your institution advises QAA of any factual errors or errors of interpretation (incorporating any comments from partner organisations)
Week +8	Review report finalised and signed off by QAA
Week +9	QAA sends outcome letter and final report to your institution QAA publishes final report on QAA website

Appendix 3 - Roles and responsibilities

Attributes of gap analysis/review team members

The principal attributes expected of gap analysis/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 QAA Officer at the gap analysis stage are to:

- ensure compliance with the process set out in this handbook
- liaise with the institution about the schedule for the gap analysis stage
- keep a record of all meetings relating to the gap analysis stage
- oversee the follow-up to the gap analysis visit
- edit and produce the gap analysis stage report.

The principal responsibilities of the QAA Officer at the review and mid-cycle review stages are to:

- ensure compliance with the process set out in this handbook
- liaise with the facilitator about the schedule for the review programme
- confirm arrangements for the first review team meeting and review visit(s)
- keep a record of all meetings relating to the review
- oversee the follow-up to the review and accreditation stages
- present the review report and the review team findings to the Accreditation Panel
- edit the review report and oversee its production.

The QAA Officer is also a reviewer at the gap analysis and mid-cycle review stages.

Role and responsibilities of the facilitator

The person appointed as facilitator must be willing to become familiar with the International Quality Review for ACE Impact process and should have:

- a good working knowledge of the institution's systems and procedures, and an appreciation of matters relating to quality and standards
- 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 preparation for the submission
- act as the primary contact for the QAA team during the visit
- provide advice and guidance to the QAA team on the submission and any supporting documentation
- provide advice and guidance to the QAA team on the institution's structures, policies, priorities and procedures
- ensure the QAA team is provided with additional evidence, clarifying evidence requests as needed
- help ensure that the institution has a good understanding of the matters raised by the QAA team, thus contributing to the effectiveness of the scoping/review
- meet the QAA team on request during the visit, 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 process.

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

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

The facilitator may legitimately:

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

It is for the QAA team to decide how best to use the information provided by the facilitator.

The facilitator is not a member of the QAA team and will not make judgements about the provision. The facilitator does not have access to QAA's electronic communication system for QAA teams.

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

The LSR should normally be responsible for:

- organising or overseeing any written 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 your institution
- disseminating information about the review to the student body
- collating the students' comments on the draft review report
- coordinating the students' input into your 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. The LSR will, however, be invited to attend the final meeting with your institution towards the end of the review visit.

QAA expects your institution to provide appropriate operational and logistical support to the LSR and, in particular, to share relevant information or data to ensure that any student submission is well-informed and evidence based.

Appendix 4 - Supporting documentation required at gap analysis stage

The gap analysis is designed to show that your institution can demonstrate it is able potentially to meet the 10 standards set out in Part 1 of the ESG. The gap analysis is a self-assessment, carried out by your institution. The QAA gap analysis team verifies the gap analysis conducted by your institution and makes a recommendation on whether your institution can proceed to Stage 3 - Review.

The criteria for the gap analysis are the 10 standards set out in Part 1 of the ESG. [Full details and guidelines](#) are available on the ENQA website.

Your institution should show, by reference to evidence, that there are appropriate policies, procedures and processes in place to enable the 10 ESG standards to be met. By analysing the gap analysis conducted by your institution, the QAA gap analysis team determines whether there is the potential for your institution to be able to demonstrate that it meets the relevant standard in each case at the Stage 3 - Review.

The gap analysis team do not assess the effectiveness of the policies and procedures or their implementation. Such assessment takes place during Stage 3 - Review.

Evidence to support the gap analysis might include, but is not limited to:

- institutional and/or departmental strategies
- operational plans
- policies
- procedures and protocols
- handbooks or guidance
- programme and module specifications
- organigrams of committee or managerial structures
- committee terms of reference
- reports of internal and external reviews
- memoranda of cooperation with partner organisations
- public information - for example, website.

Indicative evidence required for each standard is listed below:

Standard		Indicative evidence required for gap analysis
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.	<ul style="list-style-type: none">• Relevant academic regulations or policies for quality assurance and enhancement.• Policies or procedure documents regarding the design, delivery and review of policies for quality assurance and enhancement.• Deliberative committee or managerial structure• Terms of reference for the committees with responsibility of quality assurance

Standard		Indicative evidence required for gap analysis
2	Design and approval of programmes Clearly defined processes, roles and responsibilities for programme design and approval in line with institutional strategy together with appropriate oversight of processes.	<ul style="list-style-type: none"> • Relevant academic regulations or policies for programme design and approval. • Procedures of engaging staff, students and other stakeholders in programme design and approval.
3	Student-centred learning, teaching and assessment Strategic approach to learning and teaching, understood by staff, students and others involved in teaching and learning with processes to collect and analyse appropriate information to ensure the continued effectiveness of the strategic approach.	<ul style="list-style-type: none"> • Relevant academic regulations or policies for delivering high-quality learning, teaching and assessment • Learning, teaching and assessment strategy. • Student engagement strategy.
4	Student admission, progression, recognition and certification Transparent recruitment and admission policies and processes that are consistently and fairly applied.	<ul style="list-style-type: none"> • Relevant academic regulations and policies for student admissions. • Relevant academic regulations and policies for managing and supporting student progressions, including procedures of how to make use of data to monitor student progressions. • Policies for recognition of higher education qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning. • Information provided to students on completion of their programme.
5	Teaching staff Policies and practices for the recruitment of suitably qualified staff. Support provided to staff in the development of teaching methods and the enhancement of the student learning experience.	<ul style="list-style-type: none"> • Relevant policies for staff recruitment and appointment, and staff development. • Staff handbook, including information on staff development and performance review • Staff appraisal policy/ Staff performance review policy • Organigrams or staffing structure

Standard		Indicative evidence required for gap analysis
6	Learning resources and student support Appropriate systems for allocating, planning and providing learning resources and student support.	<ul style="list-style-type: none"> Relevant strategies/policies for planning, developing and reviewing facilities, learning resources and student support services to ensure that sufficient and appropriate facilities, learning resources and student support services are provided. Student handbook/ Programme specification or any documents provided to students regarding what learning resources and support services are available to them and how to access and use relevant resources and services.
7	Information management Systems to collect relevant data and information in relation to programmes and other activities.	<ul style="list-style-type: none"> Relevant policies for how to collect, analyse, consider and act upon information/data
8	Public information Published information that describes the mission, values and overall strategy of the institution.	<ul style="list-style-type: none"> Institutional website, virtual learning environment Policies or procedure documents regarding information approval, review and update
9	Ongoing monitoring and periodic review of programmes Strategic oversight of the processes for ongoing monitoring and periodic review of programmes.	<ul style="list-style-type: none"> Relevant academic regulations or policies for programme monitoring and review. Three examples of programme review reports and associated action plans over the past three years.
10	Cyclical external quality assurance Regular and continuing use of external contributors to quality assurance and enhancement processes.	<ul style="list-style-type: none"> A list of cyclical external quality assurance activities over the past three years. Three examples of external quality assurance reports and associated action plans over the past three years.

Appendix 5 - Technical requirements for the institution/student submission and supporting evidence

The institution/student submission and supporting documentation must be uploaded to QAA's secure electronic site. The precise date for doing these will be confirmed in writing. We will explain by letter how the submission and supporting evidence should be uploaded.

The table below shows the key technical points to consider when compiling and uploading the institution/student submission and supporting evidence to QAA's secure electronic site.

Overall presentation	<p>To ensure the submission is clear and legible for the review team, the following guidelines on formatting must be adhered to:</p> <ul style="list-style-type: none"> • Arial font, 11-point (minimum) • single-line spacing (minimum) • 2 cm margins (minimum). <p>The SED and supporting evidence should be supplied in a coherent structure:</p> <ul style="list-style-type: none"> • all files together, with no subfolders or zipped files • documents clearly labelled numerically, beginning 001, 002, 003 and so on • ensure that each document has a unique reference number - do not number the same document with different numbers and submit it multiple times.
File-naming convention	<p>Only use alphanumeric characters (a-z and 0-9); for spaces use the underscore (_) and the hyphen (-).</p> <p>Do not use full stops and any other punctuation marks or symbols, as these will not upload successfully.</p>
File types to avoid	<p>Do not upload:</p> <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.
<p>For technical assistance with uploading files, please contact your QAA Officer in the first instance. If they are unable to assist you then please email QAA's IT team with full details of your query at it@qaaservicedesk.freshservice.com</p> <p>The IT team operates from Monday to Friday between 9.00 and 17.00 UK time.</p>	

Appendix 6 - Sample schedule for the gap analysis and review visits

Stage 2: Gap analysis visit

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

Time	Day 1
09.00-10.30	Meeting 1 with Head of Institution and Senior Management Team, including senior staff responsible for quality assurance and enhancement - to include a presentation by your institution of no more than 15 minutes.
10.30-11.00	QAA team private meeting
11.00-11.45	Presentation by the institution on its facilities and learning resources e.g. teaching space, laboratories, library, self-study space, recreational space, virtual learning environment.
11.45-13.30	QAA team private meeting
13.30-14.30	Meeting 2 with a representative group of students and alumni
14.30-15.00	QAA team private meeting
15.00-16.00	Meeting 3 with academic staff, including staff involved in programme design and delivery, teaching and assessment, for example, lecturers and tutors
16.00-16.30	QAA team private meeting
16.30-17.00	Meeting with facilitator (if required)

Time	Day 2
09.00-10.00	Meeting 4 with professional support staff, including staff providing academic support (e.g. tutors, librarians), professional development support (e.g. career services), and pastoral care (e.g. counselling services), staff providing IT services, staff supporting international students' language and social development, etc.
10.00-10.30	QAA team private meeting
10.30-12.30	Meeting 5 - final meeting with main contact and other members of the Senior Team as appropriate to: <ul style="list-style-type: none"> • provide general feedback on gap analysis • advise on preparation for the full institutional review and mapping against the ESG standards • provide some information and advice in relation to the difference between the gap analysis stage and the review stage.
12.30-13.00	QAA team private meeting

Stage 3: Review visit

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

Times	Day 1
08.30-09.30	Review team arrival and meeting alone
09.30-10.30	Meeting 1 with head of the institution
10.30-10.45	Review team meeting alone
11.00-12.00	Meeting 2 with the Senior Management Team
12.00-13.30	Review team meeting alone and working lunch
13.30-14.30	Meeting 3 with a representative group of students
14.30-15.00	Review team meeting alone
15.00-16.00	Meeting 4 with academic teaching staff involved in teaching
16.00-16.30	Review team meeting alone
16.30-17.00	Meeting with facilitator
17.00	Departure of review team

Times	Day 2
08.30-09.30	Review team arrival and meeting alone
09.30-10.30	Meeting 5 with staff from professional support teams
10.30-11.00	Review team meeting alone
11.00-12.00	Meeting 6 with stakeholders - employers, graduates and any other appropriate interested parties
12.00-13.30	Review team meeting alone and working lunch
13.30-15.30	Site visits including meeting with staff providing support where relevant
15.30-16.30	Review team meeting alone
16.30-17.00	Meeting with facilitator
17.00	Departure of review team

Times	Day 3
08.30-10.00	Review team arrival and preparation for final meeting
10.00-11.00	Meeting 7 - final meeting with senior staff with responsibility for quality
11.30-12.30	Review team meets alone to agree key findings The key findings consist of: <ul style="list-style-type: none"> • the overall judgement about whether the institution meets all the 10 IQR for ACE Impact standards • specific conditions (applicable if at least one IQR for ACE Impact standard is not quite met) • recommendations (and degree of urgency) • features of good practice
12.30	Working lunch for review team
13.00 onwards	Review team final meeting continues <i>Note: This meeting does not have any time restrictions</i>

Stage 5: Mid-cycle review visit

A typical schedule for a 1.5-day mid-cycle review visit might look like this. The actual schedule will be determined by the review team in agreement with your institution.

Times	Day 1
08.30-09.30	Review team arrival and meeting alone
09.30-11.00	Meeting 1 with the Senior Management Team
11.00-11.30	Review team meeting alone
11.30-12.30	Site visits including observations of facilities and learning resources
12.30-13.30	Review team meeting alone and working lunch
13.30-14.30	Meeting 2 with a representative group of students
14.30-15.00	Review team meeting alone
15.00-16.30	Meeting 3 with academic and professional support staff
16.30-17.00	Review team meeting alone
17.00-17.30	Meeting with facilitator
17.30	Departure of review team

Times	Day 2
08.30-10.00	Review team arrival and preparation for final meeting
10.00-11.00	Meeting 4 - final meeting with senior staff with responsibility for quality
11.30-12.30	Review team meets alone to agree key findings
12.30	Working lunch for review team
13.00 onwards	Departure of review team

Appendix 7 - Guiding principles for determining the need for an onsite visit

Where any travel restrictions exist, QAA will work with institutions on the assumption that reviews are conducted online but with the proviso that QAA can make a decision that some or all elements of the review may require the team to visit the site. Where an onsite presence is required, this will be to ensure the review process is robust and fairly assessed.

The QAA guiding principles considered when assessing if a visit is required are:

- The institution comes from a country that does not have clear regulations or well-established quality assurance systems.
- A lack of technological capability on the part of the institution to provide evidence through electronic or online means - this could be written records, online access for observations of teaching and learning, and online observation of specialist facilities and resources.
- The nature of the provision would be more appropriately explored through onsite meetings.
- Concerns raised during the desk-based analysis that might lead to a negative outcome which, in the view of the review team, would be more appropriately explored through onsite meetings.
- Concerns raised during the desk-based analysis that require the team to be able to control the sampling and investigation of evidence (wider sample base) as well as meeting with students where serious concerns have been raised.
- The [foreign travel advice](#) from the UK Government.
- The need to take account of, and support the health and mental wellbeing of, QAA staff and reviewers, as well as staff and students for the institution under review.
- The requirement of the commissioning/regulatory body to conduct the whole or parts of the review/assessment onsite in order to satisfy their needs.

Review teams need to also consider whether conducting the visit onsite will be detrimental to the inclusion of members of staff and students who would not be able to go to the review site. This may be, for instance, where the institution has a number of sites that are geographically dispersed.

The review team can decide that only specific activities need to be conducted onsite and that the other elements could be done online. This is what we would term as a hybrid visit.

Whatever the arrangements for the visit, the team need to be mindful of the fact that the institution is given sufficient opportunity to provide evidence and represent itself in the review.

Considerations for hybrid visits

A hybrid visit is one where some elements of the review/assessment are undertaken onsite while other elements are undertaken virtually. If this is the case, the review team and QAA Officer will consider the following:

- How the scheduling of the onsite and online elements will support the overall review.
- Whether the full team or certain members of the review team need to visit the site.
- The need of the QAA Officer to be onsite with the reviewer(s).

- Travel arrangements - for instance, whether members of the team should travel separately.
- Adherence to working protocols produced by QAA, the institution, hotel and nation-specific working safely guidance.

Hybrid meetings

Hybrid meetings are meetings where a group of in-person attendees connect virtually with others attending face-face. This may be achieved through either party interacting using video conferencing software as individuals or as a group.

In QAA's experience, hybrid meetings have limitations and should be avoided where possible. If these types of meetings are used, it is recommended that a test run is conducted and access to IT support made available to identify and solve any issues in the connectivity.

Appendix 8 - Meeting protocol for gap analysis/review visits

This appendix sets out QAA's protocol for QAA team meetings with representatives of your institution undergoing IQR for ACE Impact at various stages. Time is always limited, and it is important that the review team makes best use of the available time in its meetings with staff and students of the institution.

QAA has many years of experience of running such meetings and the protocol is based on that experience. We respectfully ask institutions undergoing IQR for ACE Impact 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 review team. Student meetings normally involve no more than 12 students plus the review team. This allows for more in-depth discussion and for all to take part.
- Your institution is asked to ensure participants are invited to the meetings.
- Meetings are generally question and answer sessions. A presentation (about your institution) is only required in the first meeting with the senior staff and in the meeting to discuss facilities. The presentations should be brief (no more than 15 minutes). The QAA Officer may give an overview presentation at the opening meeting, or this may have been sent out prior to the meeting for participants to view. Any presentation should be agreed in advance with the QAA Officer.
- All meetings are led by QAA.
- 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. If a student is also a member of staff, they should not attend meetings the team holds with students.
- Meetings will not be recorded.

Appendix 9 - Examples of practice to meet the ESG standards

Listed below are examples of practice that may be witnessed by the review team that may help them to determine the extent to which your institution meets the IQR for ACE Impact standards (the 10 ESG standards). They are adapted from the guidelines set out in the ESG for each standard, expanded to reflect examples of practice operating effectively that a QAA accreditation team may expect to see 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. Each institution will have its own examples on which it can draw to provide evidence to the review team. The examples below are also not an exhaustive list.

Standard 1.1 - Policy for quality assurance

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

Examples of practice:

- The policy for quality assurance clearly outlines the institution's approaches to quality assurance and enhancement, including where activities are carried out by other parties.
- Effective governance and management arrangements are in place to support the development, implementation and ongoing monitoring of policies for quality assurance and enhancement.
- The policy translates into practice through a variety of internal quality assurance processes that allow participation across the institution. A quality assurance culture/structure in which all internal stakeholders assume responsibility for quality and engage in quality assurance at all levels of the institution, is evident.
- External stakeholders are involved in the design and delivery of policies for quality assurance and enhancement.
- The policy for quality assurance is published on the university's website.

Indicative evidence:

- Relevant academic regulations or policies for quality assurance and enhancement.
- Approaches to designing and delivering policies for quality assurance and enhancement.
- Approaches to monitoring and reviewing the design and delivery of the policy on an ongoing basis.
- Deliberative committee or managerial structure which maintains oversight of the university's activities and ensures the appropriateness and effectiveness of quality systems at different levels.
- Tracked record of staff and student engagement in quality assurance at all levels of the institution.
- Tracked record of external stakeholders involved in the design and delivery of quality assurance and enhancement policies.
- Meetings with staff and students to test their understanding of the institution's quality assurance and enhancement policies.

- University weblink to where the policy for quality assurance is published.

Standard 1.2 - Design and approval of programmes

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

Examples of practice:

- All programmes have been through a formal and rigorous internal institutional approval process and an external accreditation process as required by the local quality assurance authority.
- The institution has credible, robust and evidence-based approaches for design and approval of high-quality programmes/courses.
- Criteria against which programme proposals are assessed, with relevant use of reference points and external expertise in programme design and approval.
- Appropriate involvement of students and staff in programme design and approval. Arrangements to support and develop student and staff contributions to programme design and approval.
- Programmes are designed at the appropriate academic level. The qualification resulting from a programme clearly refers to the correct level of the national qualifications framework for higher education.
- Programmes are designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes.
- Programmes clearly define the expected student workload.
- Programmes have coherent, integrated and consistent course structures which include modules for both student academic and professional development and let students have appropriate learning experiences so that they can achieve the intended learning outcomes when they graduate.
- The institution has procedures in place to evaluate its programme design and approval processes and take actions for continuous improvement.

Indicative evidence

- Relevant academic regulations or policies for designing and approval of programmes.
- Approaches to designing and approval of programmes.
- Approaches to reviewing the programme design and approval processes.
- Deliberative committee or managerial structure which maintains oversight of programme design and approval processes.
- Tracked record of involvement of staff, students and other stakeholders in programme design and approval.
- Tracked record of consideration of external reference points and use of external expertise in programme design and approval, including external examiner or verifier reports and institution's responses.

- A sample of definitive course documentation (for example, programme specification, course handbook).
- Meetings with staff and students to assess their views about programme design and approval processes, and their views about the quality of the courses.

Standard 1.3 - Student-centred learning, teaching and assessment

Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

Examples of practice:

Learning and teaching

- The implementation of student-centred learning and teaching:
 - respects and attends to the diversity of students and their needs, enabling flexible learning paths
 - considers and uses different modes of delivery, where appropriate
 - flexible use of a variety of pedagogical methods and technologies
 - regularly evaluates and adjusts the modes of delivery and pedagogical methods, ensuring that information is collected, considered and acted upon to continuously improve the effectiveness of learning and teaching practices
 - encourages a sense of autonomy in the learner, while ensuring adequate guidance and support from the teacher; assistance for students in understanding their responsibility to engage with the learning opportunities provided and to shape their learning experience
 - has appropriate procedures for dealing with student complaints.
- Students are offered various opportunities to take an active role in creating the learning process.
- The institution, working with their staff, students and other stakeholders, systematically reviews and enhances the provision of learning opportunities and teaching practices to provide every student with an equal and effective opportunity to achieve the intended learning outcomes.
- Teaching and learning strategies match the programme objectives, course contents, intended learning outcomes and students' abilities, with adequate modes of teaching and media of instruction.
- Learning and teaching practices are informed by reflection, evaluation of professional practice, and subject-specific and educational scholarship.
- The institution has appropriately qualified and well-supported staff responsible for teaching. Ongoing institutional support is in place to improve the pedagogical effectiveness of academic staff.
- Students are provided with clear and current information that specifies the learning opportunities and support available to them. Assistance for students in understanding their responsibility to engage with the learning opportunities is provided.

Assessment

- The institution has clear assessment policies and regulations to outline the processes for setting assessment criteria, marking, moderating marks, engagement of external examiners (if any), and ensuring academic integrity.

- The institution has clear structures and processes for the operation of assessment panels and awards boards.
- Assessment is consistent, fairly applied to all students and carried out in accordance with the stated criteria and procedures.
- Assessors are familiar with existing testing and examination methods and receive support in developing their own skills in this field. Staff responsible for assessing student work, or conducting associated assessment processes, are competent to undertake these roles.
- The criteria for and method of assessment, as well as criteria for marking, are published in advance. Staff and students have a shared understanding of the basis on which academic judgements are made.
- The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved. Volume, timing and nature of assessment enables students to demonstrate the extent to which they have achieved the intended learning outcomes.
- The institution has clear processes for preventing, identifying, investigating and responding to unacceptable academic practice.
- The regulations for assessment take into account mitigating circumstances.
- Staff and students have a shared understanding of the basis on which academic judgements are made. The criteria for and method of assessment, as well as criteria for marking, are published in advance.
- Students are given feedback, which, if necessary, is linked to advice on the learning process. Feedback to students is sufficiently detailed and focused to enable them to monitor their individual progress and further their academic development.
- A formal procedure for student appeals is in place. The academic appeals procedure is understood by students, conducted in a timely and fair manner, and acted upon appropriately.

Indicative evidence

- Relevant academic regulations, learning, teaching and assessment strategies/policies.
- Approaches to designing and delivering high-quality learning, teaching and assessment.
- Approaches to reviewing learning, teaching and assessment.
- Tracked record of involvement of staff, students and other stakeholders in the design, delivery and review of learning and teaching methods.
- A sample of approved course documentation (for example, programme specification, course handbook).
- A sample of assessed student work to show that students are given comprehensive, helpful and timely feedback.
- External examiner reports (if any).
- Meetings with staff and students to assess their views about learning, teaching and assessment, and their views about the quality of the courses.

- Staff training record and meeting with staff to test whether they understand their responsibilities and are appropriately skilled and supported for teaching and assessment.
- Policies outlining student complaints and appeal procedures.
- Information for students to understand learning opportunities and support available to them and to understand complaints and appeal procedures.
- Tracked record of complaints and appeals received over the past three years.

Standard 1.4 - Student admission, progression, recognition and certification

Institutions should consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.

Examples of practice:

Admission

- The institution has clear policies to define:
 - the process of recruitment, selection and admission of students
 - roles and responsibilities of staff involved in the admissions process
 - student entry requirements
 - how the institution verifies applicants' entry qualifications
 - how the institution facilitates a reliable, fair and inclusive admissions system
 - how the institution handles complaints and appeals about recruitment and admission
 - how the institution ensures that admission processes and criteria are implemented consistently and in a transparent manner
 - information and support provided to applicants.
- Recruitment and admission policies and processes are informed by the institution's strategic priorities.
- Information given to applicants is transparent, inclusive and fit-for-purpose.
- Processes to inform prospective and current students, at the earliest opportunity, of any significant changes to a programme to which they have applied.
- Staff responsible for admissions must fully understand and follow the admission requirements and selection criteria and process.

Progression

- The institution has procedures to monitor and evaluate individual students' progression on an ongoing basis, including procedures of collecting, analysing, considering and acting upon data/information on student progression.
- Every student is enabled to monitor their progress and further their academic development through the provision of regular opportunities to reflect on feedback and engage in dialogue with staff.
- Staff are appropriately qualified and skilled to support student progression, ensuring students achieve successful academic and professional outcomes.
- Students are provided with various learning opportunities to develop skills that enable their academic, personal and professional progression.

- Support is provided to students for their academic, personal and professional development and progression.

Recognition

- Appropriate procedures are in place for fair recognition of higher education qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning.

Certification

- Students receive documentation upon graduation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

Indicative evidence

- Relevant academic regulations and policies for student admissions and progression.
- Approaches to delivering a reliable, fair and inclusive admission process.
- A sample of admissions records - to assess whether reliable, fair and inclusive admissions decisions were made for the applicants sampled.
- Information for applicants, including a sample of definitive course documentation - to test whether the information given to applicants is clear, transparent, inclusive and fit-for-purpose.
- Approaches to monitoring and supporting student progression, including processes that determine and evaluate how student development and achievement is enabled.
- Approaches to facilitating successful academic progression.
- Student progression data and tracked record of how the institution makes use of the data.
- Approaches to fair recognition of higher education qualifications, periods of study and prior learning.
- Information provided to students on completion of their programme.
- Meetings with staff and students to assess their views about student admission and progression processes.

Standard 1.5 - Teaching staff

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

Examples of practice:

Staff recruitment and appointment

- The institution has clear plans/strategies to recruit a sufficient number of appropriately qualified and skilled staff, ensuring the quantity and quality of staff to deliver a high-quality academic experience.
- The institution sets up and follows clear, transparent and fair processes for staff recruitment and conditions of employment that recognise the importance of teaching.

Staff development and continuous improvement

- To ensure staff development, the institution provides:
 - clear induction programme for new teaching staff

- opportunities for continuous professional development (CPD) of teaching staff
- encouragement of innovation in teaching methods and the use of new technologies
- promotion of staff scholarly activity to strengthen the link between education and research and to inform teaching practice
- arrangements for ensuring that part-time and sessional teaching staff, including postgraduate students who teach or support learning, are equipped for their roles
- a peer-reviewed teaching observation scheme.
- Academic staff's performance on teaching, research and supervising/supporting students is monitored on an ongoing basis for continuous improvement. Student feedback is collected, considered and fed into academic staff's performance review.
- The institution has systems and procedures to identify academic staff needs and provide relevant training and support to ensure academic staff maintain academic and professional currency.

Indicative evidence

- Relevant policies for staff recruitment, appointment, development and continuous improvement.
- Approaches to staff planning, recruitment and selection.
- Approaches to staff development and continuous improvement.
- Approaches to staff performance review, staff appraisal.
- Staffing structure chart or similar - to identify the roles or posts the institution has to deliver a high-quality learning experience and assess whether they are sufficient.
- A sample of job descriptions and details (for example, CVs) of persons holding specific posts, and the staff recruitment records - to assess that the staff sampled were recruited according to the institution's policies and procedures (for example, that post holders' prior qualifications and experience were properly checked).
- Tracked record of providing continuing professional development opportunities for staff involved in teaching and/or supervising students, including the encouragement of scholarly activity.
- Meetings with staff and students to assess their views about staffing - whether the institution has sufficient, appropriately qualified and skilled staff to ensure the delivery of a high-quality learning experience.

Standard 1.6 - Learning resources and student support

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

Examples of practice:

- The institution has clear procedures to plan, develop and review the available facilities, learning resources and support services to ensure all learning resources and student support services are continuously sufficient and fit-for-purpose so that all students can develop their academic, personal and professional potentials.
- Comprehensive services for academic, professional development and pastoral care are provided to students.
- Physical, virtual and social learning environments that are safe, accessible and reliable for every student.

- The needs of a diverse student population, such as mature, part-time, employed and international students, as well as students with disabilities (if applicable), and the shift towards student-centred learning and flexible modes of learning and teaching are taken into account when allocating, planning and providing learning resources and student support services.
- The institution has clear committee/management structures to allocate, plan, provide and review learning resources and student support services.
- The institution makes use of student learning records to identify individual needs and provide relevant learning resources and academic support services.
- Feedback from students, staff and other stakeholders are considered and acted upon in the design, delivery and review of the learning resources and student support services.
- Students are well informed about the learning resources and support services available to them. Students can easily access learning resources and student support services.
- The institution has well qualified, skilled professional support staff to provide learning resources and support services, supporting students to develop skills and achieve the intended learning outcomes.

Indicative evidence

- Relevant strategies/policies for planning, developing and reviewing learning resources and student support services.
- Approaches for ensuring sufficient and appropriate learning resources and student support. For example, periodic assessment reports of learning resources and student support services with practicable recommendations for further improvement.
- Tracked record of involvement of students, staff and other stakeholders in the design, delivery and review of learning resources and student support services. For example, a sample of complete student satisfaction surveys, review reports of student involvement and satisfaction with the provided learning resources and support services.
- Approaches to how relevant committees/senior management group maintain oversight of allocating, planning, providing and reviewing learning resources and student support services.
- Virtual observations of facilities and learning resources.
- Information provided to students regarding what learning resources and student support services are available to them and how to use relevant learning resources or apply for relevant student support services.
- Meeting with staff to test whether they are appropriately qualified and skilled, and understand their roles and responsibilities in the design, delivery and review of learning resources and student support services.
- Meeting with students to assess students' views about learning resources and student support services.

Standard 1.7 - Information management

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

Examples of practice:

- The information gathered depends, to some extent, on the type and mission of the institution. The following are of interest:
 - key performance indicators
 - profile of the student population
 - student progression, success and drop-out rates
 - students' satisfaction with their programmes
 - learning resources and student support available
 - career paths of graduates, employability data.
- The institution has clear procedures to ensure that information and data is collected, analysed, considered and acted upon by relevant stakeholders.
- The institution makes use of the collected data and information to inform its internal quality assurance and enhancement.

Indicative evidence

- Approaches and tracked record of programme review cycle, including how to collect, analyse, consider and act upon information/data for closing the loop, how to consider and review results and the changes made to students and staff.

Standard 1.8 - Public information

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

Examples of practice:

- The institution publishes clear information about their activities, including:
 - statement about current recognition/accredited status
 - the programmes they offer and the selection criteria for them
 - the intended learning outcomes of these programmes
 - the qualifications they award
 - the teaching, learning and assessment procedures used
 - the pass rates and the learning opportunities available to their students
 - graduate employment information.
- The programme and student recruitment information enables prospective students to make informed decisions.
- The institution has clear structures to approve the publication of information at different levels. Senior Management Team maintains oversight of information publication.
- The institution has clear policies and procedures to monitor and evaluate the publication of information, ensuring the information is accurate, up-to-date, adequate and accessible to prospective students, current students, graduates, other stakeholders and the public.
- The institution has a transparent mechanism where all the stakeholders, particularly staff and students, have access to, not only what decisions were made (for example, review reports and associated action plans) but also to the processes and procedures of decision-making (for example, analysis of student survey, agenda/working paper, committee meeting minutes, external examiner reports).

Indicative evidence

- Policies and programme information published on the institution's website and virtual learning environment.
- Information for current students about their programme (for example, a sample of approved course documentation, including programme specifications, course handbooks).
- Relevant policies for information approval and review.
- Approaches to information approval and review at institutional and programme levels.
- Tracked record of decision-making processes shared with staff, students and other stakeholders.
- Meeting with students and staff to assess their views about whether the institution provides clear, accurate, accessible and adequate information, and whether they are well-informed of the decision-making processes.

Standard 1.9 - Ongoing monitoring and periodic review of programmes

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

Examples of practice:

- The institution has clear policies for the development, management, monitoring and review of programmes consistent with local regulatory requirements and its internal quality assurance mechanism.
- The programme review basically includes the evaluation of the:
 - content of the programme in the light of the latest research in the given discipline, thus ensuring that the programme is up to date
 - changing needs of society
 - students' workload, progression and completion
 - effectiveness of procedures for assessment of students
 - student expectations, needs and satisfaction in relation to the programme
 - learning environment and support services and their fitness for purpose for the programme.
- Improvements resulting from the internal monitoring and approval procedures of the programmes should be documented and communicated to students and staff. Relevant improvement plans should be recorded. Revised programme specifications should be published.
- The institution periodically reviews the improvements to ensure that they have accomplished their aims and are effective. It considers the developments since the initial operation of the programme or its previous review or accreditation (if applicable).
- The institution has effective processes to monitor data and information on an ongoing basis to support the effective management of programmes and other activities.
- Students and staff are involved in providing and analysing information and planning follow-up activities. Students should be able to express their views individually and collectively through various effective communication channels.

- Programmes are reviewed and revised regularly involving external expertise - for example, external examiners.
- Senior Management Team is responsible for signing off the programme review reports and associated action plans.

Indicative evidence

- Relevant academic regulations or policies for programme monitoring and review.
- Approaches and tracked records of the programme review cycle, including the collection, analysis and consideration of actions. Evidence of 'closing the loop', and communication of changes to students and staff.
- Approaches to how senior management group maintains oversight of programme monitoring and review.
- A sample of programme review reports and associated action plans over the past three years.
- External examiner reports.
- Meeting with students and staff to assess their views about programme monitoring and review methods, and their involvement in the review procedures.

Standard 1.10 - Cyclical external quality assurance

Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

Examples of practice:

- The institution undergoes external quality assurance on a cyclical basis. The external quality assurance includes, as a minimum, reviews by the local quality assurance authority.
- The institution makes use of the result/feedback from the external quality assurance activity to verify the effectiveness of institutions' internal quality assurance, and thus to further inform internal quality assurance and enhancement.
- The institution considers the action taken and progress made since the previous external quality assurance activity when preparing for the next one.

Indicative evidence

- A list of cyclical external quality assurance activities over the past three years.
- A sample of external quality assurance reports and associated action plans over the past three years.
- Approaches and tracked record of making use of external review results to inform internal quality assurance.

Appendix 10 - Student engagement and involvement

Introduction

Students are central to the review process. In every IQR for ACE Impact there are many opportunities for students to inform and contribute to the process. Students are likely to be involved together with your institution in preparations for the review and may produce materials for it. The review team will meet a representative selection of students and will work with the LSR, and students are likely to be involved in responding to the review as your institution develops and seeks to implement the resulting action plan.

Students are also a vital part of QAA's processes. All IQR for ACE Impact teams at review stage must include a student. Student reviewers are full members of review teams, contributing in the same way as other members.

QAA will help to brief and support the LSR. Institutions must support the participation of their students' union and/or representatives in the review, providing training, advice and access to information.

Develop student submission

The function of the student submission is to help the review team understand what it is like to be a student at their institution, and how students' views are considered in the institution's decision-making and quality assurance processes. Evidence from students informs the review team's investigations during the review visit.

The student submission should aim to represent the views of the breadth and diversity of students at the institution. It should draw on existing information, such as results from student surveys and recorded outcomes of meetings with staff and students. It should not be necessary to conduct surveys especially for the student submission.

Any student submission is usually a written document but can take alternative forms, such as video, presentations or podcasts. The submission should be concise and should provide an explanation of the sources of evidence that informed its comments and conclusions.

The student submission should not name or discuss the competence of individual members of staff. It should not discuss personal grievances. It should also seek to avoid including comments from individual students who may not be representative of a wider group.

The student submission must include a statement of how it has been compiled and by whom, and the extent to which its contents have been shared with and endorsed by other students. There is no template; however, it may be based around a set of case studies. How case studies are chosen and shared with the wider student body should be clear. Case studies can be about particular local approaches that are valued by students or about wider initiatives that have had a beneficial impact on learning or support. For instance, students may present case studies on particular initiatives in the programme that develop their employability skills. Alternatively, students may want to highlight how changes introduced across the whole institution are helping to develop employability.

Any separate student submission should be posted to the QAA secure electronic site by no later than 12 weeks before the review visit. The QAA Officer will confirm the precise submission date.

Sharing the student contribution with the institution

Given that the student contribution is such an important piece of evidence in the review process, its development will often have involved discussions with staff who may have supported students in its evolution. In the interests of transparency and fairness, there is an expectation that it will be shared with the institution - at the latest when it is uploaded to QAA's secure electronic site. Ideally, both the institution's self-assessment and any student submission should reflect how institutions and students routinely work together. As such, the content should not be a surprise to the other.

Meetings with students as part of IQR for ACE Impact

The review team will meet with students and student representatives as part of IQR for ACE Impact. Student representatives will normally be part of each of the meetings or briefings in the preparatory part of the process. During the review visit, the review team will meet with a representative range of students and alumni. The LSR normally helps to select students and alumni to meet the team and to brief them on the nature of IQR for ACE Impact and their role within it.

Continuity

Each IQR for ACE Impact occurs over a period of several months. Both your institution and the students will have been prepared well before the start of the review and will continue to be involved in action planning afterwards. Your institution is expected to ensure that students are fully informed and involved in the process throughout. The student representative body and your institution should develop a means for regularly exchanging information - not only so that students are kept informed but also to encourage them to get involved.

The student representative body is expected to have an input into your institution's action plan following the review.

Appendix 11 - Writing a self-evaluation document at review stage

Main functions of the SED

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

- to give the review team an overview of your institution, including its background and experience in managing quality and standards*
- to describe and **evaluate** your institution's approach to quality assurance
- to explain to the review team how your institution knows that its approach is effective in meeting the IQR for ACE Impact standards (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 that validate the awards or degrees offered by your institution under review, and of any external reference points (other than the IQR for ACE Impact standards), such as local/national external quality assurance criteria or standards, or national qualifications framework(s) that your institution takes into consideration, either voluntarily or by requirement.

How the SED is used in the review

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 schedule for the review visit. The review team will be looking for indications that your institution:

- systematically monitors and reflects on the effectiveness of its quality assurance processes
- employs monitoring and self-evaluation processes that use management information to enable comparisons against previous performance and against national and international benchmarks, where available and applicable
- employs monitoring and self-evaluation processes that are inclusive of students (and other people and organisations where relevant)
- employs monitoring and self-evaluation processes that 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 your institution's pedagogical approaches ensure sufficient support for students to enable them to achieve the intended learning outcomes.

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

A suggested structure of the SED

This section demonstrates an effective approach to structuring a self-evaluation document.

Section 1: Brief description

The description should cover:

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

Section 2: Track record in managing quality and standards

Briefly describe your 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 IQR for ACE Impact Standards (the ESG standards)

Comment separately on how your institution addresses each of the 10 ESG Standards.

Reference the evidence used by your 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 internal and external examiners/verifiers (where relevant), programme approvals and periodic reviews, as well as your institution's response to those reports (for example, as minutes of committee meetings), where applicable. (See [Appendix 9](#) for examples of practice used to determine how effectively your institution meets the IQR for ACE Impact standards.)

Simplistically, you should comment on:

- what you do
- how you do it
- why you do it that way
- how well you do it
- how you know how well you do it.

Writing style

An effective approach to writing the SED is to provide, for each section, an opening statement containing an evaluation, then qualify it with supporting evidence - for example:

'There is a comprehensive staff development policy [reference to policy] and the University offers a wide range of staff development activities which are systematically recorded [references to the evidence of this]. Although higher education activities are planned in

accordance with the requirements of staff, the analysis of the impact of higher education developmental activities on academic standards and the quality of learning opportunities is underdeveloped.'

Such a statement would typically be followed by a clear indication of what is being done to address an area identified for development - for example:

'The University's Director of Quality and the Human Resources Manager are currently reviewing the staff development policy. It will be strengthened by requiring Higher Education Quality Managers to conduct an annual evaluation of the impact of staff development and training on the standard and quality of higher education provision. This will serve to improve the planning and sharpen the focus of future events. The revised policy [reference to revised policy] will be available from the start of the new academic year, supported by training for Quality Managers and briefings for staff [Minutes, Higher Education Development team meeting, 23 July 2024 paragraph 2].'

An example extract from a SED can be found at the end of this annex.

Drafting

Circulating the draft SED to higher education staff (and, if appropriate, students and other stakeholders) for comment, widens the perspective and helps to keep colleagues informed and engaged in the process. Ideally, the document should be owned by many, but read as one voice.

Paragraphs

It is important to make the SED as easily navigable as possible as it is used by the review team throughout the review. To help in this we ask that institutions number each paragraph sequentially throughout the document. That is to say, do not start new paragraph numbers for each section.

Referencing

The SED must include clear references to the evidence to illustrate or substantiate its contents, since it is not the responsibility of the review team to seek this evidence out. Evidence included must be clearly relevant to the evaluation and as specific as possible. **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.**

There is some information that is likely to be indispensable to the review team in completing the IQR for ACE Impact. The following general information would normally be made available, rather than being provided on request later:

- 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 your 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

- agreements with degree-awarding bodies and other partners, where applicable.

Specific information from committee minutes or particular policies should be provided to evidence particular standards; the reference should not be to the minutes as a whole of a particular committee but to a particular paper or discussion considered by a specific meeting.

QAA encourages your institution to consider achievements and challenges against relevant national or international benchmarks. Where such benchmarks exist, the SED should reflect on your institution's use of these and contextualise their results. This kind of reflection and evidence will back up statements that are made in the SED and will assist the review team in coming to its conclusions.

QAA encourages your institution to demonstrate how it uses the data and management information available to it, both within its quality processes and to monitor the effectiveness of its approach. Such information is likely to include information about the profile of students, entry standards, progression through study programmes, award achievements and subsequent employment outcomes. It may include information from student evaluation or stakeholder views.

In order for the review team to be able to operate efficiently, both in advance and during the review visit, it is important to ensure that all evidence documents are clearly labelled and numbered.

It is equally important to ensure that each evidence document is clearly referenced to the appropriate text in the commentary using the same labelling and numbering system and providing paragraph numbers and dates of minutes as appropriate.

The key technical requirements to consider when compiling the institution/student submission and supporting evidence is provided in [Appendix 5](#). QAA will explain by email how the SED and supporting evidence should be uploaded to the secure electronic site. The QAA Officer will inform your institution of the date by which this must be done.

An extract from an example SED section

This section contains an extract from an exemplar SED. It is meant to exemplify in greater depth the effective approach to writing described above and to demonstrate how evidence should be referenced and numbered. The example is **not intended to indicate the content required**. This will vary from institution to institution to reflect the actual approach to quality assurance being taken.

Standard 1.8: Public Information

The University is committed to publishing clear, accurate, transparent, objective and up-to-date information about its activities. This commitment is reflected in the publishing of the University's vision, mission and values and overall strategies on the university website. (801-University Vision Mission Values Webpage)

The University publishes/disseminates information to its wide range of stakeholders through various sources such as its website www.University.ac.ae, social media channels, newspaper/press releases, etc in accordance with its communications policy. (802-Weekly Media Report, 803-Social Media Communication Policy and Procedure)

The Communications Department plays a key role in managing public information for internal and external university stakeholders. The Department reports to the President and CEO's Office and is

responsible for collating relevant information, managing the university website, electronic and print publications, and overseeing the provision of public information on the University's social media channels.

The Communications Department is responsible for gathering and disseminating a wide range of information to stakeholders, both internal and external to the University. In regard to public information, their responsibilities include the following:

- Ensuring that communications strategies and plans are developed and implemented effectively to support the objectives of the University.
- Ensuring that all external communication is facilitated through authorised and trained individuals through approved channels following the required approvals.
- Coordinating with internal departments to develop and update the University's website and social media content in line with their communication activities.
- Creating copy-written and branded content and artworks for a wide range of activities and initiatives.
- Managing the University's social media accounts, posting news regarding university services, activities and announcements, and developing customer-centric initiatives to engage stakeholders adequately on social media platforms.
- Managing the University's media communication activities (for example, speeches, press releases, media briefings, brochures, news conferences, publications, advertisements, promotions, events, digital marketing) and aligning all communications across the University and the entirety of its functions, to ensure that consistent messages are being conveyed to the public.

Individual departments and divisions are the content owners of their respective information pages on the University website and portal. However, the Communications Department works with the departments on a periodic basis to ensure that the website content is relevant, up-to-date and accurate. They also regulate the content, conduct editorial and aesthetic quality assurance reviews and checks and ensure timely updates to the provided content.

Prospective and existing students have access to the following publications via the website:

- Academic Calendar (804-UNIVERSITY Academic Calendar Webpage)
- Student Handbook (303-UNIVERSITY Student Handbook)
- Volunteering programme 2018-2019 (417-Volunteering Manual)
- Student Code of Conduct 2018-2019 (304-Code of Conduct)
- Academic Advising 2019-2020 (416-Academic Advising Handbook)

The website provides campus-specific information including information on quick facts, programmes offered, events, location map and contact information for each of the 16 campuses (805-Campus Information Webpage). Information on the wide range of programs offered is posted on the website. (806-Programme Information Webpage).

Detailed programme and course information is available in the University Catalogue posted on the website, which contains the following: programme details, course information, programme and learning outcomes, course learning outcomes, completion requirements, course credits, teaching staff details, career pathways, job opportunities and professional certifications gained. (204-University Catalogue).

A dedicated section on admission requirements is provided on the website for prospective students, including information on:

- Information for applicants (807-Information for Applicants Webpage)
- Entry requirements (402-UNIVERSITY Admissions Web)
- FAQs regarding admissions (808-Admissions FAQs Webpage)

The website also publishes the University Fact Book which provides current and historical information regarding academic programmes, enrolments (as per programmes, campus, division,

etc), graduates (as per programmes, campus, credentials awarded, etc), graduate employment rates, and faculty and staff analysis. The Fact Book is published electronically on the website on an annual basis. (722-University Fact Book 2017-2018)

The Student Life section on the website provides information on the range of support services and facilities to help students attain personal growth and academic achievement. Published information is available on services offered that include online library catalogue, academic advising, personal and career counselling, co-curricular and extra-curricular activities, sport, health and wellness, recreational facilities, financial aid and special needs accommodation and many other details. (423-Screenshot University Student Life Web)

The University News section on the website provides readers with news and stories about what is happening on university campuses - for example, open days, student success stories, new programmes/partnerships and general achievements. (811-University News Webpage)

The University also maintains a presence on various social media platforms including Facebook, Twitter, Instagram and YouTube. The University has one of the most engaging social media presences among all educational institutes in the country. The proactive social media team ensures coverage of all internal and external events including live streams and professionally produced media. The social media channels are also used to inspire the youth of the country by motivational and inspirational content on a daily basis.

A university media report is published on a weekly basis on the website that outlines all of the University's social media activities, newspaper reports, promotional campaigns and launches, etc. (809-University Media Report Webpage, 0810-Sample University Media report)

The Communications Department works closely with each campus to ensure brand awareness for both internal and external communications. There were some earlier challenges in terms of ensuring brand consistency owing to the autonomous nature of individual marketing departments at each campus. This was addressed by establishing brand ambassadors and communications POCs (Point of contact) at each campus to ensure consistency in communications messaging. The centralization of creative hub and streamlining of communications policies and procedures has enabled the University to qualify among the finalists of the Government Excellence award where the positive role of the Communications Department has been applauded.

To further enhance the quality of external communication processes, the University has recently launched an initiative 'University 800-1' which is a one stop shop for both internal and external stakeholders to interact with the University. The initiative involved the establishment of a customer service call centre that provides prompt resolution and follow-up of all internal and external enquiries, facilitated and supported by in-house ambassadors.

As the University continues to evolve and progress, the journey towards strengthening the governance of our communications processes continues. Following the organizational restructuring and the updated Governance and Operating Model, the following policies and procedures are being developed/updated to support the Communications functions:

- Communications and Marketing Strategy and Planning Policy
- External Communications Policy and procedure
- Internal Communications Policy and procedure
- Brand Management Policy and procedures
- Crisis Communications Policy and procedures
- Procedures relating to events, sponsorships, media monitoring, managing website and social media, and managing press conferences and press releases.

The University is committed to ensuring that the information is accessible, useful, accurate and disseminated through transparent mechanisms to both the internal stakeholders and the public continuously.

Appendix 12 - How the findings are determined at review stage

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

Step 1 - Determine if each standard is met

Your institution demonstrates that it meets a standard if either of the following statements is true:	Your institution demonstrates that it does not meet a standard if either of the following statements is true:
<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 your institution to meet the standard more fully • the institution's practices to drive improvement and enhancement. <p>*Some moderate risks may exist, and these must be addressed in your institution's action plan in order to avoid more serious problems developing over time.</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 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. <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 your institution's governance structure (as it relates to quality assurance) • significant gaps in policy, structures or procedures relating to your institution's quality assurance • breaches by your 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 your institution to partially meet the standard.</p>



Step 2 - Determine the overall judgement

...meets all the accreditation standards	...meets all the accreditation standards subject to meeting specific conditions	...does not meet the accreditation standards
All 10 standards have been met.	<p>Only one (or at most two) of the standards have not been fully met.</p> <p>Condition is set and needs priority action by your institution within an identified timescale (a maximum of 12 months) to ensure the standard is fully met.</p>	More than two standards have not been met.
Note: For further details of the overall judgement and follow-up actions, please refer to the Review Stage above.		

Appendix 13 - Guidance on producing an action plan

Background

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

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

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

Example action plan

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

What do we mean by these headings?

Recommendation or good practice

As identified by the review team and contained in the IQR for ACE Impact report.

Action to be taken

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

Date for completion

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

Action by

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

Success indicators

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

Appendix 14 - Complaints and appeals

QAA has a process for considering complaints about its own operation and services. It also has a process for considering appeals against accreditation judgements. Details can be found on the [QAA website](#).

Complaints and appeals can be raised in the event that QAA finds that the institution has been unsuccessful in achieving QAA's institutional accreditation through the IQR for ACE Impact and the institution considers either that:

- there was a procedural irregularity in the IQR for ACE Impact such that the legitimacy of the decision or decisions reached are called into question; or
- there is material that was in existence at the time which, had it been made available before the IQR for ACE Impact was completed, would have influenced the judgements of the IQR for ACE Impact team, and in relation to which there is a good reason for it not having been provided to the review team during the IQR for ACE Impact.

In the event of a 'does not meet' judgement, the institution may submit a written representation to QAA, including evidence, within four weeks of receiving the revised IQR for ACE Impact report. The procedure for submitting an appeal or complaint is available on the [QAA website](#).

Appeals can only be made if the overall outcome is 'does not meet the IQR for ACE Impact standards'.

Appendix 15 - Privacy and disclosure of information

An effective IQR for ACE Impact 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 they disclose to QAA during the various stages of IQR for ACE Impact will not be publicly released or used in an inappropriate manner. QAA is committed to processing personal information in accordance with the General Data Protection Regulation (GDPR) and UK data protection laws. Our [Privacy Notice](#) tells you what to expect when QAA collects personal information.

QAA's review policies and procedures provide the following assurances:

- Information provided by your institution is used only for the purpose of review.
- Information marked by your 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 your 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. Your 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 policies and procedures and will be managed by QAA's public relations team.

Appendix 16 - Glossary of terms

Accreditation

A status awarded to an institution that demonstrates it has been subject to a successful QAA review of its quality management.

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 for ACE Impact 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 acknowledgement that not all of them will be appropriate for all institutions.

Externality

The use of experts from outside a higher education provider, such as external examiners or external advisers, to assist in quality assurance procedures.

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 institution's higher education provision.

IQR for ACE Impact standards

These are the 10 internal quality assurance standards of Part 1 of 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).

Lead student representative (LSR)

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

Mid-cycle review (MCR)

A review by QAA Officers, two to three years after the IQR for ACE Impact, of how the institution has responded to IQR for ACE Impact recommendations and furthered any features of good practice.

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.

Professional, statutory and regulatory bodies (PSRBs)

Organisations that set the standards for, and regulate the standards of entry into, particular professions. Professional qualifications (as distinct from academic qualifications) are determined by PSRBs, and they may stipulate academic requirements that must be met in order for an academic programme to be recognised as leading to, or providing exemption from part of, a professional qualification.

Where degree-awarding bodies/awarding organisations choose to offer programmes that lead to, or provide exemption from, specific professional qualifications, the requirements of the relevant PSRB will influence the design of academic programmes, but the responsibility for the academic standards remains with the degree-awarding body/awarding organisation that is awarding the academic qualification.

Where institutions have PSRB accreditation for their programmes, review teams will explore how accreditation requirements are taken into account in the setting and maintaining of standards and the quality assurance of programmes. Review teams will also explore how accurately information about accredited status is conveyed to students.

Programme of study

An approved course of study that provides a coherent learning experience and normally leads to a qualification.

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 Institutional Accreditation Badge

A graphic provided by QAA under licence to institutions that have successfully completed an IQR for ACE Impact review and have been accredited by QAA.

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 facilitator and the lead student representative (if appropriate).

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 (SED)

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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