



International Quality Review

Handbook for Institutions: Stage 3 - The Review

March 2022

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About the Quality Assurance Agency for Higher Education (QAA)

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

QAA is recognised for its leading role in international developments in the quality assurance of higher education. QAA works not just to maintain but to enhance the quality and integrity of the higher education sector internationally through its international work, in full alignment with the 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: [External review of QAA \(2018\) • ENQA](#).

Purpose of this handbook

1 This handbook is part of a suite of publications to inform and support those interested in, and going through, International Quality Review (IQR). This handbook will be of particular use to you if you are at Stages 3 and 4- Review and Accreditation. If you require information on Stages 1 and 2 - Application and Scoping, please check the documentation on the [IQR webpage](#) on the QAA website, or email accreditation@qaa.ac.uk

About International Quality Review (IQR)

2 IQR offers institutions outside the UK the opportunity to have an independent peer review which may lead to accreditation by the UK's Quality Assurance Agency for Higher Education (QAA). IQR uses the [European Standards and Guidelines for Quality Assurance in the European Higher Education Area](#) (Brussels, 2015; often referred to as the 'European Standards and Guidelines' or ESG). Applicant institutions are assessed against ESG Part 1: Internal Quality Assurance.

3 IQR is a five-stage process, consisting of **Application, Scoping, Review, Accreditation** and the **Mid-Cycle Review**. Scoping, Review and Mid-Cycle Review each have their own handbooks. Application and Accreditation have their own guidance documents.

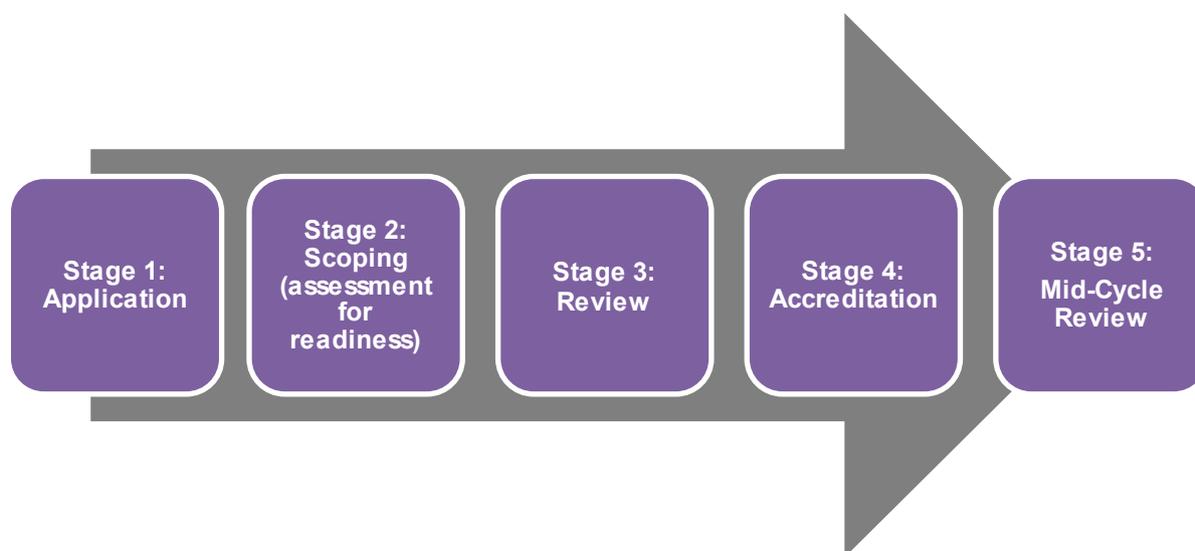


Figure 1: IQR process

4 The review stage is carried out by **peer reviewers** - senior staff and students from both UK and international higher education providers. An important characteristic of IQR is that each team includes a reviewer from the UK and from a second country, as well as a student reviewer. The reviewers apply their knowledge and experience of higher education quality assurance processes. They also use their experience of international higher education to consider how the standards identified in ESG Part 1 apply in the context in which your institution is operating. This will include consideration of relevant reference points applied nationally or internationally.

5 Students play an essential role in IQR in line with the accepted principles of European quality assurance in the European Higher Education Area (EHEA). Each review

team includes a student peer reviewer, and there are also opportunities for students at your institution to take part in the review process. Students might:

- provide initial feedback through a student submission
- meet the review team during the review visit(s)
- work with staff at your institution as they respond to the review findings.

6 Your institution also has the option to identify a student to act as **lead student representative (LSR)** for the review (see Annex 1: Roles and responsibilities). One role of the LSR would be to coordinate the writing of a **student submission** for the review team (see Annex 4: The student submission to IQR).

7 After the Review, the peer review team draws up a report which assesses your institution against each of the standards in the ESG Part 1 and makes a recommendation to the QAA Accreditation Panel. The report is independently considered by that Panel to confirm the recommended outcome is well-evidenced and consistent.

8 If your institution is judged to meet the ESG Part 1 standards in full, it may, on confirmation from the QAA Accreditation Panel, display the **QAA Global Accreditation** logo. This indicates the date of the review and when it expires (subject to the mid-cycle review). After the outcome is formally communicated to your institution, the report and outcome is published online by QAA.

9 Following a successful outcome, your institution is expected to produce and publish an action plan, in consultation with students, describing how they intend to respond to the findings in the report. This is carried forward into the mid-cycle review stage of the process.

10 Accredited institutions may display the QAA Global Accreditation logo, under licence, for up to five years. If you want to maintain the logo for a full five years, you will be required to participate in a mid-cycle review to explore how your institution has responded to IQR recommendations and furthered its features of good practice. If your institution does not engage in the mid-cycle process, it will cease to be able to display the QAA Global Accreditation logo after a maximum of three years. In order to maintain a licence for the QAA Global Accreditation logo, during the final year of the accreditation period (year five) your institution will need to apply to QAA for reaccreditation. This means that you will need to complete Stages 3-5: Review, Accreditation and Mid-Cycle Review, but not Stage 1-2: Application and Scoping.

IQR accreditation standards

11 IQR uses the 10 standards for internal quality assurance set out in Part 1 of the ESG as criteria. During the review, the review team considers how and whether your institution meets each of the standards. In relation to each standard, the review team analyses evidence, including institutional 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 institutional 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

Stage 3 - The Review

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

13 Following a successful scoping, dates for the review are established; the review should take place within 12 months of Stage 2: Scoping. QAA will provide your institution with the timeline for its review, including due dates for carrying out its responsibilities. QAA provides you with full briefing material to support the preparation for the review. An indicative timeline for the review is provided below.

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

Indicative dates and key responsibilities

Indicative weeks	What the institution does	What QAA does
-18	Your institution confirms that you want to proceed to review stage	Invoice issued and sent out
-17	Payment made	Appoint QAA Officer for review Secure review site set up
-16	Participate in preparatory meeting	Have preparatory meeting with your institution to confirm submission and visit arrangements
-14	Advise QAA of any conflict of interest of review team	Review team agreed you're your institution
-14	Your institution develops self-evaluation document, evidence and student submission	
-12	Your institution uploads its self-evaluation document and supporting evidence to QAA's electronic folder, including a student submission if one is being written	Receipt of submission from your institution Notify review team to start desk-based analysis
-12		Desk-based analysis
-9		QAA Officer informs your institution of any requests for additional documentary evidence
-6	Your institution uploads any requested additional documents	
-5		Further desk-based analysis

-4		The review team holds its first team meeting to discuss the outcome of the desk-based analysis, and the programme for the review visit
-4		Review visit agenda and email sent requesting any further additional documentation, programme for the visit, people to meet and practical arrangements
-2	Your institution uploads any additional requested documentation	
0	Review visit	Review visit
+2		The review team prepares draft review report
+3		Draft report goes to QAA internal moderation
+4		QAA Officer sends report to Accreditation Panel
AP 0*		Accreditation Panel meets Accreditation decision is taken by the Accreditation Panel
AP+2*		Draft report sent to your institution for confirmation of factual accuracy
AP+4*	Your institution confirms report content or makes factual corrections	
AP+6*		Review team finalise review stage report
AP+8*	If negative, your institution may consider an appeal	Final report and outcome letter sent to your institution
AP+10*		Final report published on QAA website
AP+12*	Your institution develops action plan, publishes on website and notifies QAA	QAA publishes a link from QAA website to the action plan on your institution's website

* Accreditation Panel normally meets once per quarter with at least four meeting dates set in advance.

Preparation

Roles

15 QAA appoints a team of three reviewers to conduct the review and a QAA Officer to manage it. Your institution appoints a facilitator. There is also the option for you to appoint a lead student representative (LSR) from your institution representing the students' views.

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

Review team members

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

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

Student reviewers

19 QAA believes that students play a critical role in the quality assurance of higher education, as reflected in the standards in the ESG. 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. Where possible, IQR has the same features of student engagement as QAA's other review processes.

The QAA Officer

20 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. Your institution will be told who the QAA Officer is and will be welcome to get in touch to ask questions. The QAA Officer can provide advice about the review process but cannot act as a consultant for 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.

21 The QAA Officer is responsible for the logistics of the review programme including liaising with your institution, confirming the programmes for the review visit, keeping a record of all discussions, and editing the review report. The QAA Officer will accompany review teams throughout the visits to institutions.

22 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

23 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's provision). Further details about the role of the facilitator can be found in Annex 1: Roles and responsibilities.

The lead student representative (LSR)

24 Students of 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 your 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 your institution. Students are expected to participate in meetings during the review visits and assist your institution in drawing up and implementing the action plan after the review.

25 There is the option for a student to undertake the role of lead student representative. This voluntary role is designed to allow students from your institution to play a central part in the organisation of the review. The lead student representative (LSR) helps ensure smooth communication between the student body, your 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.

26 If the option of appointing an LSR is taken up, it is recommended that the volunteer(s) be appointed by the students themselves, with support from a student representative body or equivalent within your institution. The LSR must be a member of the student representative body. The role of LSR may be operated on a shared-role arrangement providing it is clear who is the main LSR point of contact.

27 Your institution is expected to provide as much operational and logistical support to the LSR as is feasible and, in particular, to ensure that any relevant information or data is shared with the LSR to ensure that the student submission is well-informed, representative of students' views, and evidence based. Students would be expected to share their evidence and information with your institution on a similar basis. Further information on preparing a student submission is available at Annex 4.

28 Further information on the role of the LSR is in Annex 1.

Documentation for the review

29 The evidence base for IQR is a combination of information collected and submitted by your institution, including the self-evaluation document, together with its supporting evidence (see Annex 5) and information provided by students, for instance a student submission (see Annex 4).

Information collected by QAA

30 QAA may 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.

Self-evaluation document (SED) and supporting evidence

31 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 Annex 5. QAA will provide further guidance on compiling the SED when briefing your institution about the review process - for example, during the scoping stage. The SED is intended to be reflective, evaluative and focused on the areas of review, and the evidence should be carefully chosen to support these. High-quality, relevant institutional evidence enables the review team to verify your institution's approaches and gather relevant and appropriate evidence of its own quickly and effectively.

Main functions of the SED

32 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 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 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.

33 The SED should in all cases include a section on each of the 10 IQR standards of the ESG Part 1 (see Annex 5).

34 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.**

35 There is some information that is likely to be indispensable to the review team in completing the IQR. 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.

36 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.

37 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.

38 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.

Data analysis and corroboration of evidence

How the SED is used in the review

39 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.

40 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 learning outcomes of their programmes.

41 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.

Other information given by your institution

42 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.

43 The review team will only ask you for additional information that assists them in forming robust opinions on how your institution meets the IQR standards. Requests will be specific and proportionate.

Pre-visit analysis

44 The review 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 after the first review team meeting through the QAA Officer.

45 The review team holds a first review team meeting alone. Its purpose is to allow them 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.

46 The QAA Officer then confirms with your institution the arrangements for the review visit, including who the review team wishes to meet.

The review visit

47 The review visit will normally last between three and five days and will reflect the scale and complexity of the provision under review. QAA will determine the length of the review visit using the information gathered at the scoping stage. A sample review schedule is provided at Annex 2.

48 The review team will hold meetings 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 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 at Annex 6.

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

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

51 The review visit will include a final meeting between the review team and senior staff of your institution, the facilitator and the lead student representative (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.

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

53 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 IQR 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
- agree on its recommendation to the Accreditation Panel regarding the outcome of the review and any conditions.

54 The review team considers your institution's processes against the ESG 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 awards and qualifications and with whom your institution collaborates. The review team then decides if your institution meets each of the 10 standards and, on that basis, comes to its overall conclusion.

How the findings are determined

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

An institution demonstrates that it meets a standard if either of the following statements is true	An institution demonstrates that it does not meet a standard if either of the following statements is true
<p>There are no recommendations for improvement in relation to this standard.</p> <p>OR</p> <p>Any recommendations for improvement do not relate to issues that, individually or collectively, present any serious risks to the management of this standard,* and they relate only to:</p> <ul style="list-style-type: none"> • minor omissions or errors • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change • the requirement to complete activity that is already underway in a small number 	<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,</p>

<p>of areas that will allow your institution to meet the standard.</p> <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>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>

Findings and follow-up

56 Following the review visit, the review team will finalise its key findings from the review and work with the QAA Officer to produce the review report.

57 Once the team has drafted its report, it will be reviewed by an independent panel of QAA Officers who were not involved in the review of your institution. The purpose of this QAA internal moderation process is to check whether the review has been conducted in line with the published method and whether the review findings are clearly articulated, evidence-based and consistent.

58 The draft report will then be presented to the QAA Accreditation Panel. The Accreditation Panel will consider the report and reach a decision as to whether or not your institution can be formally accredited by QAA. The Accreditation Panel meets every three months and meetings are scheduled at least 12 months in advance. All completed IQR reports are presented to the next scheduled Accreditation Panel meeting following completion of the QAA internal moderation process.

59 Approximately two weeks after the Accreditation Panel meeting, your institution will receive the draft report. The report will 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 standards of the ESG. The findings will be summarised in a short executive summary at the beginning of the report.

60 Your institution has the opportunity to respond within two weeks of receipt of the draft report, informing QAA of any factual errors or any 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 ended. The draft report will also be shared with the lead student representative 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.

61 The review team will consider your response and make any changes it deems necessary, incorporating those changes in a revised report.

The overall judgement

62 The three possibilities for the overall conclusion are:

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

These possibilities and the next steps are explained below.

Your institution meets all the standards for International Quality Review

63 Where the draft report concludes that your institution meets all 10 of the IQR standards, the report will be finalised (following receipt of your feedback regarding factual accuracy). The finalised report will be sent to you together with the outcome letter. The report will also be published on the QAA website.

64 After the report has been published, your institution is expected to provide an action plan, 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.

65 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 logo and the award of accreditation may be withdrawn.

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

66 Where only one (or at most) two of the IQR standards are not fully met, the Accreditation Panel may decide to set specific conditions that enable a successful IQR outcome to be achieved. These conditions are likely to be one or more of the recommendations. They will only be set where they relate to a very small number of weaknesses that, while potentially significant, only impact on whether the one (or at most two) IQR standards are met. The Accreditation Panel 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 of further evidence.

67 Where the draft report concludes that your institution meets all the IQR standards subject to 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 it has done so successfully. QAA will set out a short time frame with follow-up actions. This will be sent to your institution.

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

69 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 if your institution now has satisfied the conditions set and subsequently meets the IQR standards. A report recommending whether to revise or retain the original outcome will then be submitted to the Accreditation Panel for a final decision. If your institution finally meets all the standards for International Quality Review, the review report will be published.

Your institution does not meet the standards for International Quality Review

70 Where the Accreditation Panel confirms a review team's conclusions that your institution does not meet the IQR standards, or does not meet sufficient standards, the outcome of the IQR is unsuccessful. In this instance, the draft report will not be published but will be sent to your institution to consider whether it wishes to appeal the overall judgement. If your institution chooses not to appeal, then the report will be published.

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

Announcing the outcome

72 Your institution's IQR report, published on QAA's website, sets out the review team's findings (overall judgements, recommendations and good practice) and analysis as confirmed by the Accreditation Panel. Your institution can make the report available via its media outlets.

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

Complaints and appeals

74 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](#).¹

75 In the event that QAA finds that an institution has been unsuccessful in achieving IQR accreditation, and your institution considers either that:

- there was a procedural irregularity in the IQR 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 was completed, would have influenced the judgements of the IQR team, and in relation to which there is a good reason for it not having been provided to the IQR team during the IQR.

¹www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint/complaints-about-qaa-and-appeals-against-decisions

76 In the event of a 'does not meet' judgement, your institution may submit a written representation to QAA, including evidence, within four weeks of receiving the Accreditation Panel outcome. 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 standards.'

Privacy and disclosure of information

77 An effective IQR requires access to a considerable amount of information, some of which may be sensitive or confidential. Institutions and their staff can be assured that confidential information they disclose to QAA during the various stages of IQR 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.

78 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 policy and procedure and will be managed by QAA's public relations team.

Annex 1: Roles and responsibilities

Attributes of review team members

The principal attributes expected of review team members include:

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

Responsibilities of the QAA Officer

The principal responsibilities of the QAA Officer are to:

- ensure compliance with the process set out in this handbook
- liaise with your institution 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 review team findings to the Accreditation Panel
- compile and edit the review report and oversee its production.

Role and responsibilities of the institution's facilitator

The person appointed as facilitator must be willing to become familiar with the IQR 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 preparations for accreditation
- act as the primary contact for the review team during the review visit
- provide advice and guidance to the review team on the SED and any supporting documentation
- provide advice and guidance to the review team on the institution's structures, policies, priorities and procedures

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

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

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

The facilitator may legitimately:

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

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

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

The facilitator is required to observe the same conventions of confidentiality as members of the review team. In particular, the confidentiality of written material produced by review team members must be respected, and no information gained may be used in a manner that allows individuals to be identified. However, providing that appropriate confidentiality is observed, the facilitator may make notes on discussions with the review team and report back to other staff, in order to ensure that 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 review team has the right to ask the facilitator to disengage from the review process at any time, if it considers that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.

Responsibilities of the lead student representative

The lead student representative (LSR), if there is one, should receive copies of all key correspondence from QAA.

They 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 the institution's action plan.

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

Annex 2: Sample schedule for the 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 the 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
10.30-11.00	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 academic 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	<p>Review team meets alone to agree key findings</p> <p>The key findings consist of:</p> <ul style="list-style-type: none"> the overall judgement about whether the institution meets all the 10 IQR standards specific conditions (applicable if at least one IQR standard is not quite met) recommendations (and degree of urgency) features of good practice
12.30	Working lunch for review team
13.00 onwards	<p>Review team final meeting continues</p> <p><i>Note: this meeting does not have any time restrictions</i></p>

Annex 3: Examples of practice

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 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 not an exhaustive list.

Standard		Examples of good practice
1	<p>Policy for quality assurance</p> <p>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.</p>	<ul style="list-style-type: none"> • Effective governance and management arrangements to support the implementation and ongoing monitoring of quality assurance and enhancement policies. • A quality assurance culture that is evident at all levels of the institution.
2	<p>Design and approval of programmes</p> <p>Clearly defined processes, roles and responsibilities for programme design and approval in line with institutional strategy together with appropriate oversight of processes.</p>	<ul style="list-style-type: none"> • 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 in programme design and approval. • Evaluation of programme design and approval processes and action taken to improve them where necessary. • Arrangements to support and develop staff contribution to programme design and approval.
3	<p>Student-centred learning, teaching and assessment</p> <p>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.</p>	<ul style="list-style-type: none"> • Learning and teaching activities and associated resources that provide every student with an equal and effective opportunity to achieve the intended learning outcomes. • Assistance for students in understanding their responsibility to engage with the learning opportunities provided. • Feedback to students that is sufficiently detailed and focused to enable them to monitor their individual progress and further their academic development.

Standard	Examples of good practice
<p>Student-centred learning, teaching and assessment (continued)</p>	<ul style="list-style-type: none"> • Learning and teaching practices that are informed by reflection, evaluation of professional practice, and subject-specific and educational scholarship. • Qualified and supported staff responsible for teaching or supporting students. • Staff responsible for assessing student work, or conducting associated assessment processes, who are competent to undertake these roles. • Secure assessment policies, regulations and processes, including those for the recognition of prior learning. • Clear processes for marking assessments and moderating marks. • Clear structures and processes for the operation of assessment panels and awards boards. • Processes for preventing, identifying, investigating and responding to unacceptable academic practice. • Assessment and feedback practices that are informed by reflection, consideration of professional practice, and subject-specific scholarship. • Staff and students have a shared understanding of the basis on which academic judgements are made. • Volume, timing and nature of assessment that enables students to demonstrate the extent to which they have achieved the intended learning outcomes. • Academic appeals and complaints procedures that are understood by students, conducted in a timely and fair manner, and acted upon appropriately. • Processes that make available opportunities for students to raise matters of concern without risk of disadvantage. • Appropriate and effective arrangements for representing the collective student voice at all institutional levels, to support quality assurance and promote enhancement.

Standard		Examples of good practice
4	<p>Student admission, progression, recognition and certification</p> <p>Transparent recruitment and admission policies and processes that are consistently and fairly applied.</p>	<ul style="list-style-type: none"> • Recruitment and admission policies and processes informed by strategic priorities. • Processes for recognition of prior learning. • Procedures for handling appeals and complaints about recruitment and admission. • Processes to inform prospective and current students, at the earliest opportunity, of any significant changes to a programme to which they have applied. • Information provided to successful applicants to enable them to make the transition from applicant to student. • Information provided to students to enable their development and achievement. • Opportunities for students to develop skills that enable their academic, personal and professional progression, including through informal learning. • Commitment to equity that enables student development and achievement. • Processes that determine and evaluate how student development and achievement is enabled. • Policies and systems that facilitate successful academic progression. • Record of studies provided to students on completion of their programme, which provides evidence for others of the students' achievement in their academic studies.
5	<p>Teaching staff</p> <p>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.</p>	<ul style="list-style-type: none"> • Systems and procedures to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met. • Policies for providing and recording continuing professional development opportunities for staff involved in teaching or supervising students, including the encouragement of scholarly activity. <p>Promotion of staff scholarship to inform teaching practice.</p>

Standard		Examples of good practice
	Teaching staff (continued)	<ul style="list-style-type: none"> • Encouragement of innovation in teaching methods and the use of new technologies. • Arrangements for ensuring that part-time and sessional teaching staff, including postgraduate students who teach or support learning, are equipped for their roles.
6	Learning resources and student support Appropriate systems for allocating, planning and providing learning resources and student support.	<ul style="list-style-type: none"> • Defined roles and responsibilities for staff that enable student development, mobility and achievement. • Qualified and supported staff who enable students to develop and achieve. • Access to the required learning resources, with opportunities for students to develop the skills to use them. • Physical, virtual and social learning environments that are safe, accessible and reliable for every student. • Information provided to students that specifies the learning opportunities and support available to them. • Guidelines that set out what is expected of students and what students can expect of the institution.
7	Information management Systems to collect relevant data and information in relation to programmes and other activities.	<ul style="list-style-type: none"> • Processes to monitor data and information to support the effective management of programmes and other activities.
8	Public information Published information that describes the mission, values and overall strategy of the institution.	<ul style="list-style-type: none"> • Recruitment information and activities that enable prospective students to make informed decisions. • Published process for application and admission to the programmes of study.
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"> • Processes, roles and responsibilities for ongoing monitoring and periodic review of programmes. • Deliberate steps to use the outcomes of ongoing monitoring and periodic review to enhance provision to ensure a supportive and effective learning environment is maintained.

Standard		Examples of good practice
	<p>Ongoing monitoring and periodic review of programmes (continued)</p>	<ul style="list-style-type: none"> • Evaluation of ongoing monitoring and periodic review processes, and action taken to improve them where necessary. • Use of reference points and external expertise in ongoing monitoring and periodic review. • Involvement of students in ongoing monitoring and periodic review. • Arrangements to support and develop staff contribution to ongoing monitoring and periodic review. • Process to protect the academic interests of students when a programme is closed.
10	<p>Cyclical external quality assurance</p> <p>Regular and continuing use of external contributors to quality assurance and enhancement processes.</p>	<ul style="list-style-type: none"> • Consideration of action taken and progress made since the previous external quality assurance activity when preparing for the next one.

Annex 4: The student submission to IQR

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 your 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. 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 chemistry, sociology and computer science 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 12 weeks before the review visit. The QAA Officer will confirm the precise date.

Sharing the student contribution with the provider

Given that the student submission is such an important piece of evidence in the review process, in the interests of transparency and fairness we expect that it will be shared with your institution - at the latest when it is uploaded to the secure electronic site. Ideally, both the institution's self-assessment and any student submission should reflect how providers and students routinely work together.

Continuity

Each IQR occurs over a period of several months. Both your institution and its students will have been prepared well before the start of the review and will continue to be involved in action planning afterwards. Institutions are 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 the institution's action plan following the review.

Annex 5: Writing the self-evaluation document

This annex demonstrates an effective approach to structuring and writing a self-evaluation document (SED).

A suggested structure

Section 1: Brief description

The description should cover:

- your institution's mission
- 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 and strategic aims 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 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 external examiners/verifiers (where relevant), programme approvals and periodic reviews, as well as the institution's response to those reports (for example, as minutes of committee meetings), where applicable. See Annex 3 for the examples of practice used to determine how effectively your institution meets the IQR 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 and referencing

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 Programme 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 Programme Managers and briefings for staff [Minutes, Higher Education Development team meeting, 23 July 2019, 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 providers number each paragraph sequentially throughout the document. That is to say, do not start new paragraph numbers for each section.

Referencing evidence

It is vital that the SED identifies the evidence that illustrates or substantiates the narrative.

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.

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.

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

Technical requirements for the SED and supporting evidence	
Overall presentation	<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, and so on.
File naming convention	<p>Only use alphanumeric characters (a-z and 0-9) and the hyphen (-).</p> <p>Do not use:</p> <ul style="list-style-type: none"> the underscore (_), full stops, spaces and any other punctuation marks or symbols as these will not upload successfully use the same terminology and file names throughout the SED and evidence. For instance, it is confusing when an item of evidence called the Quality Handbook is also referred to as the Handbook for Quality and Standards, or the Higher Education Quality Handbook. Include page and paragraph numbers in your SED use separate files for your evidence documentation and please <u>do not</u> collate them into a single PDF document number files in a three-digit, linear sequence, starting with 001 submit evidence in a flat structure (that is, all files together, with no subfolders or zipped files) with documents clearly labelled only use alphanumeric characters (a-z and 0-9) and spaces in file names. No other punctuation marks are allowed. This is important as the document system will not accept file name with characters such as &, " + keep file names as short as possible (128 characters maximum).
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.

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 program 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, programs 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-Program Information Webpage).

Detailed program and course information is available in the University Catalogue posted on the website, which contains the following: Program details, Course information, PLOs, CLOs, 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 programs, enrolments (as per programs, campus, division, etc), graduates (as per programs, 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 program/s 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.

Annex 6: Meetings protocol for review visit

This Annex sets out QAA's protocol for review team meetings with representatives of your institution when undergoing IQR. The availability of time during a review is always limited and it is important the review teams can make best use of the available time in its meetings with staff and students of your institution. QAA has many years' experience of running review meetings and this protocol is based on that experience. We respectfully ask your institution to abide by this protocol when undergoing IQR.

- A schedule of meetings is agreed in advance of the review visit. Any suggested changes that are proposed during the review visit should be discussed between the QAA Officer and your institutional 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 eight 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 provide a room for each meeting that can comfortably accommodate the number of people attending sitting at a table.
- It is not usual for there to be presentations during meetings. Meetings are question and answer sessions. An exception may be made in the case of the first meeting the team holds with your institution, but any presentation should be agreed in advance with the QAA Officer and should be brief (for example, 15 minutes).
- All meetings during the review are led by QAA. Each meeting will be chaired on a rotational basis by a member of the review team.
- Meetings will start on time and will not be extended beyond the end time published in the review timetable. A meeting may finish earlier than the published end time.
- Name plates should be provided for all meeting attendees including the review team. These should include name and job title, or course title in the case of students.
- The QAA Officer (or their appointee) will keep the record of the meeting and will be the only person using a laptop.
- No laptops or tablets should be used during in-person meetings. Mobile phones should be switched off prior to attending the meeting. This ensures that everyone's full attention is on the meeting.
- 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 of your institution should be briefed not to interrupt a meeting when it is in progress.
- No food or drinks, other than water should be served during the meeting. It is important that the review team, institution staff and students should be able to concentrate on the meeting.

- 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 of your institution. If a student is also a member of staff, he or she should not attend meetings the review team holds with students.

Annex 7: Guidance on producing an action plan

Background

Following the IQR, 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 forward and, by extension, continue 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, and so will promote greater confidence among students and other external stakeholders about the quality assurance of higher education at the provider.

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 your 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 your 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; 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 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.

Annex 8: 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.

Accreditation Panel

A group of external and internal experts who consider reports made by IQR teams and who make decisions about whether an organisation is awarded accredited status.

Action plan

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

Annual monitoring

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

Collaborative arrangement

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

Degree-awarding body

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

Desk-based analysis

An analysis by the review team of evidence, submitted by the institution, that enables the review team to identify its initial findings and subsequently supports the review team as it develops its review findings.

Enhancement

See **Quality enhancement**

European Standards and Guidelines

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

Examples of practice

A list of policies and practices that a review team may use when considering the extent to which an institution meets the standards for review. The examples should be considered as a guide only, in 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 standards/ the standards for International Quality Review

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

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

Mid-cycle review

A review by QAA Officers, two to three years after the IQR, of how the institution has responded to IQR 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.

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 accreditation logo

A graphic provided by QAA under licence to institutions that have successfully completed an IQR and have been accredited by QAA's Accreditation Committee.

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

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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