



Educational Oversight Review

Guidance for Providers

Draft for Consultation

March 2024

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Introduction

Overview

1 Educational Oversight Review (EOR) was first introduced in summer 2024. It draws upon QAA's experience, honed over more than a quarter of a century, of conducting external reviews of providers in the UK and beyond. Comparability with other UK methods is achieved through the use of recognised reference points in the sector, the use of peer reviewers that are trained and supported in conducting reviews, and through our internal quality assurance mechanisms to ensure consistent judgements and outcomes. It supports our work on behalf of the sector to protect the global reputation of UK higher education.

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

The Educational Oversight Review is a method that QAA offers:	
A	Primarily, for providers required to obtain educational oversight as directed by the Home Office for the purposes of a Student Sponsor Licence for higher education provision and includes those who are: <ul style="list-style-type: none">➤ in England and not eligible to register with the Office for Students¹➤ not reviewed by QAA through one of the reviews that QAA undertakes on behalf of funders and regulators in Scotland, Wales or Northern Ireland²➤ in Wales and do not hold specific course designation.
B	For higher education providers: <ul style="list-style-type: none">➤ seeking specific course designation in Northern Ireland➤ seeking specific course designation in Scotland, where they have been advised their higher education provision should be reviewed by QAA for that purpose³➤ based outside of Wales, but seeking specific course designation in Wales⁴
C	For any other higher education provider in the UK - that is not a higher education provider in England that has been refused registration by the Office for Students - that wishes to have a review by QAA and is not eligible for one of QAA's other review methods.
In this document, we refer to these as category A, B, and C providers respectively	

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

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

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

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

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

4 This document intends to give higher education providers the information needed to understand how the review will be conducted and the activities that will take place as part of the review. As such, it forms the terms of reference for what is expected of the provider and from QAA during the process.

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

Table 1: Provider types requiring Student Sponsor Licence

Home Office guidance description	QAA guidance
Overseas higher education institution (HEI)	Providers based outside of the UK, operating their own provision in the UK that does not meet the Home Office's definition of a short-term study abroad programme ⁵
Private provider (alternative provider) – higher education provision or predominantly higher education provision	Providers in Scotland or Northern Ireland, and providers in Wales that do not need a review for the purposes of specific course designation. This includes providers operating as 'third-party' study abroad providers offering courses for overseas HEIs.
Embedded college offering pathway courses	Providers that are part of a network of providers based in England offering pathway colleges, should determine whether they meet the definition of an English higher education provider as set out in the <i>Higher Education and Research Act 2017</i> , and therefore will need to register with the Office for Students. We consider that providers in Scotland, Wales and Northern Ireland of this type are likely to be eligible for this method.

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

Components of the Educational Oversight Review

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

Table 2: Summary of applicable components by provider type

Provider type	FSMG component	Core component	Full component	Monitoring component
Overseas HEIs offering courses that do not meet the Home Office definition of short-term study abroad provision (Category A providers)	Yes	No	Yes	Yes
Private provider offering higher education courses where the student can achieve a complete qualification at Level 4, 5 or 6, or equivalent, of the FHEQ and seeking a Student Sponsor Licence (Category A providers)	Yes	No	Yes	Yes

Provider type	FSMG component	Core component	Full component	Monitoring component
Private provider offering only short-term, study abroad provision (Category A providers)	Yes	Yes	No	Yes
Embedded college offering pathway courses (Category A providers)	Yes	Yes	No	Yes
Provider seeking specific course designation only (Category B providers)	No	No	Yes	Yes
Other providers (Category C providers)	No	No	Yes	Yes

FSMG component

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

8 In terms of financial sustainability, the provider will need to give assurances that it:

- has adequate cash flow to stay solvent (that is, has sufficient liquidity to pay its debts as they fall due)
- has an adequate balance sheet (that is, maintain a net total assets position and not incur deficits if these would result in a net liabilities position).

9 In terms of management and governance, the provider will need to demonstrate the management oversight and corporate governance arrangements in place at the provider. This should include a description of any board of governors and trustees, and any committees (for example, audit committee, finance committee) that provide oversight of the provider and independent challenge to the senior management. This should also include arrangements that provide assurance over the internal control environment at the provider (for example, internal audit, external audit) and include any recent or planned changes to the corporate governance arrangements. The provider should include information on terms of

reference, membership and frequency of boards and committees, and, where possible, flowcharts of the interaction of these bodies. In terms of management and governance, the applicant will be assessed against the appropriateness of these arrangements against statutory requirements, compliance with its own memorandum and articles of association, and any good practice that it follows.

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

11 From time to time, there may be a legitimate reason that a category A provider may consider it could be exempted from the FSMG requirements - this will need to be agreed with both QAA and UK Visas and Immigration.

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

Core component

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

14 The review activity that will take place within the Core component will be varied according to the context of the institution and the complexity of its higher education provision. For example, a smaller institution offering a single subject will likely only require a shorter review visit than a provider offering a significant number of subject areas over a range of different delivery sites.

Full component

15 The Full component is a review of the provider's arrangements for maintaining the academic standards and quality of the courses it offers against the full set of principles contained within the UK Quality Code for Higher Education (2024 revision). This will therefore also meet the Home Office requirements and will also assess a provider against a common UK framework.

16 The review activity that will take place within the Full component will also vary according to the context of the institution and the complexity of its higher education provision.

Monitoring component

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

18 For category A providers, there are more significant monitoring requirements, in that for certain changes of circumstances the provider is required to notify QAA within 28 days, which will trigger a monitoring visit.

19 More details regarding monitoring can be found on pages 29-33.

Common features

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

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

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

23 In the Core and Full components, we will also be looking for examples of enhancement that you have undertaken with regard to your higher education provision. For the purposes of EOR, we define enhancement as **using evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience**. It is recognised that enhancement takes place at multiple levels within a provider and in a range of ways. Enhancement may involve continuous improvement and/or more significant step-changes in policy and practice to improve the effectiveness of the student learning experience. It may involve the whole provider in a change or innovation at programme or departmental level.

24 We are particularly interested in your strategic intentions and plans for enhancement that take account of the diversity of your provision (student population, location, modes and levels of study) and will explore the impact of the planned changes on the student experience as part of the review.

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

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

27 Table 3 is applicable for Category A providers who are subject to the Core component only.

Table 3: Mapping of the Home Office requirements to the Quality Code (Core component)

Requirement 1: The setting and/or maintenance of academic standards by the provider	
Quality Code - Sector-Agreed Principle	Key Practices
<p>Sector-Agreed Principle 1: Taking a strategic approach to managing quality and standards</p> <p><i>Providers demonstrate they have a strategic approach to securing academic standards and assuring and enhancing quality and standards that is embedded across the organisation</i></p>	<ul style="list-style-type: none"> a Academic standards and the quality of the student learning experience are the responsibility of each provider. Degree-awarding bodies have particular responsibilities for the qualifications offered in their name. b The strategic approach is employed wherever and however provision is delivered and is embedded in the culture and practices of providers. c The strategic approach aligns with providers' policies and practices on equity, equality, diversity and inclusion for students and staff. d The strategic approach is published and supported by a comprehensive and transparent governance framework that is communicated clearly and is accessible to staff, students and external stakeholders. e The strategic approach is monitored, evaluated, and enhanced on a regular basis. f External expertise is a key element of the strategic approach to managing quality and standards.
<p>Sector-Agreed Principle 7: Designing, developing, approving and modifying programmes</p> <p><i>Providers design, develop, approve and modify programmes of study to ensure the quality of provision and the academic standards of awards are consistent with the relevant national qualifications frameworks. Providers ensure their provision and level of qualifications are comparable to those offered across the UK and, where applicable, The Framework of Qualifications for the European Higher Education Area.</i></p>	<ul style="list-style-type: none"> a All programmes meet academic standards that are consistent with national frameworks and comparable across the UK and, where applicable, The Framework of Qualifications for the European Higher Education Area. b A definitive set of documents are produced from the design, development, approval and modification processes, which are held securely and act as the primary source of information about each programme. c The award received, and how outcomes of study are recorded and certificated, is made clear to all stakeholders involved in the teaching, learning and evaluation of the programme. d Policies and processes that support the design, development, approval, modification and review of programmes are published on the providers' website and are easily accessible to key stakeholders. e External engagement and evaluation form a component part of the design, development, approval and modification process.

Requirement 2: The provision of learning opportunities by the provider	
Quality Code - Sector-Agreed Principle	Key Practices
<p>Sector-Agreed Principle 11: Teaching, learning and assessment</p> <p><i>Providers facilitate a collaborative approach to shaping a learning experience that enables students to have a high-quality experience and progress through their studies. All students are supported to develop and demonstrate academic and professional skills and competencies. Assessment employs a variety of methods, embodying the value of academic integrity, producing outcomes that are comparable across the UK and recognised globally.</i></p>	<ul style="list-style-type: none"> a Learning and assessment align to ensure students can demonstrate their potential and reflect on and reinforce their prior learning, skills and knowledge. b Students are clear about the intended modular and programme learning outcomes and the purpose of assessment, and they are enabled to use feedback to support further learning. c Staff involved in facilitating learning and supervising research are appropriately qualified, supported and trained to deliver a high-quality learning experience, as well as being actively enabled to enhance their learning and supervisory practice. d Students are enabled and encouraged to take responsibility for their own learning and to take an active role in shaping and enhancing the learning process. Providers offer ongoing advice and guidance about academic integrity to ensure that students and staff understand what is expected of them. e As students move through their learning journey they are given the opportunity and support to transition effectively between academic levels, recognising the progression they have made and the steps they need to take to achieve their potential. f Providers design assessments that are appropriate, fair, reliable, accessible and inclusive. Where possible, and sustainable, students are offered different options for undertaking assessments to promote accessibility and inclusion. g Providers work in partnership with staff and students to establish coherent approaches to technology in teaching, learning and assessment (such as Generative Artificial Intelligence). h Research degrees are delivered in supportive environments that are conducive to learning and research with effective supervision arrangements. Learning and teaching at all levels is informed by research and/or scholarship.

Requirement 3:	
The enhancement of the quality of students' learning opportunities by the provider	
Quality Code - Sector-Agreed Principle	Key Practices
<p>Sector-Agreed Principle 4: Using data to inform and evaluate quality</p> <p><i>Providers collect, analyse and utilise qualitative and quantitative data at provider, departmental, programme and module levels to inform decision-making with the aim of enhancing practices and processes relating to teaching, learning and the wider student experience.</i></p>	<ul style="list-style-type: none"> a A consistent, coherent and evidence-informed approach for the collection, storage and management of data is employed across the provider. The provider makes explicit the type and level of data utilised (such as departmental, programme, module level) and the policies and processes that underpin its use in the maintenance of academic standards and the assurance and enhancement of quality. b Staff and students are aware of the types of data gathered and how it is stored and used in the management of quality and standards. c When designing and implementing monitoring and evaluation arrangements, staff and students take account of ethics and data protection requirements when gathering and submitting data for national data sets, regulatory purposes, and internal monitoring and evaluation. d Staff who are required to collect, manipulate and analyse data for reporting and quality enhancement purposes receive training that enables them to undertake these activities effectively. e Providers in partnership arrangements (including the student representative body, where applicable) ensure data sharing agreements and reporting requirements are clearly stated, understood and reviewed periodically. f Data is collected and analysed in ways that enable providers to understand and respond to the needs of their student populations, promoting equality, diversity and inclusion.
<p>Sector-Agreed Principle 5: Monitoring, evaluating and enhancing provision</p> <p><i>Providers regularly monitor and review their provision and the underpinning policies, processes and practices to secure academic standards and quality. Deliberate steps are taken to engage and involve students, staff and external expertise in monitoring and evaluation activity. The outcomes and impact of these activities are considered at provider level and</i></p>	<ul style="list-style-type: none"> a Providers agree strategic principles for monitoring and evaluation to ensure processes are applied systematically and operated consistently. b The method for monitoring and evaluation activity are documented to clarify their aims, objectives, intended actions and targets. They are explicit about how they will be conducted, the nature of the evidence (data) to be considered and the form of reporting, along with key indicators of success. c Staff and students are engaged in monitoring and evaluation activities and receive appropriate training and support to undertake them.

<p>conveyed to the governing body to drive reflection and enhancement across the provider.</p>	<ul style="list-style-type: none"> d The actions and outcomes from monitoring and evaluation activities are communicated in an accessible to staff, students, the governing body and external stakeholders. e Improvements and enhancements that have been implemented as a result of monitoring and evaluation are, in turn, monitored and evaluated to ensure their impact is positive and remains fit for purpose. f Monitoring and evaluation activity facilitates providers' insights and promotion of equality, diversity and inclusion. g Programmes are monitored and reviewed regularly by internal and external peers, employers and students, in line with the provider's strategic approach to quality and standards and that of the relevant professional bodies.
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Requirement 4:	
The provision of information to students by the provider	
Quality Code - Sector-Agreed Principle	Key Practices
<p>Sector-Agreed Principle 9: Recruiting, selecting and admitting students</p> <p><i>Providers operate recruitment, selection and admissions processes that are transparent, fair and inclusive. Providers maintain and publish accurate, relevant and accessible information about their provision, enabling students to make informed choices about their studies and future aspirations.</i></p>	<ul style="list-style-type: none"> a Policies and procedures for application, recruitment, selection and admission to programmes are reliable, fair, transparent and accessible, including processes for the recognition of prior learning. b Information provided to prospective students and their advisers for recruitment and widening access purposes supports them in making informed decisions. c Providers meet their regulatory obligations in relation to the information presented about themselves and their programmes of study. d Staff, student representatives and external partners engaged in the delivery of recruitment, selection, admissions and widening access processes are appropriately trained and resourced. e All teams involved in the application, selection and admissions processes ensure information about the applicant journey is consistent and clear. Specific elements of the selection process are clearly defined and any programme changes that can impact decision making are communicated swiftly and consistently to enable all parties to exercise informed choice.

<p>Sector-Agreed Principle 10: Supporting students to achieve their potential</p> <p><i>Providers facilitate a framework of support for students that enables them to have a high-quality learning experience and achieve as they progress in their studies. The support structure scaffolds the academic, personal and professional learning journey, and enables students to recognise and express their progress and achievements.</i></p>	<ul style="list-style-type: none"> a Accessible, relevant, accurate and timely information is offered to students and other key stakeholders throughout the learning journey about the provider, programme of study, wider opportunities for development and availability of support services. b Students are supported at key transition points throughout their journey, with their specific needs and requirements met, and their particular pathways into learning recognised c Students, staff and those supporting student progression are aware of the ongoing academic, professional and pastoral services and activities available, and students are encouraged to access these opportunities throughout their learning journey. d Staff are appropriately qualified, trained and supported to deliver high-quality learning and support for all students, including those with specific needs and requirements. e Activities offered outside the formal curriculum are recognised as beneficial for promoting students' sense of belonging, as well as providing opportunities for students to broaden their skills and achievements, complementing their formal studies..
<p>Sector-Agreed Principle 12: Operating concerns, complaints and appeals processes</p> <p><i>Providers operate processes for complaints and appeals that are robust, fair, transparent and accessible, and clearly articulated to staff and students. Policies and processes for concerns, complaints and appeals are regularly reviewed and the outcomes are used to support the enhancement of provision and the student experience.</i></p>	<ul style="list-style-type: none"> a Policies and processes for concerns, complaints and appeals are accessible, robust and inclusive, and enable early resolution wherever possible and include information relating to recruitment, selection and admission. b Concerns, complaints and appeals policies and procedures, including information about them, are clear and transparent to students, those advising them and those implementing the processes. Formal and informal stages of the processes are clearly articulated. c Providers meet the national and (where applicable) international requirements of external bodies with responsibility for hearing or overseeing concerns and complaints. d Actions resulting from concerns, complaints and appeals are proportionate and enable cases to be resolved as early as possible. e Processes for concerns, complaints and appeals are monitored and reviewed to ensure they promote enhancement throughout the provider and operate as intended, to the benefit of students and staff. f Outcomes from concerns, complaints and appeals are used to develop and enhance the

	teaching and learning and wider student experience.
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Requirement 5:	
The suitability of teaching staff, taking into account whether pre-appointment checks have been carried out on staff where they will be teaching students under the age of eighteen or any vulnerable adults	
Quality Code - Sector-Agreed Principle	Key Practices
<p>Sector-agreed Principle 3: Resourcing delivery of a high-quality learning experience</p> <p><i>Providers plan, secure and maintain learning, technology, facilities and human resources to enable the delivery and enhancement of an accessible, innovative and high-quality learning experience for students that is in line with the provider's strategy and the composition of the student body.</i></p>	<ul style="list-style-type: none"> a Strategic and operational plans, along with resources, align with the student journey and are designed and implemented to support a positive student experience and enable student achievement. b Providers ensure they have dedicated and accessible human, digital and physical resources to support and enhance the delivery of their programmes, and the well-being of students and staff. c Resources are reviewed and updated in alignment with strategic and programme developments, as well as staff and student recruitment. This also ensures relevance to the workplace and the wider academic discipline.. d Resources are allocated to ensure that staff receive ongoing professional development to support and enhance the delivery of a high-quality and innovative student learning experience. e Processes and activities to support the management of academic standards and quality enhancement are appropriately resourced to meet strategic, operational and regulatory objectives and requirements. f The creation, development and maintenance of accessible learning environments (physical and virtual) offer all students the opportunity to be engaged in their learning experience and facilitates a sense of belonging.

Requirement 6: The suitability of the premises for teaching, having regard to the number, age and needs (including any special needs) of students	
Quality Code - Sector-Agreed Principle	Key Practices
<p>Sector-agreed Principle 3: Resourcing delivery of a high-quality learning experience</p> <p><i>Providers plan, secure and maintain learning, technology, facilities and human resources to enable the delivery and enhancement of an accessible, innovative and high-quality learning experience for students that is in line with the provider's strategy and the composition of the student body.</i></p>	<ul style="list-style-type: none"> a Strategic and operational plans, along with resources, align with the student journey and are designed and implemented to support a positive student experience and enable student achievement. b Providers ensure they have dedicated and accessible human, digital and physical resources to support and enhance the delivery of their programmes, and the well-being of students and staff. c Resources are reviewed and updated in alignment with strategic and programme developments, as well as staff and student recruitment plans. This also ensures relevance to the workplace and wider academic experience. d Resources are allocated to ensure that staff receive ongoing professional development to support and enhance the delivery of a high-quality and innovative student learning experience. e Processes and activities to support the management of academic standards and quality enhancement are appropriately resourced to meet strategic, operational and regulatory objectives and requirements. f The creation, development and maintenance of accessible learning environments (physical and virtual) offer all students the opportunity to be engaged in their learning experience and facilitates a sense of belonging.

28 Table 4 is applicable for category A, B and C providers who are subject to the Full component of EOR. The table includes the remaining Sector-Agreed Principles which, along with those illustrated above, will form the basis for which providers will be assessed against.

Table 4: Remaining Sector-Agreed Principles Quality Code (Full component)

Sector-Agreed Principle 2: Engaging students as partners	
Description	Key Practices
<p><i>Providers take deliberate steps to engage students as active partners, individually and collectively, in the design, development, assurance and enhancement of the student teaching experience at all levels of study and across the governance framework.</i></p>	<ul style="list-style-type: none"> a Student engagement through partnership working is strategically-led, student-centred and integral to the culture of providers. b Student engagement and representation activities are clearly defined, communicated, resourced and supported. Transparent arrangements are in place for the collective student voice to be heard and responded to. c Providers demonstrate effective engagement with students, ensuring any representative groups or panels reflect the diversity of the student body. Students understand that their voice has been listened to and are aware of how their views have impacted the assurance and enhancement of the student experience. d Student engagement opportunities and processes are inclusive of students' characteristics and responsive to the diversity of each provider's student population. They involve student representative bodies, where applicable. e Providers and student representative bodies, where such bodies are in place, recognise and celebrate the contribution of students to the enhancement of teaching and learning and the wider student experience. f Students are enabled and encouraged to engage actively in the academic governance and enhancement of the wider student experience beyond the formal curriculum.

Sector-Agreed Principle 6: Engaging in external review and accreditation	
Description	Key Practices
<i>Providers engage with external reviews to enable external evaluation of the effective implementation of their strategic approach to securing standards and assuring and enhancing quality. Reviews and accreditation activity include staff, students and peers. They can be undertaken by representative organisations, agencies or professional, statutory and regulatory bodies (PSRBs) with recognised sector expertise according to the provision being reviewed.</i>	<ul style="list-style-type: none"> a External review, whether voluntary or required by national quality frameworks, is built into the provider's strategic approach and aligns to internal quality and standards review activity. b Providers recognise that external review and accreditation can act as a catalyst for ongoing improvement and strategic enhancement of the student learning experience. Also, that it promotes reflection and evaluation and followed by implementation of the associated actions. c Providers acknowledge and support the expertise and resource required to participate in external review and accreditation. d Providers who engage in external review understand the UK national regulatory and legislative context in which they operate and the different approaches, forms and focus they may take. Providers may engage colleagues with international expertise, in addition to those familiar with UK requirements. e Providers understand the requirements and process for external reviews that may be required by regulators in partner delivery locations.

Sector-Agreed Principle 8: Operating partnerships with other organisations	
Description	Key Practices
<i>Providers and their partners have proportionate arrangements with effective governance to secure the academic standards and enhance the quality of programmes that are delivered in partnership with others. Organisations involved in partnership arrangements agree and communicate the mutual and specific responsibilities in relation to delivery, monitoring, evaluation and enhancement of the learning experience.</i>	<ul style="list-style-type: none"> a Where academic provision is delivered through partnership, all partners agree, understand, communicate and take responsibility for the maintenance of academic standards and enhancement of quality. b Providers are aware that working in partnership with other organisations will involve different levels of risk. Due diligence processes are completed in accordance with each provider's approach to minimising risk, maintaining academic standards and enhancing quality. c Written agreements between partners are signed prior to the start of a programme and cover the lifecycle of the partnership, including details about closing a partnership early. d Providers and their partners ensure compliance with the regulatory and legislative requirements of the countries in which they work and maintain an awareness of the cultural context in which they operate. e Providers maintain accurate, up-to-date records of

	<p>partnership arrangements that are subject to a formal agreement.</p> <p>f Partnerships are subject to ongoing scrutiny that includes regular monitoring, evaluation and periodic review to assure quality and facilitate enhancement.</p>
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Aims and objectives of Educational Oversight Review

- 29 The overall aims of EOR are to inform stakeholders as to whether a provider:
- sets and maintains the academic standards of the qualifications it offers in line with UK expectations if it is a degree-awarding body or organisation
 - maintains the academic standards of the qualifications it offers on behalf of its degree-awarding bodies and/or other awarding organisations
 - provides learning opportunities which allow students to achieve the relevant awards and qualifications.

Provision to be considered by the review

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

- programmes of study leading to awards at Level 4-8 of *The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland* (FHEQ); and Level 7-12 of *The Framework for Qualifications of Higher Education Institutions in Scotland* (FQHEIS)
- programmes of study leading to awards at Level 4-8 of the Regulated Qualifications Framework (see Ofqual register)⁶
- any other programmes that students on a Student Sponsor Licence may study
- integrated foundation-year programmes that are designed to enable entry to a specified degree programme or programmes on successful completion
- pathway provision that is designed to prepare students for higher education programmes - typically equivalent to Level 3 of the Regulated Qualifications Framework (RQF).

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

Key stages of the full review year

31 Approximately 8-10 weeks before review activity commences, you will be informed by QAA of the proposed visit dates and schedule for your review. Details of the review fee will also be included. You will be asked to confirm your acceptance of the review schedule and, in addition, complete a provider information form.

32 The EOR will always include the following sequential stages:

Indicative working weeks	Activity
Week 0	<ul style="list-style-type: none"> QAA informs provider of proposed review team and the name of the QAA Officer coordinating the review
+1 week	<ul style="list-style-type: none"> Provider confirms agreement of review team after checking for potential conflicts of interest
+4 weeks	<ul style="list-style-type: none"> Preparatory meeting between QAA Officer and provider Category A providers only - submit FSMG documentation Providers pay review fee
+9 weeks	<ul style="list-style-type: none"> Provider uploads self-evaluation and supporting evidence to QAA's electronic folder Lead student representative uploads student submission Review team begins an initial analysis
+11 weeks	<ul style="list-style-type: none"> QAA Officer informs provider of any requests for additional documentary evidence
+13 weeks	<ul style="list-style-type: none"> Provider uploads additional evidence Team conducts further analysis
+15 weeks	<ul style="list-style-type: none"> Team holds first team meeting to discuss the initial analysis and agree the programme for the review visit
+16 weeks	<ul style="list-style-type: none"> QAA Officer informs provider of: <ul style="list-style-type: none"> the team's main lines of inquiry who the team wishes to meet any further requests for documentary evidence
+19 weeks	<ul style="list-style-type: none"> Review visit
+20 weeks	<ul style="list-style-type: none"> QAA Officer sends key findings letter to provider (copied to the Home Office for category A providers)
+24 weeks	<ul style="list-style-type: none"> QAA sends draft review report to provider and lead student representative
+26 weeks	<ul style="list-style-type: none"> Provider (including lead student representative) review draft report to check for any factual inaccuracies
+27 weeks	<ul style="list-style-type: none"> QAA confirms final report; if the report contains negative judgements - provider considers whether it intends to appeal
+29 weeks	<ul style="list-style-type: none"> QAA publishes report
+31 weeks	<ul style="list-style-type: none"> Provider submits action plan for review by QAA
+41 weeks	<ul style="list-style-type: none"> Provider publishes its action plan on its website

Review process

What is the application process?

33 Applicants for an Educational Oversight Review (EOR) by QAA should see this as the start of a long-term relationship. EOR involves a full QAA review normally followed by three years of monitoring, before the cycle begins again.

34 All providers are encouraged to contact QAA for an informal enquiry and scoping discussion. In this meeting, we will discuss with you the reasons you are seeking the review (that is, which of the three categories of providers set out in this guidance you consider is applicable to you) and provide an opportunity for you to ask any questions. Please contact UKServices@qaa.ac.uk to arrange a discussion.

35 Providers that we determine fall into category A or B will be asked to complete an application form to ensure we capture the information we need to progress your application. There is no application fee for providers in these categories.

36 For providers in category C, there will be a separate application process. This is because we need to understand more about the reasons you are seeking a review and the characteristics of you as a higher education provider, if you do not intend to enter into the other routes that have other forms of regulatory oversight. There is an application fee under this category due to the extra scrutiny work required by QAA. Providers that satisfy the application criteria will then progress onto the review process.

37 For all providers, the application form must be submitted to QAA electronically as a Word document to applications@qaaacuk.onmicrosoft.com with supporting documents as necessary. For category C providers, we will only consider your application after we have received your application fee. We will provide you with individual instructions regarding how to make this payment.

38 QAA will use the application form for educational oversight to determine the components of your EOR and develop a schedule of review activity, including making decisions about the length of the review visit and whether any particular specialist assessors are required. For category A providers, we will also use the information in the form to share information with the Home Office regarding providers seeking educational oversight.

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

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

Fees for an Educational Oversight Review

41 We update our fee schedule for the Educational Oversight Review on an annual basis.

What happens after we have submitted an application?

42 Our detailed engagement with you regarding the full review process is likely to be soon after your application for an EOR is received (and, for category C providers - has been accepted); or, for existing providers, in the year before your full review is due, or when, following a monitoring visit, we determine a full review is required. We will write to tell you the dates of the review visit and the size of the review team. You will be asked to confirm that you are not aware of any conflicts of interest with members of the review team. We will also supply you with the dates that we will require you to submit a self-evaluation document, and associated evidence. We will use this information to conduct an initial analysis (as explained further below).

43 We recommend that, as early as possible, you begin to use the review briefing material available in this handbook to prepare for the review process. Guidance on the preparation of the self-evaluation document (SED) and the student submission are available separately from QAA, including further guidance for facilitators and lead student representatives. Once you know the date of your review, we will expect you to disseminate this information to your students and tell them how they can engage with the process through the student submission.

Who will conduct the review?

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

45 The review is carried out by teams of peer reviewers, who are staff with senior-level expertise in the provision, management and delivery of higher education; or students with experience in representing students' interests.

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

47 Once we have identified a team, we will send you details of the selected reviewers and ask you to confirm that there are no conflicts of interest - for example, any previous associations with the individuals concerned which may conflict with their duties as members of the team. Further information on our approach to conflicts of interest is available at Annex 3.

How will we communicate during the review?

48 The QAA Officer will coordinate the review process, support the review team and act as your primary point of contact. The QAA Officer can provide advice about the review process but cannot act as a consultant for your preparation for the review. You are welcome to contact your named officer throughout the review to ask questions and/or seek clarification on the process.

49 At the point of application, we will ask you for a named 'facilitator' to act as the main point of contact for your institution. The facilitator helps to organise and ensure the smooth

running of the review and improve the flow of information. The development of an effective working relationship between the officer and your institutional facilitator helps to avoid misunderstandings of what is expected of you and ensure clarity on the nature and scope of your provision. Further details about the role of the QAA Officer and the facilitator can be found at Annex 3.

How are students involved in the review?

50 Students are among the main beneficiaries of external quality assurance and therefore have opportunities to inform and contribute to the process throughout. As noted above, all review teams will include a student reviewer who is a full and equal member, contributing in the same way as other members of the team.

51 We encourage you to involve your students in the preparations for review, including assigning a lead student representative, working with students to co-create your self-evaluation document and your follow-up action plan.

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

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

54 We will expect to meet students and their representatives during the review visit. At least one meeting with students will be held without any of your staff present. It is anticipated that other meetings may be joint engagements that allow students and staff to inform the team of their role and/or experience in the enhancement initiatives noted in your self-evaluation. Wherever possible, we would encourage you to work with your representative student body in selecting the students to meet the team. We would expect the students we meet to represent the diversity of your student population in terms of the courses studied, the learning locations and method of learning (for instance, remote or on campus) and length of study undertaken to date.

What support is available to help you prepare?

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

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

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

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

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

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

What do you need to produce?

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

61 We may also compile information about you from publicly-available sources, including information that is available on your website, to provide to the review team.

What evidence will you need to provide?

62 The evidence you provide must be relevant to the areas of the Quality Code we are reviewing; it must be appropriate to whether you are being reviewed under the Core component or the Full component. It should be drawn from the documentation that you routinely produce in the course of your own quality assurance procedures. With the exception of the self-evaluation, we do not expect you to create any new materials specifically for the review. Review teams will be particularly interested in how you make use of data and the evidence routinely available to you to assure, revise and enhance your provision.

63 In addition to your submission, we may ask for additional information to be supplied

and will obtain oral testimony from a range of stakeholders through meetings conducted during the review visit. We will use all the evidence produced to test the operation of your approach and the claims made in your self-evaluation.

How and when should evidence be provided?

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

65 The QAA Officer will contact you throughout the process with any requests for additional information or evidence.⁷ This can happen at any stage although, typically, you should expect to receive requests from the team at two stages: firstly, after the team has conducted its initial desk-based assessment of your self-evaluation; and secondly, in advance of the scheduled visit, once the team has considered any additional information or evidence received.

66 During the visit, the team may also ask for further documents that are referred to in meetings, and you may wish to draw additional information or evidence to the attention of the team in light of the discussions held. Your QAA Officer will specify the point at which no further evidence can be accepted by the team, which will be after the final meeting with stakeholders and before the team convenes to consider its judgements.

67 Requests for information and evidence will always be kept to the minimum required to make reliable and sound judgements, and you can always seek clarification and/or explanation from your QAA Officer on the requests made. We seek to ensure that all requests are specific, proportionate and reasonable - for example, minutes of a specific meeting - to assist you when responding.

What is the initial analysis?

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

What is the review visit?

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

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

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

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

How should you prepare for the visit?

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

73 Around four weeks before the visit, the team will meet privately to discuss initial findings from the analysis of your submission and to determine its preferred schedule of meetings for the visit. At this stage, the team will also identify the lines of inquiry that it wishes to pursue at the visit - these will normally be areas where the team is unable to confirm that you have met the particular criteria at this stage, potential good practice and/or areas to explore with regard to your approach to enhancement. Further evidence may also be requested. The first team meeting allows the team to:

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

74 Shortly after the team has met, the QAA Officer will send you a request for additional evidence and the proposed schedule, and seek your comments on the latter. The schedule will include the team's preferred order of meetings and the participants requested for each. The QAA Officer will work with your facilitator to advise on the arrangements required. The facilitator will be responsible for arranging the necessary meetings, ensuring they start on time, and that the agreed participants attend.

75 It is expected that most meetings during the visit will be conducted face-to-face. However, certain meetings can be conducted online for reasons of accessibility and inclusivity - for instance, meetings with collaborative partners that are geographically dispersed or with students that are unable to travel or who study remotely. We wish to reduce our carbon footprint where possible and so are open to discussion regarding a possible combination of onsite, online and hybrid meetings for the visit.

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

How is the visit conducted?

77 The visit will last between one and five days according to our assessment of the scale of review activity required. The length of visit will be determined by the scale and complexity of your academic provision in order to accommodate the range of stakeholder meetings required; if you have considerable variability in the type of programmes offered and/or have several collaborative partnerships, you are likely to require a longer visit.

78 The team will visit your institution onsite for a specified number of consecutive days to meet with stakeholders. Meetings held during the visit are likely to involve face-to-face meetings and may include meetings where some or all participants attend via the use of video-conferencing software. Where you have multiple sites of delivery, the onsite visit will always be held at a single delivery location. Exceptionally, we may consider conducting the whole visit online where this is considered appropriate - such as for providers who operate exclusively online or for exceptional cases where extreme weather and/or significant travel

disruption make it unfeasible to attend in person. Fully online visits will only be undertaken where we can ensure that the team is in a position to validate the evidence provided and carry out meetings with different stakeholders as it finds appropriate.

What will happen at the visit?

79 The visit is likely to include meetings with academic and professional services staff, including those from partner organisations (where applicable) and employers with which your institution has partnerships. Meetings with your degree-awarding body (where applicable) may be required if these are considered essential for pursuing the lines of inquiry identified and reaching robust conclusions. The team will also ensure that the schedule includes meetings with students. This enables it to gain first-hand information on the experience of learners and on their engagement with your institution's quality assurance and enhancement processes.

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

81 The team will adhere strictly to the schedule, starting and finishing meetings on time. The schedule also allows time for the team to have private team meetings where they can discuss and explore themes identified during the review.

82 The QAA Officer will have regular contact with the facilitator by email and/or through short meetings during the visit to clarify information, discuss further evidence and/or confirm arrangements for upcoming meetings.

83 The visit will include a final meeting between the team, facilitator and other key staff responsible for your quality assurance. This is an opportunity for the team to summarise the main lines of inquiry and issues that it has pursued, and may still be pursuing, and ask final questions. You can also use this opportunity to offer final clarification and/or present evidence that will help the team secure its findings. This meeting will be conducted onsite on the last day. This is not a feedback meeting about the findings of the review.

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

Is there contingency to extend the review visit?

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

When will you know the outcome of the review?

86 Within one week from the end of the visit, the QAA Officer will send you a letter outlining the key outcomes of the review. After a further four weeks you will receive the draft

report which will provide further detail and explanation on the decisions made by the team.

What will the review report include?

87 The review's findings will be decided by the review team as peer reviewers. Once the team has formed its judgements, and these have been considered through our internal quality process, we will send you a copy of the draft report. The report will be written as concisely as possible, while including enough detail to be of maximum use to the provider. The report will contain an executive summary to explain the findings to a lay audience. The report will include the team's judgement, and reasoning for this judgement, against each of the principles of the Quality Code. For category A providers, we will also explicitly highlight whether the requirements of the Home Office for educational oversight have been met, including the FSMG check. The QAA Officer will ensure that the team supports its judgements and findings with sufficient and identifiable evidence that was available throughout the review and that the review report reflects the evidence base.

88 The QAA Officer produces the report using the findings presented to them by the reviewers and QAA retains editorial responsibility for the final text of the report. An outline of the report content is provided at Annex 5.

89 Once you have received the draft report you will be invited to submit any comments you wish to make about factual accuracy or misinterpretations leading from those inaccuracies. The team will consider your response, should you decide to make one, and make any changes it deems necessary before sending you the final version.

What judgements will be made?

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

91 The judgement for each principle will be either:

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

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

For providers assessed against the Core component:

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

For providers assessed against the Full component:

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

93 For these judgements, only a provider that is **fully aligned** will be considered by QAA to have successfully completed a review, and therefore, if a category A provider, have their educational oversight confirmed to the Home Office. Category B and C providers may not claim under any circumstances that they have met the educational oversight requirements of the Home Office, because they will not have undertaken the FSMG component of the EOR.

94 Guidance on how conclusions are reached is provided in Annex 6.

What is considered a successful outcome?

95 The judgements below are considered to be satisfactory judgements:

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

96 The judgements are made by teams of peers by reference to the applicable Sector-Agreed Principles in the Quality Code. Judgements represent the reasonable conclusions drawn by a review team, based on the evidence and time available.

97 The review team may also identify features of good or effective practice, and will make a commendation when it has found an example of practice significantly above sector norms with evident impact and benefit.

98 A review team may also make suggestions to providers for development points - these should not be considered as concerns regarding the higher education provision, but rather things for the provider to consider to support enhancement and continuous improvement.

99 Following receipt of a successful outcome, you are asked to produce an action plan regarding further developments and enhancements you will make to your higher education having considered the findings of the review (detailed further in the section below).

What happens if you receive an unsuccessful outcome?

100 For the judgements below, the review team will make recommendations against each Sector-Agreed Principle that sets out where action is needed:

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

101 You will need to produce an action plan **within four weeks** of receiving the report, outlining the plans the provider has in place to address the recommendations.

102 The review team will consider your action plan to determine, in our professional opinion, whether it is credible and achievable in relation to the issues identified. If considered credible, the review team will determine, depending on the nature of the actions required, whether it will review the changes you plan to make as a result of the action plan, as a future desk-based exercise, or a partial review visit.

103 All actions should be completed in a maximum period of six months from the date we provide you with the report. Once you have completed the actions, you will be required to submit your action plan with associated commentary and supporting evidence that the issues identified by the team have been addressed. The team will conduct either a desk-based assessment or partial review visit, as necessary, to determine whether you now fully meet the Sector-Agreed Principles.

104 The team will then produce an addendum to the final report. If you have satisfactorily addressed the issues, the team will confirm a successful outcome and this will be reflected in the addendum. If the team considers the issues have not been addressed, the review will be considered unsuccessful, and the report and the addendum will be published confirming this outcome. For category A providers, we will notify UK Visas and Immigration that you have failed educational oversight.

105 If you fail to submit an action plan within four weeks of receiving the report or fail to complete the actions within six months of receiving the final report, the team will also conclude that the review outcome is unsuccessful and the original report will be considered final. For category A providers, we will notify UK Visas and Immigration that you have failed educational oversight.

106 If you disagree with these outcomes, then you may appeal in accordance with QAA's Consolidated Appeals Procedure.

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

- the provider **does not meet** the Home Office's quality assurance requirements for educational oversight
or
- the provider **is not aligned** with the Sector-Agreed Principles of the UK Quality Code for Higher Education.

108 For category A providers, we will notify UK Visas and Immigration that you have failed to obtain educational oversight. Where a review outcome is unsuccessful at the end of these processes, a provider will need to start the process again from the beginning in future.

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

109 We have formal processes for receiving complaints about the operation of our services and for appeals against unsuccessful outcomes. The appeals process is incorporated within QAA's Consolidated Appeals Procedure which can be found on the QAA website and details the procedures for submitting appeals, including timelines. Further details of the QAA complaints and appeals procedures are included at Annex 7.

When and where is the report published?

110 Once the report is considered final, it will be published on the QAA website. The report is considered final after you have had the opportunity to comment on factual accuracies at the end of the review (or the end of the extended review period, if applicable) and/or after any changes required due to a successful appeal have been made. You will be notified of the planned date for publication in advance.

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

112 EOR is a cyclical review process and a further review will need to commence within four years of the publication of the initial or previous review report. If you fail to engage in the monitoring process, or in further four-yearly reviews, the report and QAA Quality Mark will be withdrawn from the QAA website and you will no longer be entitled to display the QAA Quality Mark. Only those providers subject to the Full component of EOR will be able to display the QAA Quality Mark following a successful outcome. Providers subject to the Core component will be able to display the 'Reviewed by QAA' Review Graphic under the same terms outlined above.

What is the QAA Quality Mark?

113 The Quality Mark is an electronic badge intended to assure the public that a provider has undergone a review and achieved a successful result through an independent, external quality assurance process. If eligible, you may place the Quality Mark on the homepage of your website, and on other documents, as a public statement of the outcome of your review. We will send through an approved copy of the Quality Mark, together with terms and conditions of use.

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

114 Following receipt of the draft report, we expect you to start working on an action plan. As with the self-evaluation, we would expect students to be involved in the development of your action plan and, where applicable, include plans for areas of enhancement. Future review and monitoring teams will take into account the progress made on the actions from the previous review during the monitoring process.

115 You will have up to six weeks from receipt of the final report to produce an action plan. This plan should indicate the timescale for when you consider the actions will be completed.

If you submit your action plan before this deadline, we will commence our consideration of the plan earlier. We will confirm whether, in our professional opinion, the action plan is fit-for-purpose and provides an adequate basis for you to achieve progress based on the findings of the review.

116 We can provide a template for an action plan if providers would find that helpful, although using a QAA template is not mandatory, and will not influence our opinion on whether the plan is fit-for-purpose. Action plans should follow common principles of good practice in having actions that are smart, measurable, achievable, realistic and time-bound. Once we have accepted a provider's action plan, the provider should publish it on their website.

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

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

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

This applies even if you initially had a successful review outcome.

How can you give feedback on your review experience?

119 We are committed to continuous improvement through the monitoring and evaluation of our review methods. At the end of the review, you will be sent an evaluation form so that we can learn from effective practice and identify the potential for any operational improvements. We also seek feedback from our reviewers and the QAA Officer involved in your review.

120 We conduct internal monitoring to ensure review methods are working effectively and that improvements are made in a timely manner. We will also conduct cyclical effectiveness reviews of the method and evaluate the overall impact of the review method over time. In addition, we will use the final reports generated to undertake thematic analysis that can feed into the broader sector-wide support that QAA undertakes.

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

121 Complaints are separate to appeals and can be made at any time during the process. We have a formal process for receiving complaints about our operation of services. Further details of the QAA complaints process are available at Annex 7.

Monitoring

Why is follow-up activity important?

122 Follow-up activity is an important element of EOR as it enables independent verification on whether the actions identified through the review have been implemented successfully and demonstrates a commitment on your part to external scrutiny of ongoing development and improvement. It provides an opportunity for you to receive feedback on how you are addressing the findings of the full review.

What is the focus of monitoring?

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

124 Category A providers must also submit to QAA notifications of material changes of circumstances throughout the year, within 28 days of any such change taking place. Annex 8 sets out the details of the change that will trigger this process.

What is the annual review process?

125 On an annual basis, providers should submit an annual return to QAA, normally 9-10 months after their previous full or partial review, their last monitoring visit or their last submission of an annual return. QAA will notify providers of the date when the annual return should be submitted.

Notifications of material changes of circumstances

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

127 Following receipt of a notification of a material change of circumstance, QAA will arrange for a monitoring visit to take place as soon as practicable. QAA will determine on a case-by-case basis what evidence submission may be required from the provider before the monitoring visit, taking into account the context of the change of circumstances, and the provider's previous review history.

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

What is included in the annual return?

129 The provider is required to update QAA on:

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

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

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

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

How is the annual return assessed?

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

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

inadequate progress is being made.

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

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

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

137 The potential judgements regarding progress are:

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

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

- there is evidence that material changes in circumstances have occurred or are shortly to occur (see Annex 8)
- QAA has received complaints about academic standards or quality that are being investigated through the EOR Concerns Scheme (see Annex 2)
- there are other serious concerns about the provider's ability to effectively maintain academic standards and/or manage and improve/enhance the quality of learning opportunities.

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

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

- The provider had a full review in the previous year and initially received an unsuccessful outcome that was addressed with an action plan within six months.

- In the previous year, the outcome of the annual return was originally that the provider was making inadequate progress with its action plan (irrespective of the subsequent outcome of a monitoring visit).
- In the previous year, the outcome of a monitoring visit was that the provider was making inadequate progress, and this was addressed by an action plan within three months.
- In this return, the outcome of the annual return is the provider is making inadequate progress.
- Where QAA has received notification (either through the annual return or elsewhere) of issues or concerns that it considers relate to matters of quality and standards, as covered by the Sector-Agreed Principles of the Quality Code, and these require further consideration (irrespective of the provider's progress regarding its action plan).

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

What is a monitoring visit?

142 The standard monitoring visit will last for one day and will normally include meetings with the provider's staff and students. The visit will be conducted online. The monitoring team will normally consist of two people: a QAA Officer and one reviewer.

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

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

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

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

What are the potential outcomes of a monitoring visit?

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

147 An overall monitoring judgement will be graded as follows:

- the provider is making **commendable progress**

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

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

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

Examples:

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

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

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

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

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

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

UK nation	Method	Overview
Scotland	Quality Enhancement and Standards Review	<p>Quality Enhancement and Standards Review (QESR) is our review method for higher education institutions in Scotland for the academic sessions 2022-23 and 2023-24. It forms Phase 1 of a two-phase approach to external institutional quality review which is being developed within the context of a major Scottish Funding Council (SFC) review, Review of Coherent Provision and Sustainability. As a result of this review, SFC is currently working with the Scottish sector to develop arrangements for quality assurance and enhancement of tertiary education which will be implemented from the start of academic session 2024-25.</p> <p>Within Phase 1 of the developing quality enhancement arrangements, QESR focuses on a higher education institution's management of its academic quality and standards and how that institution's processes embed an enhancement-led approach to improving learning, teaching and the wider student experience.</p> <p>QESR also considers an institution's outcome under the previous review method - Enhancement-led Institutional Review (ELIR) - and the subsequent activity to address the findings.</p> <p>More information can be found here: Homepage - Scottish Funding Council (sfc.ac.uk)</p>
Wales	Quality Enhancement Review	<p>Quality Enhancement Review (QER) is the method by which we review higher education providers in Wales as part of the Quality Assessment Framework for Wales. It provides a distinctive approach to institutional review, developed to address the particular context of the higher education sector in Wales.</p> <p>QER provides quality assurance and supports quality enhancement, assuring governing bodies, students and the wider public that providers meet the requirements of the Higher Education Funding Council for Wales (HEFCW). QER assesses providers against agreed baseline regulatory requirements and the European Standards and Guidelines.</p>

Wales	Gateway Quality Review: Wales	<p>On behalf of HEFCW, we undertake Gateway Quality Reviews of higher education providers to test their higher education provision against the baseline quality regulatory requirements in Wales. We also retest the quality aspects of the baseline regulatory requirements at the end of a four-year period, when engaged by the provider to do so.</p> <p>The overall aim of Gateway Quality Review is to provide HEFCW with an expert judgement about the quality assurance of a provider's higher education provision.</p> <p>The Gateway Quality Review is designed to:</p> <ul style="list-style-type: none"> • ensure that the student interest is protected • provide expert advice to ensure that the reputation of the UK higher education system is protected, including the protection of academic standards • identify areas for development and/or specified improvements that will help a provider to meet the baseline regulatory requirements. <p>More information on how HEFCW will use the outcomes of the Gateway Quality Review can be found on HEFCW's website.</p>
Northern Ireland	TBC	TBC

Annex 2: QAA EOR Concerns Scheme

As well as undertaking reviews of alternative providers, QAA can also investigate concerns about a provider's academic standards and quality of provision. Where there is evidence of weaknesses that go beyond an isolated occurrence, and where the evidence suggests broader failings in the management of quality and standards, QAA can investigate. These concerns may be raised by students, staff, organisations, or anyone else. There are separate concerns schemes for England, Wales, Northern Ireland and Scotland. Details of these schemes can be found on the QAA website. For England, the Concerns Scheme applies to alternative providers that are unable to register with the Office for Students and are undergoing review and/or annual monitoring with QAA for educational oversight purposes.

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

Where a concern becomes known to QAA during a review visit, we may investigate the concern during the review visit, and this could be grounds for extending the visit (see paragraph 85). If we choose to investigate the concern in this way, we will pass the information and accompanying evidence to the reviewers. We will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the validity and seriousness of the concern may affect the review outcome. Alternatively, we may choose to investigate the concern after the review visit has ended and this may also affect the review outcome, and delay publication of the review report.

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

QAA has separate and more detailed guidance on how it considers Concerns during reviews.⁸

⁸ Available at: www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint

Annex 3: Participants in the review process

The key participants in the review process are your facilitator, the QAA Officer and the reviewers.

The facilitator

We invite you to nominate a named 'facilitator' to liaise closely with the QAA Officer to ensure the organisation and smooth running of the review process. The facilitator should be a member of your staff that can fill the role described below.

The facilitator's overarching role is to:

- act as the single and primary contact between the QAA Officer and the provider in order to improve the flow of information to the team.

In addition, to:

- support the preparations for the review, including logistical arrangements
- provide advice and guidance to the team on the provider's submission, structures, policies, priorities and procedures
- meet the QAA Officer, and other members of the team if specified, to provide or seek further clarification about particular questions or issues
- help direct the team to additional relevant information or locate the information it is seeking
- seek to clarify items and correct factual inaccuracy
- assist the provider in understanding matters raised by the team.

The facilitator can observe any of the team's meetings during the visit with the exception of some meetings with students and the private team meetings. When observing, the facilitator should not participate in the discussion unless invited to do so by the team. The team has the right to ask the facilitator to disengage from the process at any time, if it considers that there are conflicts of interest, or that the facilitator's presence in meetings will inhibit discussions. The facilitator is not a member of the team and will not make judgements about the provision.

The facilitator will have regular contact with the QAA Officer, including during the visit, so that the facilitator and the team can seek clarification and/or gain a better understanding of the provider's approach and the team's lines of inquiry.

The facilitator is required to observe the same conventions of confidentiality as members of the team. In particular, the confidentiality of written material produced by team members must be respected, and no information gained may be used in a manner that allows individuals to be identified. However, providing that appropriate confidentiality is observed, the facilitator may make notes on discussions with the team and report back to other staff in order to ensure that you have a good understanding of the matters being raised. This can contribute to the effectiveness of the review, and to the subsequent enhancement of quality and standards.

It is helpful if the person you nominate as facilitator has:

- a good working knowledge of your systems and procedures, and an appreciation of quality and standards matters
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review team.

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

Lead student representative

Where possible, there should also be a lead student representative from the provider undergoing review. This role is voluntary. The lead student representative will normally carry out the following key roles:

- liaise with the facilitator throughout the process to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body
- organise or oversee the writing of the student submission
- assist in the selection of students to meet the review team
- ensure continuity of activity throughout the review process
- facilitate comments from the student body on the draft review report
- work with the provider in the development of its action plan.

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

The QAA Officer

We will appoint an Officer to coordinate and manage the review from start to finish. All QAA Officers are members of QAA staff and are trained in the review method. They are responsible for establishing close and constructive working relationships with providers.

The QAA Officer's overarching role is:

- to ensure the integrity of the review in its implementation, and the conduct of the review process according to the published method, including ensuring that the conclusions of the team are evidenced and robust.

In addition, to:

- liaise with the provider on the method, information required and logistical arrangements
- facilitate communication between the provider, facilitator and review team
- maintain a record of the team's decisions, any additional information provided during the visit, and its discussions with staff and students
- ensure the team's judgements are aligned to the judgement criteria for the method and informed by the relevant external reference points
- produce the review report
- assist, as required, in the investigation of any appeal made by the provider following finalisation of the report
- support the operation of the monitoring activity and provide advice.

Reviewers

The review is carried out by teams of peer reviewers, who are staff with senior-level expertise in the provision, management and delivery of higher education; or students with experience in representing students' interests. We appoint reviewers from the higher education sector using a job description and person specification published as part of the recruitment process. We train all reviewers, which consists of generic induction and training, and method-specific training prior to engagement in a review.

The reviewers' overarching role is:

- to gather and analyse information in order to reach robust, evidence-based conclusions that represent the collective view of the whole team and are consistent with the published method.

In addition, to:

- identify and assess risks to academic standards and the quality of student experience
- apply expert (and, where appropriate, subject-specific) knowledge
- assimilate, analyse and evaluate a wide range of evidence, including quantitative and qualitative data
- provide input to reviewer meetings
- work closely with QAA Officers to draft review reports
- adhere to a set of agreed procedures to ensure consistency of the delivery of review, to specific timescales and deadlines.

Conflicts of interest

We work to maintain the highest possible standard of integrity in the conduct of our work and are actively vigilant against any perception of conflict or bias. We seek to ensure that there are no conflicts of interest in the conduct of reviews and have a Conflict of Interest Policy that recognises the range of potential conflicts to be considered, including direct and indirect, actual and perceived. Our staff and reviewers are responsible for declaring conflicts of interest as soon as they are aware of them.

Before review teams are finalised, proposed names will be checked with you to ensure that you are not aware of any potential conflict with the individuals selected. Individual reviewers will not always be aware of institutional-level conflicts - for example, discussions with a collaborative partner - and so it is your responsibility to raise any known connections.

Annex 4: Protocol for the conduct of meetings

This annex sets out our protocol for meetings with representatives of your institution. Time is always limited, and it is important that the team makes best use of the available time in its meetings with staff and students of the institution. We have many years of experience of running such meetings and the protocol is based on that experience. We respectfully ask institutions undergoing EOR to abide by this protocol.

- A schedule of meetings is agreed in advance of the visit. Any suggested changes that are proposed during the visit should be discussed between the QAA Officer and the facilitator at the earliest opportunity.
- The people attending a meeting are agreed in advance with your institution. Any changes to personnel or students attending should be notified to the QAA Officer at the earliest opportunity.
- Numbers attending meetings are limited. Experience tells us that smaller meetings are more effective than larger meetings. Meetings with staff are normally expected to include no more than 10 people plus the team. Student meetings normally involve no more than 12 students plus the team. This allows for more in-depth discussion and opportunities for all to take part.
- You are asked to ensure the requested participants are invited to the meetings.
- Meetings are generally question and answer sessions. Presentations about your institution or its approach are not required, unless specified in advance.
- All meetings are led by the review team.
- Meetings will start on time and will not be extended beyond the end time published in the schedule. A meeting may finish earlier than the published end time.
- Those attending a meeting should arrange to be available, uninterrupted, for the duration of the meeting and not leave the meeting except through illness, fire alarm or another emergency.
- Staff at the institution should be briefed not to interrupt a meeting when it is in progress.
- Staff and students should be encouraged to speak freely during meetings. The record of the meeting does not identify individuals, and neither will they be identified in the published report.
- Meetings with students must not be attended by staff, unless explicitly stated on the schedule. If a student is also a member of staff, they should not attend meetings the team holds with students.
- Meeting notes will be taken by the QAA Officer although meetings will not be recorded.

More detailed guidance regarding the conduct of online meetings will be made available by the QAA Officer in advance.

Annex 5: Review report

Content of the report

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

- Title page and contents
- Executive summary of the review outcomes with cross-references to the relevant sections in the main body of the report, to include:
 - the overall judgement
 - specific conditions (where required)
 - recommendations for improvement (where appropriate)
 - statements of verified good practice and affirmations (where appropriate)
- Contextual information about the provider and its academic provision, including details of its responsibilities for higher education where provision is delivered on behalf of other degree-awarding bodies
- Details of the review process conducted, including dates and activities undertaken
- Commentary on the team's findings under each of the six requirements for educational oversight set out by the Home Office
- Commentary on the institution's strategy and practice for enhancement
- List of evidence (removed prior to publication)

Timing of report publication

The production and publication of the report will follow the process outlined on page 49. You will always have the opportunity to comment on factual accuracy and will be notified in advance when a report is due to be published. Report publication will be delayed in cases where the review period has been extended to allow for conditions to be addressed and in cases where a negative report is appealed.

Annex 6: Judgements, outcomes and assessment criteria

Judgements from a full review

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

Review teams make decisions from:

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

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

STEP 1	
Determine the outcome for each Sector-Agreed Principle	
Your institution demonstrates that it is aligned with a Sector-Agreed Principle if:	Your institution demonstrates that it is not aligned with Sector-Agreed Principle if:
<p>There are no recommendations for improvement in relation to this Sector-Agreed Principle.</p> <p>The review team is satisfied that you have sufficiently demonstrated evidence in relation to the Key Practices of the Sector-Agreed Principle, and any areas for development are determined by the review team to be non-material and relate to:</p> <ul style="list-style-type: none"> • minor omissions or errors • a need to amend or update details in documentation where the amendment will not require or result in major structural, operational or procedural change • the requirement to complete activity that is already underway in a small number of areas that will allow your institution to meet the Key Practices more fully • your institution's practices to drive improvement and enhancement. 	<p>There are recommendations for improvement in relation to the Sector-Agreed Principle that arise from, either individually or collectively:</p> <ul style="list-style-type: none"> • a lack of sufficient or compelling evidence that the provider is able to demonstrate the Key Practices are undertaken • weakness in the operation of part of your institution's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to quality assurance in your institution's planning processes • quality assurance procedures that are not applied rigorously enough • ineffective operations of parts of your institution's governance structure (as it relates to quality assurance) • significant gaps in policy, structure or procedures relating to your institution's quality assurance • breaches by your institution of its own quality assurance procedures.
<p>There may be findings of good practice identified in relation to both judgements. A provider may be aligned with a Sector-Agreed Principle without any good practice. A finding of good practice against a Key Practice does not guarantee full alignment with a Sector-Agreed Principle. A commendation can only be provided when a provider is fully aligned with a Sector-Agreed Principle.</p>	

STEP 2		
Determine the overall judgement		
<p>The provider meets the Home Office's quality assurance requirements for educational oversight (for providers assessed against the Core component).</p> <p>OR</p> <p>The provider is fully aligned with the Sector-Agreed Principles of the UK Quality Code for Higher Education (for providers assessed against the Full component).</p>	<p>The provider requires action to meet the Home Office's quality assurance requirements for educational oversight (for providers assessed against the Core component).</p> <p>OR</p> <p>The provider requires action to be fully aligned with the Sector-Agreed Principles of the UK Quality Code for Higher Education (for providers assessed against the Full component).</p>	<p>The provider does not meet the Home Office's quality assurance requirements for educational oversight (for providers assessed against the Core component).</p> <p>OR</p> <p>The provider is not aligned with the Sector-Agreed Principles of the UK Quality Code for Higher Education (for providers assessed against the Full component).</p>
<p>Meets all of the sector-agreed principles</p>	<p>Meets 7 or more Sector-Agreed Principles (Core component) or 9 or more sector-agreed principles (Full component).</p> <p>There will be recommendations for each of the Sector-Agreed Principles that have not been met.</p>	<p>Fewer than 7 Sector-Agreed Principles (Core component) or 9 Sector-Agreed Principles (Full component) have been met.</p> <p>There will be recommendations for each of the Sector-Agreed Principles that have not been met.</p>

Judgements from monitoring

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

QAA officers and reviewers make decisions from:

- the provider's track record in the full review and monitoring process
- reading and considering your annual return, supporting evidence and any further information submitted
- other information that QAA may have received regarding quality and standards at your provider that you will have been informed about
- discussing topics with staff and students and other stakeholders during the visit if one takes place
- analysing and reflecting on those documents and discussions.

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

Judgements on the annual return

STEP 1		
Determine whether a desk-based assessment is required		
No desk-based assessment required	Desk-based assessment required	
<p>The provider achieved a commendable outcome in the previous monitoring where a desk-based analysis or monitoring visit was conducted, and there is no evidence in the annual return of anything that may give cause for concern that the provider is no longer making progress with implementing its action plan, or may no longer be aligned with the relevant Sector-Agreed Principles.</p> <p>Process ends</p>	<p>The provider achieved an acceptable outcome in the previous monitoring where a desk-based assessment or monitoring visit was conducted.</p> <p>OR</p> <p>The provider achieved a commendable outcome in the previous monitoring and there is evidence in the annual return of something that may give cause for concern that the provider is no longer making progress with implementing its action plan, or may no longer be aligned with the relevant Sector-Agreed Principles.</p> <p>OR</p> <p>The provider's previous review was a full review.</p>	
STEP 2		
Determine the progress being made on the action plan		
Commendable progress	Acceptable progress	Inadequate progress
<p>The provider has completed the actions it intended to complete in line with the action plan and they are having their intended effect, and has either gone further, or undertaken additional enhancement activity, by implementing further actions that QAA considers will have a positive impact to quality and standards.</p>	<p>The provider is implementing the action plan that has been agreed and the actions can be evidenced to be having their intended effect.</p>	<p>The provider has failed to complete the expected actions, or has significantly deviated from the plan, or is unable to demonstrate the actions are having their intended effect.</p>

STEP 3

Consider the other information in the annual return and other information available to QAA and determine whether a visit is required

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

Judgements from monitoring visits

STEP 1			
Determine the outcome of the monitoring visit			
The provider is making commendable progress	The provider is making acceptable progress	The provider is making inadequate progress (action plan required)	The provider is making inadequate progress (full review required)
<p>The provider has completed the actions it intended to complete in line with the action plan and they are having their intended effect, and has either gone further, or undertaken additional enhancement activity, by implementing further actions that QAA considers will have a positive impact to quality and standards.</p> <p>There is no evidence that suggests that the provider may no longer be aligned with the relevant Sector-Agreed Principles.</p>	<p>The provider is implementing the action plan that has been agreed and the actions can be evidenced to be having their intended effect.</p> <p>There is no evidence that suggests that the provider may no longer be aligned with the relevant Sector-Agreed Principles.</p>	<p>The provider has failed to complete the expected actions, or has significantly deviated from the plan, or is unable to demonstrate the actions are having their intended effect, and this is the first monitoring visit to establish this.</p> <p>There is no evidence that suggests that the provider may no longer be aligned with the relevant Sector-Agreed Principles.</p>	<p>The provider has failed to complete the expected actions, or has significantly deviated from the plan, or is unable to demonstrate the actions are having their intended effect, and this is the second monitoring visit to establish this.</p> <p>and/or</p> <p>There is evidence that suggests that the provider may no longer be aligned with the relevant Sector-Agreed Principles.</p>

Annex 7: Appeals and complaints

QAA distinguishes between appeals (also known as representations) and complaints. Appeals and formal complaints procedures are designed to ensure that there is no conflict of interest and are handled by QAA's Governance team. No one involved in determining the outcome of an appeal or complaint will have had previous involvement with the matter.

Appeals

An appeal is a challenge by an institution to the outcome of a QAA review or to another decision made by QAA. We have a [Consolidated Appeals Procedure](#) available on our website which states when an appeal can be made, the deadline by which an appeal must be made to be valid, what is an appealable judgement and the grounds for appeal. The procedure sets out the process, timescales and potential outcomes.

QAA will not publish the review report, meet a third-party request for disclosure of its contents, or consider the action plan during the appeal process. Where an appeal is unsuccessful, the review report will be published promptly after the end of the appeal process.

Complaints

A complaint is an expression of an individual's dissatisfaction with their experience of dealing with QAA. These can be made by individuals or on behalf of the individual's institution.

If a formal complaint is received at the same time as an appeal, the complaint is stayed until the appeal has been concluded.

In common with most complaints procedures, we would encourage anyone dissatisfied with our service to first speak to the person that they have been dealing with at QAA, so that they can try to assist and find a resolution. If you then wish to pursue a formal complaint you should refer to our [Complaints Handling Procedure](#), available on our website. This details who you should contact and how your complaint will be handled, the indicative timescales and potential outcomes.

Annex 8: Material changes in circumstance

A material change in circumstances may trigger an early/extended monitoring visit, or a partial/full review instead of a desk-based assessment. Providers must inform QAA within 28 days of meeting about one of the triggers outlined below.

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

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

NB. Please provide a commentary on the context and impact of these material changes on the student experience.

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

Annex 9: Timeline for the monitoring process

Indicative working weeks	Activity
Week 0	<ul style="list-style-type: none"> Provider submits electronic copies of the annual return and supporting evidence to QAA⁹
1 week	<ul style="list-style-type: none"> QAA Officer and reviewer undertake a desk-based assessment QAA Officer informs provider of any requests for additional documentary evidence
2 weeks	<ul style="list-style-type: none"> Provider uploads additional evidence QAA Officer and reviewer conduct further assessment
3 weeks	<ul style="list-style-type: none"> QAA Officer and reviewer complete their assessment and will determine whether a monitoring visit will be required (judgement criteria can be found in Annex 6) Provider informed of outcome

	Visit required	No visit required
4 weeks	<ul style="list-style-type: none"> QAA Officer agrees the arrangements for the visit with the provider; the team may ask for additional evidence/raise points for clarification before and/or during the visit as required 	<ul style="list-style-type: none"> Officer and reviewer produce short monitoring report with the action plan judgement becoming the monitoring judgement
7 weeks	<ul style="list-style-type: none"> Monitoring visit (Online) 	<ul style="list-style-type: none"> QAA publishes report
9 weeks	<ul style="list-style-type: none"> Draft report sent to provider 	
10 weeks	<ul style="list-style-type: none"> Provider reviews draft report to check for any factual inaccuracies 	
11 weeks	<ul style="list-style-type: none"> QAA confirms final report 	
13 weeks	<ul style="list-style-type: none"> QAA publishes report 	

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

Annex 10: Data protection

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

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

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

Our review policies and procedures provide the following assurances:

- Information provided by you is used only for the purpose of review.
- Information marked by you as 'confidential' is not disclosed to any other party though it may be used to inform review findings.
- Staff, students or other people who are invited to provide information may elect to do so in confidence, in which case the information is treated in the same way as confidential information provided by your institution.
- Review meetings are confidential - the team does not reveal what has been said by any individual, nor are individuals identified in the review report. You are encouraged to require the same degree of confidentiality from people whom the team meet during the review.
- We store confidential information securely.
- Review teams are required to destroy material relating to a review and any notes or annotations they have made, once the review is complete.
- Review teams make no media or other public comment on reviews in which they participate. Any publicity relating to a review is subject to our policies and procedures and will be managed by our public relations team.
- All review supporting materials are deleted in accordance with our records retention policy.

Annex 11: Glossary

Action plan

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

Degree-awarding body

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

Desk-based assessment

An analysis by the review team of evidence, submitted by the institution, that enables the team to identify and develop its review findings.

Enhancement

Using evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience within an institution

Enhancement initiatives

Specific projects and/or activities that a provider selects for analysis by the review team. Enhancement initiatives may be wide ranging and encompass a number of related activities or may be specific and should demonstrate the provider's approach to planning, implementing and evaluating enhancement activity.

Facilitator

The member of staff identified by the institution to act as the principal point of contact for the QAA Officer, who will be available throughout the review to assist with any planning, questions or requests for additional documentation.

Good practice

A process or way of working that makes a particularly positive contribution to the student learning experience within the context of the provider.

Judgement

The formal decision(s) made by a review team on whether the provider meets the threshold standards or baseline requirements.

Key findings

An early indication to the provider of the likely judgement of the review team.

Lines of inquiry

Areas that the review team intend to explore further during the review process through requests for additional information and/or through obtaining oral testimony during the visit.

Monitoring

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

Office for Students

The regulator of higher education in England.

Partial review

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

Peer reviewers

Members of the review team who make the decisions in relation to the review of the institution. Peer reviewers have experience of managing quality and academic standards in higher education or have recent experience of being a student in higher education.

Quality assurance

The systematic monitoring and evaluation of learning and teaching, and the processes that support them, to make sure that the standards of academic awards meet the necessary standards, and that the quality of the student learning experience is being safeguarded and improved.

Quality Mark

An electronic badge that providers with a successful outcome are permitted to use by QAA, which is intended to assure the public that the provider has undergone a review and achieved a successful result through an independent, external quality assurance process.

QAA Officer

A member of QAA staff who is responsible for managing all stages of the review, including liaison with the review team and the facilitator.

Recommendation

A statement made by the review team on an area where the provider should consider developing or changing a process or a procedure in order to improve its higher education provision.

Reference points

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

Self-evaluation document (SED)

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

Visit

A series of meetings (conducted online or onsite) held by the review team over consecutive days which includes meetings with provider staff, students and other stakeholders to gather oral testimony, and private meetings of the team to review documentation and discuss findings.

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