



Elective Quality Review

Guidance for providers

November 2023

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Introduction

Overview

'At the heart of all quality assurance activities are the twin purposes of accountability and enhancement.'

Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) (2015)

1 This document sets out the review method for providers in England that have chosen to engage in an Elective Quality Review (EQR). It is intended 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. In this document, 'you' refers to the higher education provider being reviewed and 'we' refers collectively to QAA, including the managers, reviewers and professional support services involved in delivery.

2 EQR is available to English providers registered with the Office for Students (OfS), including universities, colleges and independent providers. It is a voluntary activity, undertaken by providers who seek an independent review that focuses on accountability and enhancement. It does not form part of the regulatory requirements in England, which are a matter for the OfS. It provides a service for institutions that wish to undergo a cyclical quality review aligned with international standards - namely the Standards and Guidelines for Quality Assurance in the European Higher Education Area (the ESG)¹ and results in a published QAA report with actionable insights into quality and standards arrangements.

3 QAA recognises that providers may wish to undertake an EQR for various reasons. This could be to demonstrate their commitment to external scrutiny and quality enhancement or as a catalyst for internal improvement or to assure stakeholders of their adherence with internationally recognised expectations for internal quality assurance. Such stakeholders could include international bodies and agencies, current and prospective students, academic partners and other professional, statutory or regulatory bodies who value evidence of independent and cyclical external review.

4 A successful EQR means that you are eligible to display the QAA Quality Mark which is part of our commitment to improving public understanding of higher education standards and quality. You may display this mark on your website and marketing materials to assure the public that you have undergone a review and achieved a successful result through an independent quality assurance process.



5 EQR includes a core review element and a follow-up activity that is applicable for all providers undergoing review, through action planning and a mid-cycle engagement. QAA is also able to offer additional aspects to meet your specific requirements both within the review and through the mid-cycle engagement, and this can be discussed at the scoping

¹ [ESG_2015.pdf \(enqa.eu\)](https://www.enqa.eu/eng/standards-and-guidelines-for-quality-assurance-in-the-european-higher-education-area)

stage when you approach QAA for a review.

6 Our work and review methods are informed by the fundamental values of the European Higher Education Area and Bologna process.² This means a commitment to the fundamental values of: institutional autonomy; academic freedom and integrity; participation of students and staff in higher education governance; and public responsibility for and of higher education. Our approach and methods are designed to meet the standards and reflect the guidelines set out in the ESG. To this end, EQR reviews providers against the Standards for internal quality assurance in Part 1 of the ESG. It is also designed to align with the Standards for external quality assurance outlined in Part 2, by being reliable, useful, predefined, implemented consistently and published.

7 EQR was first introduced in November 2023. It draws upon our 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 internationally-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. For more information on the work of QAA, see Annex 1.

8 Representative bodies from across the higher education sector and students were consulted in the method development of EQR to ensure the design of the review method took into account the considerations of different types of higher education providers.

Aims and objectives

9 The overall aim of EQR is to conduct an external, independent review of whether a provider aligns with European Higher Education Area (EHEA) expectations in:

- how it sets and maintains academic standards
- how it maintains a high-quality academic experience and excellent outcomes for students
- supporting continuous improvement of student outcomes and the enhancement of the student learning experience.

10 Therefore, it has both an assurance and an enhancement function. A successfully implemented quality assurance system generates information that a provider can use for assurance (accountability) as well as for determining how it can improve (enhancement). Quality assurance and quality enhancement are therefore interrelated; they can support the development of a quality culture that is embraced by all - from the students and academic staff to the institutional leadership and management.

11 The objectives of EQR are to:

- provide public assurances that the standards of academic awards and quality of the learning experience are safeguarded and continually improved in line with international standards

² <https://eua.eu/issues/10:bologna-process.html>

- enable providers to demonstrate a commitment to external scrutiny and the enhancement of quality assurance to the benefit of the student experience
- encourage opportunities for institution-wide engagement, reflection and refinement of the provider's approach to the quality assurance systems that safeguard academic provision
- provide independent evidence of a provider's approach to quality and standards that can be used with multiple stakeholders, including prospective or current academic partners or students
- enable greater institutional control over how and when to engage in external quality assurance activity
- minimise burden on providers by taking a context-specific and proportionate approach that considers other external scrutiny and regulatory activities
- ensure action is taken on the basis of the findings of external scrutiny
- add value through access to professional advice on enhancement, and follow-up dialogue through a flexible mid-cycle engagement.

Reference point for the review

12 EQR uses the Standards for internal quality assurance, set out in Part 1 of the ESG, as the criteria against which your institution is reviewed. Further information about these Standards can be found on the [ENQA website](#).

The 10 European Standards for internal quality assurance:

1.1 Policy for quality assurance

1.2 Design and approval of programmes

1.3 Student-centred learning, teaching and assessment

1.4 Student admission, progression, recognition and certification

1.5 Teaching staff

1.6 Learning resources and student support

1.7 Information management

1.8 Public information

1.9 Ongoing monitoring and periodic review of programmes

1.10 Cyclical external quality assurance

13 In England, the quality and standards of registered higher education providers is regulated by the Office for Students (OfS) in accordance with its regulatory framework.³

³ [OfS Securing student success: Regulatory Framework for higher education in England, November 2022](#)

Specifically, providers are required to comply with the ongoing conditions of registration B1-B5 (the 'B conditions') which cover some, but not all, of the standards for internal quality assurance outlined in the ESG Part 1. To avoid duplication and the creation of unnecessary burden for providers, EQR focuses attention on the elements of the ESG which are not explicitly addressed through the OfS' conditions of registration. It therefore places reliance on your ongoing compliance with conditions of registration B1-B5 as evidence that you meet certain specified ESG Standards.

14 The ESG Standards that we consider overlap with OfS' conditions B1-B5 are: 1.2 Design and approval of programmes and 1.6 Learning resources and student support. There is also partial overlap with Standard 1.5 Teaching staff, as the OfS conditions do not cover institutional processes for the recruitment of staff. Therefore, if you are considered by OfS to be compliant with its ongoing conditions of registration for quality and standards, you will not need to submit information for the review in relation to ESG Standards 1.2 and 1.6 and will only need to submit information relating to staff recruitment in relation to ESG Standard 1.5. This enables a proportionate approach to external quality assurance which reduces the scale of your preparations and avoids duplication in assessing the English baseline regulatory requirements in full. Our detailed mapping of the OfS conditions for quality and standards against Part 1 of the ESG is available in Annex 2.

15 The regulatory focus in England is concerned with the interests of students and the outcomes which matter to students. When conducting our assessment against the ESG, we will take this national context into account and place emphasis on the outcomes a provider delivers (or is expected to deliver) for its students, rather than the process a provider follows to deliver those outcomes. For each Standard, we will analyse evidence that includes policies, procedures and systems, **and the outputs from these**, to decide whether these enable you to confidently demonstrate that each Standard is met. We will adopt a principles-based approach in order to consider, and where appropriate make allowance for, the context in which your institution operates.

16 The review analyses your quality assurance and enhancement processes as a whole; it does not review individual courses or subjects (unless you request this as part of your preferred scope), except for the purposes of sampling the operation and outcomes of institutional processes.

17 EQR recognises that you use other reference points within your institution which inform your approach to quality and standards, and which are likely to be useful in demonstrating alignment with aspects of the ESG Standards. These are likely to include:

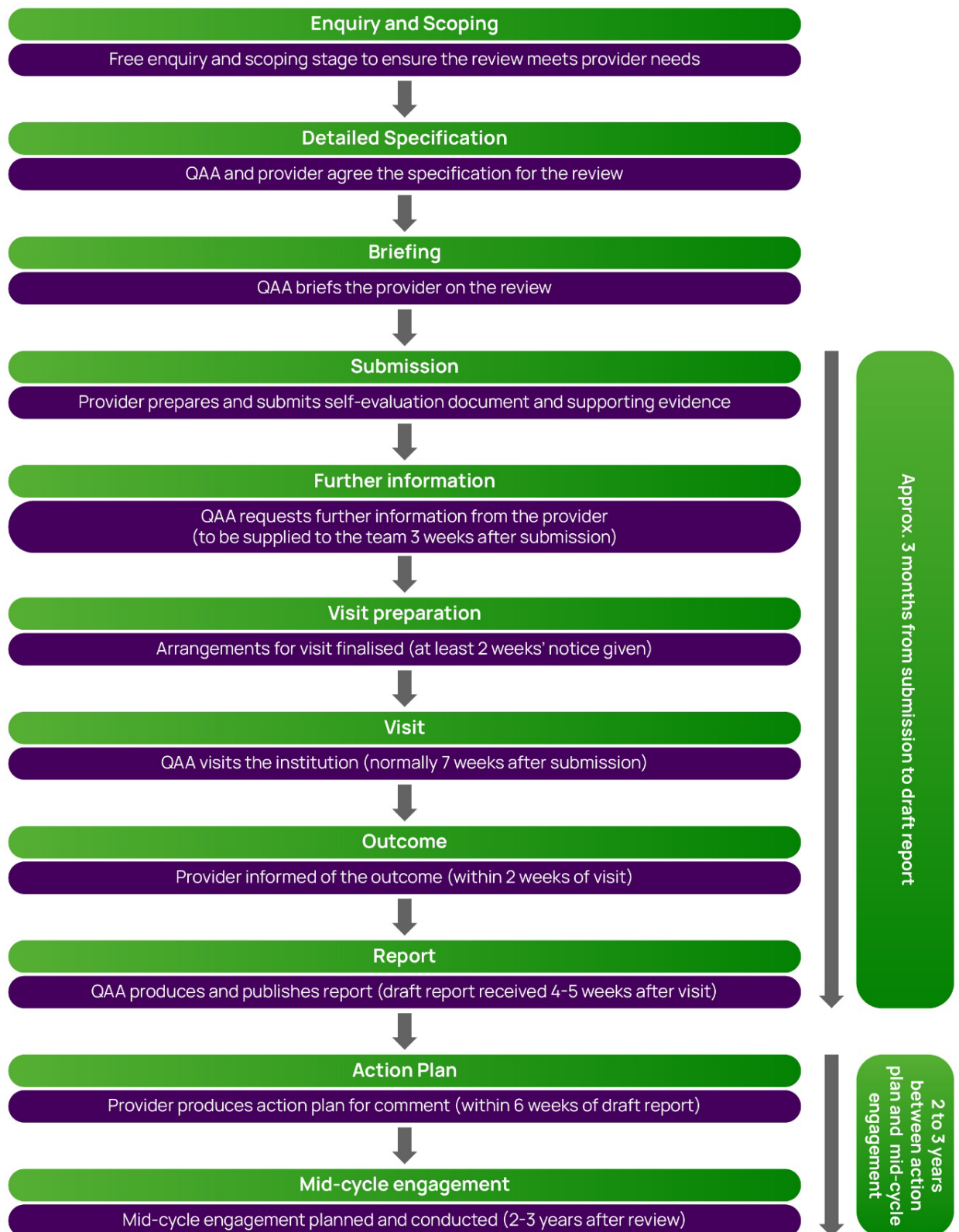
- the UK Quality Code for Higher Education
- the relevant qualifications and credit framework
- relevant Characteristics Statements
- Subject Benchmark Statements
- the requirements of professional, statutory and/or regulatory bodies.

Key stages of the process

18 EQR includes a core review element with an action plan follow-up and a further follow-up mid-cycle engagement that can be varied in scope and intensity. Further information on the review stage and the mid-cycle engagement is outlined below.

19 As a cyclical review method, you will be expected to engage in the mid-cycle engagement after 2-3 years, and then a follow-up EQR approximately 5 years after the original review. This is to demonstrate ongoing compliance with the internal quality assurance standards outlined in Part 1 of the ESG.

EQR will always include the following sequential stages:



Review

Who is eligible for the review?

20 To be eligible for EQR you must be:

- an English provider registered with the OfS and
- must be deemed compliant, by the OfS, with the OfS' ongoing conditions of registration for quality and standards.

21 We rely on this compliance as evidence that you meet specified ESG Standards, and therefore we will ask you to self-declare - before, during and after the review - whether you are subject to any specific conditions of registration or ongoing investigation by the OfS in relation to conditions B1-B5. Should there be any evidence of a breach of registration conditions, or an ongoing or imminent investigation by OfS into a potential breach, you will not be eligible to undertake EQR until such time that OfS considers your institution to be fully compliant with its conditions of registration. Where notification of a breach or an OfS investigation occurs after the review has started, we will either suspend the review until the issues have been resolved by you with the OfS or cancel the review - this decision will be determined based on our consideration of the nature of the issue and the proportion of the review conducted at the point the notification is received.

What happens after you make an enquiry?

22 Once we receive your enquiry about commissioning a review, we will conduct an initial online meeting with you, free of charge. The purpose of this meeting is to discuss your specific needs, what you hope this review will deliver for you and to provide more information on the review process. This will involve a broad outline of the review features, a discussion on the likely timescales for delivery, the nature of the follow-up enhancement activity you prefer, any specific additional areas you would like to include, and the costs involved. It may be that we advise you to consider alternative QAA Assessment Services if these are better suited to your specific needs - for example, if you are seeking a confidential review for internal audit purposes.

23 Should you wish to progress to EQR, we will produce a formal Letter of Engagement outlining the agreed scope and deliverables, which will include the terms and conditions for the review. Once signed by both parties, arrangements will be made for initial payment and a more detailed specification will be agreed, outlining the specific activities and timings.

What is the scope and coverage of the review?

24 EQR covers all higher education awards and credit-bearing provision (including some linked learning such as foundation years) wherever and however it is delivered. Your submission should cover the full range of your activity, including the various modes, locations and levels of study, full and part-time, on and off campus, flexible and distance learning, provision delivered in partnership (be it in workplace settings, within the UK or as transnational education), postgraduate taught and postgraduate research provision.

25 In terms of accountability, the EQR process explicitly reviews your institution against the majority of the Standards outlined in Part 1 of the ESG - the remaining Standards being covered on account of meeting the OfS' ongoing conditions of registration for quality and standards.

26 In addition to accountability against the ESG Standards, EQR also offers an enhancement focus and provides an opportunity for you to showcase what you consider you do well in relation to the Standards under review. Specifically, you will be encouraged to present examples of enhancement activity where you can demonstrate that actions taken to improve the student learning experience have had a positive impact. The review will seek to verify this potential good practice and will reflect your enhancement activity in the published report and its outcomes. In this way, you are able to partly set the agenda for the focus on enhancement during the review, alongside the review of adherence to the ESG Standards.

27 You would normally be expected to select three or four enhancement initiatives for the review team to consider. These should be initiatives that demonstrate your approach to planning, implementing and evaluating enhancement activity, therefore enabling you to demonstrate a strategic approach to the management and enhancement of learning opportunities. Enhancement initiatives may be wide-ranging and encompass a number of related activities or may be specific but should always be items which you consider will be of benefit to you as areas for exploration and discussion in the review. Case studies could include: an area of challenge and how it is being addressed; a particular area of activity, such as work-based learning or personal tutoring; investment in a change initiative; or an exemplary, effective practice.

28 Additionally, you may wish the team to appraise and evaluate other aspects of your academic provision that are important to you outside of the ESG Standards and enhancement initiatives presented. Where this is the case, we will discuss various optional modules that can be included in your review for an additional fee. Examples include a review of named programmes should this be required to support specific partnership activity, or a review of your compliance with the principles of the Academic Integrity Charter should you wish to demonstrate your commitment to this as a signatory.

What do we mean by 'enhancement'?

29 For the purposes of EQR, we define enhancement as **using evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience**. It is recognised that enhancement takes place at multiple levels within a provider and in a range of ways. Enhancement may involve continuous improvement and/or more significant step-changes in policy and practice to improve the effectiveness of the student learning experience. It may involve the whole provider in a change or innovation at programme or departmental level.

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

How long will the review take?

31 We will work with you to establish a timeline for the review, including deadlines for our respective responsibilities. This will take account of factors such as your academic cycle, major exam periods, public holidays and institutional closures to ensure that the review fits with your other commitments for delivering the student experience. A typical review will take 12 weeks from the date of your submission to receipt of the final report, with the visit normally occurring seven weeks after you submit your initial documentation.

Who will conduct the review?

32 We will appoint a team of three reviewers, one of whom will be a student reviewer, supported by a QAA Officer. The team includes reviewers that have experience of conducting external reviews, knowledge of your type of academic provision and have experience of working in, or with, similar providers to your institution.

33 All peer reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision. Student reviewers are recruited from students or sabbatical officers who have experience of contributing, as a representative of students' interests, to the management of academic standards and quality. We believe that students play a critical role in the quality assurance of higher education and provide valuable insight from the perspective of being, or having recently been, recipients of higher education delivery. More information on the appointment, training and support of our reviewers is available in Annex 3.

34 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 in Annex 3.

How will we communicate during the review?

35 We will appoint a QAA Officer to 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 QAA Officer throughout the review to ask questions and/or seek clarification on the process.

36 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 QAA 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 facilitator can be found in Annex 3.

How are students involved in the review?

37 Students are among the main beneficiaries of external review and therefore have opportunities to inform and contribute to the process throughout.

38 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.

39 We encourage you to involve your students in the preparations for review, including working with students to co-create your self-evaluation document and your follow-up action plan. We would expect you to support the participation of your students' union and/or representatives, by providing advice and access to information. Should you wish, your student representative body can bring matters to the attention of the team separately, in writing via the QAA Officer, which can be followed up by the team as lines of enquiry during the review.

40 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. The team would also expect to meet with student representatives.

What support is available to help you prepare?

41 As noted in paragraph 22, we will conduct an initial online meeting with you free of charge to provide a broad outline of the review and discuss our respective responsibilities to assist you in deciding whether to commission a review. Once you have agreed to progress, the allocated QAA Officer will conduct an online briefing meeting. This enables us to provide a more detailed briefing with the named facilitator, and other colleagues immediately involved in the review preparations, on the method and associated logistical arrangements. The QAA Officer will seek to answer any questions about the methodology and confirm what information you will need to make available based on your institutional context. The meeting will also include a discussion around the production of your self-evaluation, including a suggested format and indicative supporting evidence. We will also discuss the possible areas of focus for the enhancement activities to explore, which will help in identifying the experience and expertise required within the review team.

What do you need to produce?

42 You will be required to produce a self-evaluation. This is a key document and reference point for the review which sets out how you consider that you meet the Standards in Part 1 of the ESG, which presents your selected enhancement initiatives for appraisal and outlines the evidence you have that supports your claims.

43 This key document will be discussed with you as part of the briefing meeting and an optional template will be made available at this stage to use should you wish. The self-evaluation is intended to be reflective, evaluative and focused on the areas of review, 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 provided in Annex 4.

44 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?

45 Your self-evaluation will require supporting documentary evidence to demonstrate how you meet the baseline requirements of the ESG Standards and to demonstrate the planning and/or impact of the examples of enhancement that you put forward for appraisal.

46 The evidence you provide must be relevant to the ESG Standards under review. 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.

47 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?

48 You will be required to upload your self-evaluation and supporting evidence electronically to a secure document library by a mutually agreed deadline. We will provide you with step-by-step guidance to allow the secure online transfer of electronic files to our systems.

49 The QAA Officer will contact you throughout the process with any requests for additional information or evidence.⁴ 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 analysis of your self-evaluation; and secondly, in advance of the scheduled visit once the team has considered any additional information or evidence received.

50 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.

51 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.

How should you prepare for the visit?

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

53 Around two to three weeks before the visit, the team will meet privately to share 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 enquiry 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 Standards at this stage, potential good practice and/or areas to explore with regards to your approach to enhancement.

54 Shortly after the team has met, the QAA Officer will send you the lines of enquiry 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.

⁴ 'Evidence' being something which demonstrates a provider meeting, or not meeting, the ESG; and 'information' being material needed to understand or interpret the evidence.

55 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 who are geographically dispersed or with students who are unable to travel or 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.

56 A protocol for the conduct of meetings is provided in Annex 7. 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?

57 The visit will last between two and a half to four 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 awards offered and/or have several collaborative partnerships and/or transnational provision, you are likely to require a longer visit.

58 The team will normally visit your institution onsite for two consecutive days to meet with stakeholders. Meetings held during these two days 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. Any meetings required on the final day (or the final two days for a four-day visit) will be held offsite and exclusively online. Where you have multiple sites of delivery, the onsite visit will always be held at a single delivery location of your choice. 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?

59 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 enquiry 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.

60 During the visit, the review team will continue to consider documentary evidence. The team's view regarding compliance with the ESG Standards will be largely determined through the desk-based analysis of the information submitted in advance of the visit. The focus of meetings during the visit will therefore be more geared towards the enhancement element of the review, although it may be necessary to continue to pursue outstanding queries relating to alignment with the ESG during the visit. Lines of enquiry regarding alignment to the ESG will only be where further information is still required in order for the team to make a sound and reliable judgement.

61 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.

62 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.

63 The visit will include a final meeting between the team, your facilitator and other key staff responsible for your quality assurance. This is an opportunity for the team to summarise the main lines of enquiry 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 may be conducted onsite at the end of the second day or may be conducted online on the third day of the visit. This is not a feedback meeting about the findings of the review.

64 On the final day of the visit, the team and the QAA Officer hold a meeting to agree the judgement and report commentary for each applicable ESG Standard, including any statements of good practice, conditions and/or recommendations for improvement. This is a private team meeting and will be held offsite.

When will you know the outcome of the review?

65 The QAA Officer will contact the facilitator on either the last day of the visit, the following working day, or another mutually agreed time to provide verbal advisory feedback on the team's provisional findings.

66 Within two weeks from the end of the visit, the QAA Officer will send you a letter outlining the key outcomes of the review. This will be followed by the draft report which will provide further detail and explanation on the decisions made by the team.

What will the review report include?

67 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. This will include the team's judgement, and reasoning for this judgement, against each of the relevant Standards in Part 1 of the ESG. 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. The QAA Officer compiles 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 in Annex 6.

68 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?

69 EQR provides the following outcomes:

- a clear judgement on whether the provider **meets** or **does not meet** each of the Standards in ESG Part 1 for internal quality assurance
- an overall judgement expressed as one of the following:
 - meets all the Standards
 - meets all the Standards, subject to meeting specific conditions
 - does not meet the Standards

- specific conditions (where required)
- recommendations for improvement (where appropriate)
- statements of verified good practice (where appropriate).

70 Where one or two Standards are not met, the team may decide to set specific conditions that enable a successful EQR outcome to be achieved. Conditions will only be set where they relate to a very small number of weaknesses that, while potentially significant, only impact on the one or two Standards identified. The team will only set conditions if it considers that the weaknesses can be rectified in a short space of time (up to 12 months) and in a way that can be sufficiently analysed through a short desk-based exercise following a subsequent submission of evidence demonstrating the actions you have taken. Where the concerns identified are not considered by the team to have been addressed after 12 months, a 'does not meet' overall judgement will be made.

71 Where specific conditions are not considered appropriate by the team, or where more than two Standards are not met, the team will consider the review to be unsuccessful and judge that you do not meet the Standards (see paragraphs 82-84 below).

72 The QAA Officer advises and guides the review team in its deliberations to ensure that the decisions and the overall conclusion are securely based on the evidence available and that each review is conducted in a consistent manner. We also use a staged internal quality process to ensure that the judgements reached by the team are aligned to the method and that there is consistent interpretation of the relevant Standards to ensure comparable judgements are made across providers. This involves QAA colleagues who have not been directly involved in your review and who have expertise in reviews and in producing reports, although the final judgements made will represent those of the team.

73 Further information on the judgements, outcomes and assessment criteria used are available in Annex 5. Note that the outcomes from EQR are separate to any regulatory consideration of your quality and standards in England. As we rely on your good standing in relation to the OfS B Conditions, nothing in our assessment should be taken as evidence or assurance that those conditions are met - this is a matter for the Office for Students. Providers that have concerns about their potential compliance with the B Conditions should discuss this with us as part of the Enquiry and Scoping stage.

What is considered a successful outcome?

74 A 'meets Standards' is a positive judgement and may be accompanied by several recommendations and statements of good practice.

75 A 'meets Standards with conditions' is a provisionally positive judgement. The specific conditions (as defined in Annex 5) attached to the judgement will clarify the issues identified and indicate follow-up action that will be required within 12 months to complete the review. This judgement does not preclude recommendations and statements of good practice also being made.

76 A judgement of 'does not meet Standards' is considered a negative judgement and is likely to be accompanied by several recommendations. This judgement does not preclude statements of good practice also being made.

77 In all cases, a satisfactory action plan is required after which you will progress to the mid-cycle engagement.

What happens if you do not achieve a 'meets' judgement?

'Meets Standards with conditions' judgement

78 With a 'meets Standards with conditions' judgement, the review will be extended by a maximum of 12 months to allow you to address the issues identified. You will be required to provide an action plan within four weeks of receiving the draft report. This should outline your plans for addressing the specific conditions set by the team as well as responding to any other recommendations and outlining plans to capitalise on any good practice identified. We will consider your action plan to determine, in our professional opinion, whether it is credible and achievable in relation to the issues identified.

79 You can choose when to submit within the 12-month period based on when you are able to demonstrate that the issues identified have been addressed through your actions.

80 When you have completed the actions, you will be required to upload your revised action plan with a commentary and supporting evidence to demonstrate that the issues identified by the team have been addressed. The team will conduct a follow-up desk-based analysis of your submission to determine whether you have satisfied the conditions and whether, therefore, the Standards are now consequently met. We will append this information to the final report to reflect the team's findings and will send this to you for any comments on matters of factual accuracy.

81 Where the revised final report now includes a 'meets the Standards' judgement, the report will be published (see paragraph 86 below). Where the team concludes that you have not satisfactorily addressed the issues identified, the revised final report will include a 'does not meet' judgement and the process outlined below will apply as follows.

'Does not meet Standards' judgement

82 With a 'does not meet' judgement you are entitled to appeal the outcome (see paragraph 85 below). Where you choose not to appeal, or where your appeal is unsuccessful, the final report you received will be published. For more information on the appeal process see Annex 8.

83 You will be required to provide an action plan within four weeks of receiving the final report. This should outline your plans for addressing the issues identified by the team as well as outlining plans for any good practice identified. We will consider your action plan to determine, in our professional opinion, whether it is credible and achievable in relation to the issues identified.

84 You are entitled to request a partial review to enable reconsideration of the judgements in light of actions taken to address the issues raised (see paragraphs 96-98 below). The timing and costs of this will be discussed with you based on when you expect to be able to demonstrate that the issues have been addressed.

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

85 We have formal processes for receiving complaints about the operation of our services and for appeals against unsatisfactory judgements. 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 in Annex 8.

When and where is the report published?

86 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. A flow diagram of the report publication process is included in Annex 6.

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

88 EQR is a cyclical review process and a further review will need to commence within five years of the publication of the initial or previous review report. If you fail to engage in the mid-cycle activity, or in further five-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.

What is the QAA Quality Mark?

89 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.

90 If you are deemed by the OfS to be in breach of the conditions of registration, we will reconsider your right to display the QAA Quality Mark.

What is required by way of an action plan and follow up?

91 Following receipt of the draft report, we expect you to start working on an action plan to address any conditions or recommendations and to outline how you intend to capitalise on any good practice. As with the self-evaluation, we would expect students to be involved in the development of your action plan.

92 You will have up to six weeks from receipt of the draft report (or from receipt of the final report in the case of an appeal) to produce an action plan. This plan should indicate the timescale for when you consider the actions will be completed (which, for 'meets the Standards with conditions' judgements, must be within 12 months from receipt of the draft report). 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.

93 We do not specify a template for the action plan because we recognise that each institution will have its own way of planning. Action plans should, however, follow common principles of good practice in having actions that are smart, measurable, achievable, realistic and time-bound. We encourage providers to make the action plan publicly available.

What if your action plan is not considered suitable?

94 Where the action plan you submit is not, in our professional opinion, considered fit-for-purpose in addressing the outcomes of the review (conditions, recommendations and statements of good practice), we will make suggestions for improvement and request an amended version.

95 If, without good reason, you do not provide an action plan within the required timescale or engage with addressing feedback from us on the action plan, we will reconsider the overall outcome of the review and the right to use the QAA Quality Mark. This applies even if you initially had a successful review outcome.

What is a partial review?

96 A partial review is a follow-up option should your review result in a judgement of 'does not meet the Standards'. A partial review provides an opportunity for you to demonstrate to the team how you have resolved the areas of concern through actions you have taken and enables the original judgements to be re-evaluated.

97 If you opt for a partial review, the scope, nature and intensity of the partial review will be considered by us on a case-by-case basis in light of the issues identified in the report and we will liaise with you on the timings for the activity. A partial review will involve the submission of a further self-evaluation addressing the issues identified in the original report. This will be subject to a desk-based analysis with all, or some, of the original team (including the student reviewer) followed by a visit to the institution to discuss progress on the issues identified.

98 The original report will be updated to reflect the findings of the partial review. If the partial review is successful, this will result in the overall outcome being changed to either 'meets all Standards' or 'meets all Standards with conditions' and the process will continue as outlined for those judgements as above. Examples of good practice could also be identified at this stage. If not successful, the report will be updated but the original judgements will remain unchanged.

How can you feedback on your experience of review?

99 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.

100 We conduct internal annual 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 we offer providers, such as that available through our membership services.

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

101 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 in Annex 8.

Mid-cycle engagement

Why is follow-up activity important?

102 Follow-up activity is an important element of external quality review 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 recommendations and any features of good practice found during the review. It also is required to demonstrate adherence to Part 2 of the ESG.

What is the focus of the mid-cycle engagement?

103 The mid-cycle engagement will always include a core element to review 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. This standard level of mid-cycle engagement is undertaken by all providers.

104 In addition to the review of the action plan, you have the option to utilise the mid-cycle engagement as an opportunity for peer-to-peer engagement on specific quality enhancement initiatives that are of importance to your institution at the time. You can therefore shape the engagement to your own agenda in terms of items for exploration and to obtain validation, support and advice from our expert team of reviewers through an enhancement-orientated and strategically driven dialogue. This level of exchange is available to providers that opt for the supplementary mid-cycle engagement and seeks to promote institutional development and innovation by providing an opportunity for reflective conversations on key challenges, opportunities and priorities.

105 The mid-cycle engagement is not intended to check your ongoing compliance with the baseline requirements in the ESG Part 1.

What is the outcome of the mid-cycle engagement?

106 The outcome of the mid-cycle engagement, regardless of whether the standard or supplementary option is taken, results in a written report to you on the findings of the team. This will include our view about progress being made against the action plan and commentary on the enhancement initiatives explored. The written report will be subject to internal quality assurance checks to ensure the findings are clearly articulated, evidence-based and consistent, and you will have the opportunity to comment on any factual inaccuracies. The team will then consider your response and make any changes it deems necessary, incorporating those changes in a revised report.

107 The main purpose of the report is to inform ongoing development at your institution and support enhancement activity. The report will therefore not include any formal judgements and will not be published on the QAA website. We will, however, publish a statement on our website to confirm that mid-cycle activity has been completed. With your permission, we can use the information in the reports to inform good practice case studies and to create support resources that we can disseminate more widely to the sector.

How can the mid-cycle engagement be flexible to your needs?

108 The mid-cycle review takes place between two to three years from the end of a successful review. The dates for this can be mutually agreed to fit with your institutional priorities. We will contact you approximately two years after the final report was published to brief you on the process and discuss your specific needs and priorities.

109 Aside from the focus on action plan progress, which follows a standard format, you can vary the scope and intensity of the engagement to suit your institutional priorities by choosing the standard or supplementary option. You can determine the nature of the engagement, team size, number of days and format for the visit (online or onsite) which will be agreed prior to the start of the engagement.

What does the standard mid-cycle engagement entail?

110 For the standard engagement, we will appoint a QAA Officer to undertake a desk-based review of progress made against your action plan from the review and provide a commentary on their observations for your internal use. Wherever possible this will be the same officer that was involved in your previous review.

111 You will be required to submit a commentary on how you have addressed the items in your action plan and provide evidence to demonstrate implementation and, wherever possible, to demonstrate the impact on the outcomes from your quality and standards approach and/or the student experience.

What does the supplementary mid-cycle engagement entail?

112 We will work with you to determine the scope and themes for exploration during the engagement. The supplementary engagement will include reflection on progress against the action plan from the review but will also cover additional areas of enhancement activity in development since the last review, on which you would welcome external insight and exploration.

113 The size of the team, and expertise required, will be mutually agreed depending on the scope and themes you identify. Normally a full mid-cycle engagement will involve a team of three, comprised of a QAA Officer and two reviewers - one of whom will be a student reviewer. Once we have identified a team, we will send you details of the reviewers selected and ask you to confirm that there are no conflicts of interest. Further information on our reviewers and approach to conflicts of interest is available in Annex 3.

114 You will be required to submit a commentary on how you have addressed the items in your action plan and provide evidence to demonstrate implementation and, wherever possible, to demonstrate the impact on the outcomes from your quality and standards approach and/or the student experience. In addition, you will be required to provide contextual information and supporting evidence relating to the specific areas of enhancement that you have chosen to submit for scrutiny and advice. We will meet with you in advance of your submission to brief you on the preparation and upload of this documentation.

115 The team will undertake an analysis of your submission and conduct an online or onsite visit to your institution. The QAA Officer will work with you and the team to formulate the agenda and programme of activities for the visit. This is likely to involve meetings with both staff and students. You can specify whether this engagement is held onsite, online or a mixture of both, and determine the desired length of the engagement based on the number and nature of meetings.

116 The QAA Officer will advise and guide the team in its deliberations to ensure that findings in the report are securely based on the evidence made available by your institution. The QAA Officer is responsible for editing and producing the report, as well as acting as a reviewer in analysing your submission and providing advice.

What is required from your institution?

117 We will ask you for a named contact to act as the main point of contact for your institution during the mid-cycle engagement. The facilitator helps to organise and ensure the smooth running of the engagement and improves the flow of information.

118 You will need to submit a brief evidence-based report summarising:

- any major changes in the structure and organisation of the institution since the review
- any key strategic developments (for example, in learning and teaching, research or information management) since the review
- actions taken to address the recommendations identified in the review
- actions taken to further any features of good practice identified in the review
- the institution's intentions for the further development of quality assurance procedures and for the enhancement of learning opportunities.

119 For the supplementary mid-cycle engagement, your report will also need to include:

- your strategic vision and leadership approach to enhancement
- the enhancement initiatives that you have selected for external scrutiny by the team
- the genesis, purpose and intended outcomes of these initiatives
- how you have/or will evaluate the impact of these initiatives
- key evidence that demonstrates impact (where available)
- any plans or proposals for further development.

120 You will need to provide supporting documentation to evidence any claims made in your report.

What does the visit involve?

121 If you have opted for the supplementary engagement, the QAA Officer will work with you to determine the agenda for the visit and discuss the participants to be involved, including who to meet and when the meetings should take place. Your facilitator will then be responsible for the logistical arrangements required for the visit to take place. The visit would normally be conducted within one day although could be longer at your request.

122 Unlike the review visit, the engagement is likely to be more informal and developmental in nature. You may opt for traditional question and answer meetings although the meetings are likely to be more discursive and may include workshop elements to facilitate exchange of information and ideas between all meeting participants.

How long does the mid-cycle engagement take?

123 We will work with you to establish a timeline for the mid-cycle engagement, including deadlines for our respective responsibilities. Normally, the draft report from the standard engagement will be available to you two weeks after the submission of your documentation. For the supplementary engagement, the visit will normally take place three to four weeks after your submission and the draft report would be available three weeks after the visit.

What if the engagement identifies potential issues with meeting the standards?

124 The mid-cycle engagement is not intended as a review or check of the provider's alignment to the ESG. However, if the mid-cycle review indicates the existence of potentially serious difficulties in your institution's management of quality and standards, which may bring into question your alignment to the ESG Standards, we may decide that further engagement is necessary, such as a partial review. Use of the QAA Quality Mark will be withdrawn if you fail to engage in such activity.

125 The mid-cycle engagement is confidential.

Annexes

Annex 1: About QAA

About the Quality Assurance Agency for Higher Education (QAA)

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

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

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

Internationally, through building strong partnerships, we both enhance and promote the reputation of UK higher education and provide services to higher education institutions, agencies and governments globally, in full alignment with Standards and Guidelines for Quality Assurance in the European Higher Education Area (the ESG).

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

QAA's work and review methods are informed by the fundamental values of the European Higher Education Area. Our approach and methods are designed to meet the standards and reflect the guidelines set out in the ESG. We seek to encourage engagement with other Bologna expectations, including means to enable mobility.

Annex 2: Mapping of the ESG Standards Part 1

Mapping of the OfS B Conditions to the ESG

1.1 Policy for quality assurance		
Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.		
Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework	Commentary
<p>Institutions have a quality assurance policy that:</p> <p>A is public</p> <p>B is part of strategic management, so:</p> <p>i is formal</p> <p>ii underpins the institutional quality assurance system</p> <p>iii supports an institutional culture in which all internal stakeholders are responsible for quality assurance</p> <p>iv supports academic integrity and freedom</p> <p>v guards against intolerance or discrimination</p> <p>C is implemented through appropriate structures and processes</p> <p>D involves external stakeholders.</p>	<p>Condition B2 - Resources, support and student engagement</p> <p>In relation to the 'student engagement' limb of condition B2, a provider might demonstrate that it ensures sufficient student engagement through 'student membership of, and effective contribution to, the provider's committees' (paragraph 333K). This <i>might</i> derive from a quality assurance policy, which supports an institutional culture in which all internal stakeholders are responsible for quality assurance [Biii]. However, condition B2 does not impose a requirement for a provider to have such a policy in place.</p> <p>Condition B4 - Assessment and Awards</p> <p>Students should be 'assessed effectively', which a provider could demonstrate by reference to a policy for quality assurance involving external stakeholders [D] - for example, external examiners. However, condition B4 does not impose a requirement for a provider to have such a policy in place.</p>	<p>There is insufficient overlap between ESG and B conditions to enable a registered provider to satisfy ESG Standard 1.1 because:</p> <ul style="list-style-type: none"> • the B conditions do not explicitly require providers to have a quality assurance policy • a provider does not need to demonstrate involvement of external stakeholders in order to comply with the OfS initial/ongoing conditions of registration.

1.2 Design and approval of programmes		
Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.		
Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.	Commentary
<p>Institutions have:</p> <p>A processes for the design and approval of programmes</p> <p>B programmes that meet the objectives set for them</p> <p>C qualifications that are clearly specified and communicated</p> <p>D qualifications that refer to the correct academic level.</p> <p>Their programmes:</p> <p>i are designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes</p> <p>ii are designed by involving students and other stakeholders in the work</p> <p>iii benefit from external expertise and reference points</p>	<p>Condition B1 - High quality academic experience</p> <p>A provider who has satisfied condition B1 would usually be able to demonstrate:</p> <ul style="list-style-type: none"> • programme regulations that set out clear expectations to ensure that courses are effectively designed and undergo robust validation processes [A, viii, C, D] • course validation procedures that require the use of external subject experts and/or the inclusion of internal experts on learning and teaching from other schools/departments within the provider [A, ii, iii] • Learning and Teaching Policy that sets out clear expectations for design and delivery [A, vi, C, D] • support by Learning and Teaching plan or strategy which: sets out key indicators to measure performance; explains how the provider will benchmark against sector reference points for comparable courses; articulates its approach to learning and how that approach facilitates successful outcomes [A, B, i, v, vi, C, D] • programme specifications that clearly demonstrate alignment between course content with the programme LOs [B, vi]. 	<p>There is sufficient overlap between ESG and B conditions to enable a registered provider to satisfy ESG 1.2.</p>

<ul style="list-style-type: none"> iv reflect the four purposes of higher education of the Council of Europe (cf. Scope and Concepts)⁵ v are designed so that they enable smooth student progression vi define the expected student workload, eg in ECTS vii include well-structured placement opportunities where appropriate viii are subject to a formal institutional approval process. 	<p>Condition B2 - Resources, support and student engagement</p> <p>This includes academic support, including help on placements and careers support. A provider who has satisfied this condition would usually ensure that students have ready access to a range of employability resources. In relation to placements, the provider might facilitate individualised support for students [iv, vii].</p>	
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⁵ The Council of Europe has defined four equally important and compatible purposes for education: preparation for employment; preparation for life as active citizens in democratic societies; personal development and development of a broad and advanced knowledge base. (Recommendation Rec(2007)6 of the Committee of Ministers to member states on the public responsibility for higher education and research, 2007)

1.3 Student-centred learning, teaching and assessment		
Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.		
Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework	Commentary
<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>	<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>	<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>
<p>A Institutions implement modes of delivery that encourage students to take an active role in creating learning processes.</p> <p>B Their processes for the assessment of students reflect the institution's student-centred approach to learning and teaching.</p> <p>Student-centred learning and teaching:</p> <p>i respects and attends to the diversity of students and their needs, enabling flexible learning paths</p> <p>ii considers and uses different modes of delivery, where appropriate</p> <p>iii flexibly uses a variety of pedagogical methods</p> <p>iv regularly evaluates and adjusts the modes of delivery and pedagogical methods</p> <p>v encourages a sense of autonomy in the learner, while ensuring adequate guidance and support from the teacher</p> <p>vi promotes mutual respect within the learner-teacher relationship</p> <p>vii has appropriate procedures for dealing with student complaints.</p>	<p>Condition B1 - High quality academic experience</p> <p>A provider who has satisfied this condition has demonstrated that 'each higher education course is effectively delivered' (condition B1.3d). Its courses are likely to use an appropriate range of teaching activities and encourage opportunities for students to engage directly with teaching staff. A provider will satisfy condition B1 where assessment is designed into the course. [A, B and i-xiv]</p> <p>Condition B4 - Assessment and awards</p> <p>A provider who has demonstrated that students are 'assessed effectively' (B4.2a) is likely to have evidence that:</p> <ul style="list-style-type: none"> • examiners (whether drafting or marking assessments) are subject matter experts and understand the principles of good assessment [viii] • assessment design processes incorporate diverse assessment methods and foster an understanding of good academic practice [ix-x] • students receive formative feedback and assessment tests the things it was designed to assess [x]. <p>A provider who has demonstrated that 'each assessment is valid and reliable' (B4.2b) is likely to have evidence that assessment is fair, consistent and conducted in accordance with stated procedures [xiii].</p>	<p>There is considerable overlap between ESG standards and B conditions in relation to the delivery and assessment of programmes. However, gaps remain and therefore a registered provider may not fully satisfy ESG 1.3.</p> <p>For instance, the B conditions do not require providers to have formal procedures for mitigating circumstances or appeals.</p>

<p>Assessment processes allow for the following:</p> <ul style="list-style-type: none"> viii Assessors are familiar with existing testing and examination methods and receive support in developing their own skills in this field. ix The criteria for and method of assessment, as well as criteria for marking, are published in advance. x The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved. Students are given feedback which, if necessary, is linked to advice on the learning process. xi Where possible, assessment is carried out by more than one examiner. xii The regulations for assessment take into account mitigating circumstances. xiii Assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures. xiv A formal procedure for student appeals is in place. 		
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1.4 Student admission, progression, recognition and certification Institutions should consistently apply pre-defined and published regulations covering all phases of the student “life cycle”, e.g. student admission, progression, recognition and certification.		
Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.	Commentary
<p>A Institutions publish regulations covering all phases of the student 'life cycle' and</p> <p>B consistently apply those pre-defined and published regulations.</p> <p>i Admission, recognition and completion policies, procedures and criteria are appropriate, consistent and transparent.</p> <p>ii Induction to the institution and the programme is provided.</p> <p>iii Recognition procedures are fair and appropriate and in line with the Lisbon Convention.⁶</p> <p>iv There are tools and processes to collect, monitor and act on information on progression.</p> <p>v Graduating students receive documentation explaining the qualification gained.</p>	<p>Condition B2 - Resources, support and student engagement</p> <p>Evidence that a provider effectively inducts its students would be relevant to demonstrate that students receive 'support .. sufficient for ensuring a high quality academic experience' (B2.2b). A provider who has satisfied condition B2 might have regulations and processes for the induction of students to the institution and the programme [ii].</p> <p>Similarly, a provider who has satisfied condition B2 might provide 'support' (B2.2b) to its students through consistent and transparent access policies, admission regulations, processes and criteria [A, B, i].</p> <p>However, in both instances there is no requirement for such provision. It is up to the provider how it complies with condition B2.</p> <p>Condition B3 - Student outcomes</p> <p>A provider who has complied with the condition to 'deliver positive outcomes' (B3.3) is likely to have mechanisms in place to collect, monitor and act on information on progression [iv].</p>	<p>There is insufficient overlap between ESG and B conditions to enable a registered provider to fully satisfy ESG Standard 1.4 because:</p> <p>The B conditions do not explicitly provide for:</p> <ul style="list-style-type: none"> • Admission procedures • Student induction • Recognition procedures • Graduation documentation

⁶ [Convention on the Recognition of Qualifications concerning Higher Education in the European Region \(ETS No. 165\)](#)

	<p>Condition B5 - Sector-recognised standards</p> <p>A registered provider has an ongoing obligation to grant awards only to students whose knowledge and skills appropriately reflect any applicable sector-recognised standards. Those standards are directly relevant to the context, level, content and status of the studies that were pursued but B5 does not impose obligations in relation to the documentation provided to evidence the students' achievement [v].</p>	
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1.5 Teaching staff		
Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.		
Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework	Commentary
<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>	<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>	<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>
<p>A Institutions assure themselves of the competence of their teachers.</p> <p>B Institutions apply fair and transparent staff recruitment and development processes.</p> <p>i There are opportunities for professional development of teaching staff.</p> <p>ii Scholarly activity is encouraged.</p> <p>iii The use of new technologies is encouraged.</p>	<p>Condition B1 - High-quality academic experience</p> <p>Condition B1 includes matters that relate to the curriculum and pedagogy for higher education courses: it provides that they must be 'effectively delivered'. It does not prescribe <i>how</i> a provider should demonstrate this.</p> <p>Accordingly, a registered provider is likely to have demonstrated that it has appropriately qualified, experienced and/or trained staff in different delivery and assessment methods [A, iii], but this is not an express requirement under B1.</p> <p>Similarly, while evidence of an institutional expectation that their current/prospective teachers engage in scholarly activity or relevant CPD or hold relevant certifications [ii] would be relevant to condition B1, it is up to the provider how it complies with this condition.</p> <p>Condition B2 - Resources, support and student engagement</p> <p>Includes a requirement that the provider ensures there are sufficient resources to ensure a high-quality student experience and student success in and beyond higher education (B2.2). Resources include an effectively deployed teaching team with expert subject knowledge and with teaching qualifications/training and experience. The provider must have sufficient financial resource to recruit, retain and support the teaching team. [A, i]</p>	<p>There is partial overlap between ESG Standards and B conditions. A registered provider would not fully satisfy ESG Standard 1.5 because the B conditions do not impose:</p> <ul style="list-style-type: none"> • a requirement for fair and transparent recruitment processes • an expectation that scholarly activity or the use of new technologies be encouraged.

1.6 Learning resources and student support		
Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.		
Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.	Commentary
<p>A Institutions have appropriate funding for learning and teaching activities.</p> <p>B Institutions provide adequate and readily accessible learning resources.</p> <p>C Institutions provide adequate and readily accessible student support.</p> <p>i Resources include physical resources such as libraries, study facilities and IT. infrastructure and human support</p> <p>ii The needs of a diverse student population are taken into account.</p>	<p>Condition B2 - Resources, support and student engagement</p> <p>B2.2 states that the provider must take 'all reasonable steps' to ensure that each cohort of students 'receives resources and support which are sufficient for the purpose of ensuring':</p> <ul style="list-style-type: none"> • a high-quality academic experience for those students • those students succeed in and beyond higher education. <p>'All reasonable steps' places significant weight on the academic needs of the individual cohort and far less weight on the provider's financial constraints.</p> <p>A registered provider who has satisfied condition B2 will be able to demonstrate that it provides adequate and readily accessible learning resources and student support [B, C and i]. The obligation is to consider 'each cohort of students'; therefore, a registered provider must take the needs of a diverse student population into account [ii].</p> <p>Under B2, the provider is expected to have '<i>sufficient financial resource</i>' to recruit, retain and support teaching staff (who are included in the definition of 'resources' under B2) [A]; and a provider is expected to 'fund the provision of learning resources', without additional charge beyond the course fee [A].</p>	<p>There is sufficient overlap between ESG and B conditions to enable a registered provider to satisfy ESG Standard 1.6.</p>

1.7 Information management		
Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.		
Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework	Commentary
<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>	<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>	<p>The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.</p>
<p>A Institutions collect and analyse information.</p> <p>B Institutions use relevant information to manage programmes and other activities.</p> <p>C The information gathered may include:</p> <ul style="list-style-type: none"> i key performance indicators ii profile of the student population iii student progression, success and drop-out rates iv students' satisfaction with their programmes v learning resources and student support available vi career paths of graduates. 	<p>Condition B3 - Student Outcomes</p> <p>Under condition B3.3, 'the provider must deliver positive outcomes for students on its higher education courses'.</p> <p>Whether the provider has satisfied the condition is determined by reference to relevant information (outcome data). The OfS considers the data across a number of indicators, including rates of students:</p> <ul style="list-style-type: none"> • continuing in their studies • completing their studies • progressing into managerial or professional employment, or further study • any other areas as determined by the OfS. <p>It is therefore likely that registered providers can demonstrate that they collect and analyse information on key performance indicators including progression, success and drop-out rates and graduate outcomes [a, i, iii and vi].</p>	<p>ESG Standard 1.7 recognises that 'the information gathered depends, to some extent, on the type and mission of the institution'. Registered providers who have satisfied B3 collect data and some of those providers may collect data that is considered relevant under the ESG standards.</p> <p>Notwithstanding this, the B conditions do not explicitly require providers to 'analyse and use relevant information for the effective management of their programmes and other activities'.</p> <p>There is therefore insufficient overlap between ESG and B conditions to fully satisfy ESG Standard 1.7.</p>

1.8 Public information

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

Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.	Commentary
<p>A Institutions publish information about their activities that is</p> <ul style="list-style-type: none">• clear• accurate• objective• up-to-date• readily accessible <p>i for prospective and current students, graduates, other stakeholders and the public</p> <p>ii including information about their programmes, qualifications, teaching, learning and assessment procedures, pass rates, available learning opportunities and graduate employment information.</p>	<p>No relevant B conditions. Additionally, condition F1 Transparency information also has insufficient coverage to address the requirements expected in this Standard.</p>	<p>There is no overlap between the ESG Standards and the B conditions.</p>

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

Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.	Commentary
<p>A Institutions monitor and periodically review their programmes.</p> <p>B The reviews operate to ensure that programmes achieve the objectives set for them and respond to the needs of students and society.</p> <p>C The reviews lead to continuous improvement of the programmes.</p> <p>D Any action planned or taken as a result is communicated to all those concerned.</p> <p>i Reviews include:</p> <ul style="list-style-type: none"> - the content of the programme to ensure it is up-to-date - the changing needs of society - the students' workload, progression and completion - the effectiveness of procedures for assessment of students - the student expectations, needs and satisfaction in relation to the programme - the learning environment and support services and their fitness for purpose for the programme. <p>ii Reviews involve students and other stakeholders.</p> <p>iii As a result of the information gathered, the programme adapted and revised programme specifications published.</p>	<p>Condition B1 - High-quality academic experience</p> <p>B1 provides that courses must be up-to-date (B1.3a) and effectively delivered (B1.3d). A registered provider <i>could</i> submit the following evidence to demonstrate compliance with these requirements:</p> <ul style="list-style-type: none"> • periodic monitoring and review of courses [A] • students' involvement in programme review and enhancement [B] • adaptations and revisions to programmes and programme specifications as the outcome of monitoring and review processes [C, D]. <p>Such a provider is likely to satisfy ESG Standard 1.9 but there is no explicit requirement under B1 to monitor and periodically review programmes.</p>	<p>There is no express overlap between B conditions and ESG Standard 1.9.</p> <p>It is possible that a registered provider might have met the requirement of condition B through demonstrating behaviours and outcomes that would equally satisfy ESG Standard 1.9. However, the requirement of condition B1 is expressed as a principle that can be satisfied in different ways (paragraph 332G).</p>

1.10 Cyclical external quality assurance Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.		
Outcomes under the ESG Standard and Guidelines	Relevant extracts/reference from OfS regulatory framework The notes in brackets [] refer to entries in the left-hand column which overlap with B conditions.	Commentary
<p>A Institutions participate in cyclical external quality assurance which takes account of the requirements of the legislative framework.</p> <p>B Institutions ensure that progress made since the last external quality assurance is taken into account in preparation for the next.</p>	Outside of the scope of the B conditions	There is no overlap between the ESG and B Conditions that would enable a provider to satisfy 1.10.

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, the role is 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 enquiry.

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.

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, the role is to:

- liaise with the provider on the method, information required and logistical arrangements
- facilitate communication between the provider, the facilitator and the 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 mid-cycle enhancement 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, the role is 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: Self-evaluation and supporting evidence

Main functions of the self-evaluation document

Self-evaluation supports the emphasis on autonomous institutions bearing responsibility for quality assurance. Evidence of an institution's ability to be critically self-reflective and to keep its own processes and practices under review itself indicates to review teams that quality and standards are managed effectively. Both the production of the document and the selection of supporting evidence are part of the self-evaluation process by demonstrating an institution's capacity to reflect and evaluate its quality assurance arrangements by judiciously selecting and presenting materials that supports its claims.

The self-evaluation document (SED) has several functions:

- to give the review team an overview of your institution, including its background and experience in managing quality and standards
- to demonstrate that you have evaluated your institution's approach to quality assurance through the selection of evidence that you consider best presents and explains how you know your approach to quality assurance is effective
- to explain to the review team how the evidence you have selected demonstrates that your institution meets the ESG Standards
- to present your approach to enhancement and identify enhancement initiatives to be analysed by the review team
- to guide the review team through the evidence base.

Your self-evaluation is used throughout the review process to inform the work of the review team and shape its findings. It is used in the initial desk-based analysis to identify which Standards have been sufficiently demonstrated through the evidence and where further information is required to enable the team to reach a judgement. It is also used to frame the lines of enquiry that will be pursued during the visit, including the enhancement initiatives to be explored by the team in detail. The self-evaluation continues to be used by the review team during the visit, both as a source of information and as a way of navigating the supporting evidence.

Producing a self-evaluation document

In producing the self-evaluation, you are encouraged to consider and reflect on the following fundamental quality assurance questions:

- What do you do?
- How do you do it?
- Why do you do it that way?
- How well do you do it?
- How do you know how well you do it?
- What do you do to improve?

Descriptive content (for instance - what do you do?') should be minimised to that which is necessary to provide context for the evaluation (for example: 'how well do you do it/does it work?' and 'how do you know you do it well/how do you know it works?'). There is no need to duplicate descriptive material that is already presented in the supporting documentation that you make available. Instead, we encourage you to focus on explaining evidence that shows your evaluation and that demonstrates the outcomes of your quality assurance activity in relation to the ESG Standards.

Supporting evidence is essential in enabling a review team to determine whether the

relevant Standards have been demonstrated. The evidence you select to demonstrate how you meet the Standards should be specific, proportionate and reasonable. Wherever possible, this evidence should be drawn from documentation that you routinely generate in the course of your quality assurance arrangements and include the evidence and data that you normally use in identifying your strengths and challenges. With the exception of the self-evaluation, we would not expect new documentation to be produced specifically for the purposes of an EQR review.

Circulating your draft self-evaluation to higher education staff for comment, widens the perspective and helps to keep colleagues informed and engaged in the process. Ideally, the document should be owned by many, but read as one voice. Wherever possible, the self-evaluation should be co-created in conjunction with representatives of the student body to ensure that the views of students on their learning experience inform the submission to the review team.

The format of the self-evaluation can be determined by you, although an optional template, which includes an outline of indicative evidence for each ESG Standard, is available from QAA and will be shared with you at the briefing stage. A suggested structure for the self-evaluation is provided below.

Brief description of your institution

A summary, or signposting, of key information about your institution that provides context for the review team. This would typically include:

- your institution's mission and ethos
- recent major changes (or changes since the last QAA review where relevant)
- strategic aims or priorities
- key challenges your institution faces
- implications of changes, challenges, strategic aims or priorities for safeguarding academic standards and the quality of student learning opportunities
- details of the external reference points, where relevant, that your institution is required to consider (for example: national requirements, the requirements of professional, statutory and regulatory bodies, and qualification frameworks)
- number of students and staff (managerial, academic, professional services staff)
- outline of any contractual agreements with awarding bodies/validating bodies; subcontracting arrangements and respective responsibilities
- outline of organisational structure (for example: departments, directorates)
- previous external quality assurance activities, including any outcomes and progress made against any recommendations and/or good practice.

Quality assurance in relation to the ESG Standards

A clear presentation of the evidence that, in your opinion, best demonstrates how you meet the Standards and any good practice in your approach to meeting these Standards. This part of the self-evaluation would typically be organised with a section for each ESG Standard and care should be taken to ensure that the information provided is relevant and specific to that ESG Standard.

The ESG Standards set out agreed and accepted practice for quality assurance in higher education in the European Higher Education Area (EHEA) and should, therefore, be taken account of and adhered to by those concerned, in all types of higher education provision in compiling the self-evaluation. The exact wording and terms used in the Standard are important when determining the information and evidence to make available and should be carefully considered in the production of the self-evaluation.

The ESG guidelines explain why the Standard is important and describe how Standards might be implemented. They set out good practice in the relevant area for consideration by those involved in quality assurance. Implementation will vary depending on different contexts. The guidelines for each Standard should be carefully considered in producing the self-evaluation to understand the typical scope and areas to cover.

For each ESG Standard, this section of your self-evaluation would typically include:

- an explanation of the evidence that you have selected from within your institution that you consider best demonstrates that the Standard is met and where you consider there to be good practice
- clear referencing to the specific parts of this evidence that are relevant and which will assist the review team in forming a judgement on whether you satisfy the ESG Standard.

You are encouraged to include what you are particularly proud of which is relevant to the specific ESG Standard, but this is additional to having demonstrated alignment with the Standard. The review team can then consider and confirm this as good practice in the report although, to do this, the claim will need to be substantiated by clear and robust evidence.

Context for enhancement

This section would normally outline the context for enhancement at your institution which may include:

- your overall strategy, plans, policy and practice in relation to enhancement
- roles and responsibilities
- holistic approach to evaluation of the success and impact of enhancement activity.

QAA expects that providers undertake evaluative activity on an ongoing and routine basis that informs their approach to enhancement. The review will explore the range and overall effectiveness of ongoing and routine evaluative activities and is expected to draw on existing documentation wherever possible, so it is not envisaged that supporting evidence will involve the development of new documents.

Enhancement initiatives

You are encouraged to put forward two to three enhancement initiatives to be analysed by the review team. These may then result in statements of verified good practice within the report where these are found to be making a positive contribution to the student learning experience within the context of your institution. The presentation of these can be determined by you but, for each enhancement initiative, this is likely to include information, and supporting evidence that:

- provides an outline of the enhancement initiatives and their aims
- shows the planning, implementation and/or the evaluation of the enhancement initiatives
- explains the involvement of students in planning, implementation and evaluation
- gives details of the implementation of the enhancement initiative, including any challenges and solutions identified and introduced
- includes evaluation of the benefits to the student learning experience.

Referencing

The self-evaluation should include clear references to the evidence you use to illustrate and/or substantiate its contents, since it is not the responsibility of the review team to seek this evidence out.

In order for the review team to be able to operate efficiently throughout the review, it is important to ensure that all evidence documents are clearly labelled and numbered. It is equally important to ensure that each evidence document is clearly referenced to the appropriate text in the commentary using the same labelling and numbering system, and providing paragraph numbers and dates of minutes as appropriate.

Submission

Your self-evaluation and supporting evidence will need to be uploaded to our secure document sharing site by the deadline agreed in the detailed specification. We will provide you with details regarding the upload process.

Annex 5: Judgements, outcomes and assessment criteria

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 Standard	
Your institution demonstrates that it meets a Standard if either of the following statements is true:	Your institution demonstrates that it does not meet a Standard if either of the following statements is true:
<p>There are no recommendations for improvement in relation to this Standard.</p> <p>OR</p> <p>Any recommendations for improvement do not relate to issues that, individually or collectively, present any serious risks* to the meeting of this Standard, and they relate only to:</p> <ul style="list-style-type: none"> • minor omissions or errors • a need to amend or update details in documentation where the amendment will not require or result in major structural, operational or procedural change • the requirement to complete activity that is already underway in a small number of areas that will allow your institution to meet the Standard more fully • the institution's practices to drive improvement and enhancement. <p>*Some moderate risks may exist and these must be addressed in your institution's action plan in order to avoid more serious problems developing over time.</p>	<p>There are recommendations for improvement in relation to this Standard and these relate, either individually or collectively, to:</p> <ul style="list-style-type: none"> • weakness in the operation of part of your institution's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to quality assurance in your institution's planning processes • quality assurance procedures that are not applied rigorously enough. <p>OR, more seriously to:</p> <ul style="list-style-type: none"> • 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 Standard may be met without any good practice. A finding of good practice does not guarantee that a Standard is met.</p>	

STEP 2		
Determine the overall judgement		
Meets all the Standards	Meets all the Standards subject to meeting specific conditions	Does not meet all the Standards
All 10 Standards have been met.	Up to two Standards have not been met. Condition(s) are set that need priority action by your institution within 12 months to ensure the Standard is met.	More than two Standards have not been met.

Conditions

We may decide to set specific conditions that enable a successful outcome to be achieved. They will only be set where they relate to a very small number of weaknesses that, while potentially significant, only impact on whether the one (or at most two) Standards are met. The team will only do this if they consider that the weaknesses can be rectified in a short space of time and in a way that can be sufficiently analysed through a brief desk-based exercise following specific actions undertaken by your institution and a subsequent submission of further evidence.

Recommendations

We may make recommendations where the team agrees that your institution should change, or consider changing a practice, policy or a process in order to address a weakness or shortcoming.

Statement of good practice

We may identify statements of good practice where the team identifies a process or way of working that makes a particularly positive contribution to the student learning experience within the context of the provider.

Annex 6: Review report

Content of the report

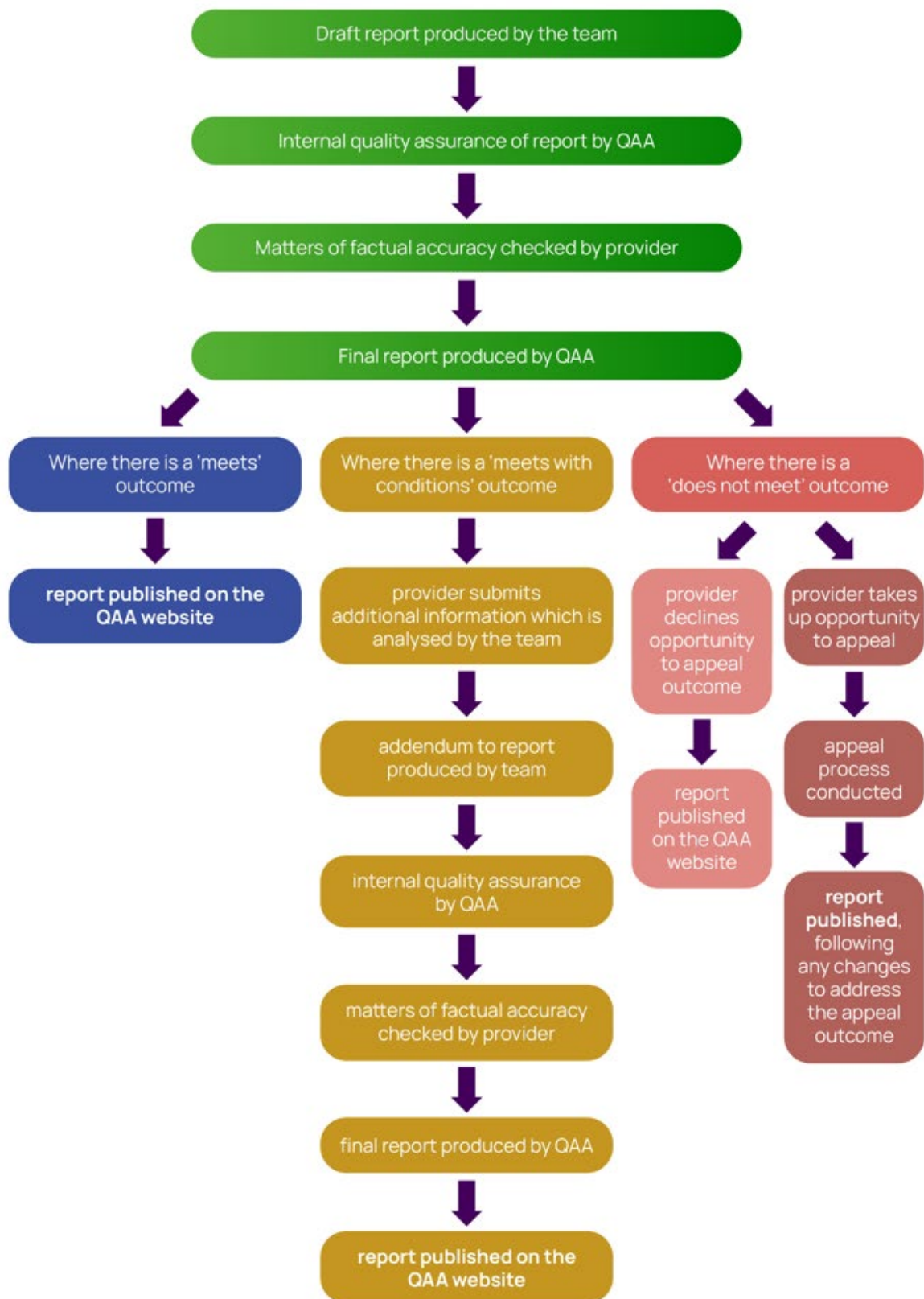
A consistent template will be used for all reports generated from the EQR process. Reports will be structured using the following standard headings:

- 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 (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 ESG Standards 1.1-1.10
- Commentary on the institution's strategy and practice for enhancement, and findings from the enhancement initiatives reviewed
- List of evidence (removed prior to publication).

Timing of report publication

The production and publication of the report will follow the process outlined below. 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.

Report publication process



Annex 7: 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 EQR 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 8: 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 report, meet a third-party request for disclosure of its contents, or consider the action plan during the appeal process. Where an appeal is unsuccessful, the report will be published promptly after the end of the appeal process.

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 9: 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 10: 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.

Conditions

Required actions to be taken by the provider in cases where the review team have identified a small number of weaknesses which need to be addressed in order to fully meet the ESG Standards.

Conditions of registration

The primary tool used by the regulator in England (the Office for Students) to regulate individual providers which are used, in the main, to ensure that providers continue to meet baseline requirements, rather than to drive continuous improvement.

Degree-awarding body

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

Desk-based analysis

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.

European Standards and Guidelines

Internationally-recognised standards for higher education provision which form the basis for this review method. For details, including the full text on each Standard, see www.enqa.eu/index.php/home/esg

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 enquiry

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.

Mid-cycle engagement

An engagement by a QAA Officer (and potentially other reviewers), two to three years after the review, of how the institution has responded to review outcomes and to explore further enhancement activity.

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 Standards 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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