

# Recognition Scheme for Educational Oversight (RSEO)

Handbook for Providers

September 2022



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## Introduction

From 1 August 2019, the Office for Students (OfS) is the educational oversight body for providers eligible to register with them, meaning that eligible providers wishing to acquire or maintain Tier 4 sponsor status must register with the OfS. QAA will continue to be an educational oversight body only for those providers not eligible to register with the OfS.

The [UK Quality Code for Higher Education](#) should be used as a reference point for the review method.

This version of the handbook (2022-23) maintains the following main change:

The COVID-19 (Coronavirus) outbreak has had significant and widespread consequences for the higher education sector. Given the information we have now, for those providers requiring educational oversight, QAA may conduct online reviews where necessary. We will continue to review this position based on the latest government and public health advice. In accordance with current advice, all reviews will return to in-person visits.

## About educational oversight by QAA

1 Educational oversight by a designated body is a requirement for Tier 4 sponsor status. In this context, the Quality Assurance Agency for Higher Education (QAA) has been recognised as a designated body for higher education providers by UK Visas and Immigration (UKVI) for providers not eligible to register with the Office for Students (OfS).

2 The process described in this handbook is called the Recognition Scheme for Educational Oversight (RSEO). RSEO covers 'third-party' providers of short-term study abroad programmes in the UK, which form part of degree courses offered by overseas providers in their home country (study abroad providers). Please refer to the [Tier 4 Sponsor Guidance](#), published by the Home Office for further information regarding educational oversight requirements.

3 In submitting their application for educational oversight, providers agree that they are within the scope of the [QAA Concerns Scheme](#) and have agreed to cooperate with any related investigations. Section 4 of the handbook gives further details about the Concerns Scheme.

4 The method leads to a judgement on the provider's management and improvement of the quality of learning opportunities available to students. All judgements are graded and, in order to gain or retain Tier 4 sponsor status, UKVI requires the provider to achieve judgements of 'confidence' in academic standards and quality of learning opportunities. In addition, there is a commentary on the provider's management of its responsibilities for academic standards. Section 2 of the handbook gives further details about the judgement.

## About QAA

5 The mission of QAA is to safeguard standards and improve the quality of UK higher education wherever it is delivered around the world. In furtherance of this mission, QAA undertakes reviews of higher education offered by universities, colleges, alternative providers, and recognised overseas providers.

## About this handbook

6 The purpose of this handbook is to state the aims of the review method and to give guidance to providers preparing for, and taking part in, the review. This handbook is intended for staff at higher education providers seeking educational oversight by QAA, and for review team members. In addition to this handbook, QAA will provide support for providers and team members.

## Section 1: Key features of the method

7 The Recognition Scheme for Educational Oversight (RSEO) consists of periodic reviews, an annual return and interim monitoring visits/desk-based analyses between reviews. This section gives an overview of RSEO, including its aims and objectives. A more detailed description of how RSEO works follows in Section 2. The annual return and monitoring process are described in separate guidance published on the QAA website.

8 The method aims to:

- safeguard academic standards and contribute to the improvement of the quality of higher education offered in the UK
- encourage all parties to work together to ensure that students benefit from a high-quality learning experience
- ensure providers make available valid, reliable, useful and accessible information about their provision.

9 As mentioned in paragraph 4, reviewers make a judgement about the effectiveness of the provider's procedures for the management and improvement of the quality of learning opportunities available to students. Reviewers are not required to reach a judgement in relation to academic standards. Instead, they produce a commentary on how effectively the provider discharges its responsibilities for academic standards. The commentary is set in the context of the provider's relationship with the overseas provider that awards the degrees. In the case of some study abroad providers, this relationship may be with a US-accredited provider acting as a School of Record and providing the transcript necessary for students to gain academic credit from their home provider for their study abroad.

10 QAA will publish a report at the end of the review process. Documents related to the review, which are not already in the public domain, are regarded as confidential and will only be disclosed to a third party when QAA believes the release is appropriate to comply with the law.

11 Approximately nine months after their first review, and subsequently on an annual basis, providers must submit an annual return and may receive monitoring visits/desk-based analyses each year before the next full review. The submission of an annual return and associated evidence is required from all providers, irrespective of the outcome of the previous submission, monitoring visit or review. Providers who make commendable progress at a monitoring visit will be exempt from a monitoring visit the following year, unless specified material changes in circumstances have occurred, which would either trigger a monitoring

visit, extended monitoring visit, partial or full review. Where providers make acceptable progress at a monitoring visit, a desk-based analysis may be undertaken in the following year, unless specified material changes in circumstances have occurred, which would trigger a monitoring visit, extended monitoring visit, partial or full review. Desk-based analysis cannot occur in consecutive years. Where further improvement is required or where the provider is not making acceptable progress at the end of the monitoring process, providers will need to undergo a full RSEO visit in order to maintain educational oversight. It is expected that full reviews will take place every four years. The process for the annual return and for monitoring visits is described more fully in separate guidance published on the QAA website.

## **Section 2: The review process in detail**

### **Overview**

12 The review considers the effectiveness of all aspects of the provider's procedures for managing its higher education. Each RSEO report is published on the QAA website. The process is summarised in a timeline on page 8.

### **Scope and coverage**

13 The review encompasses all programmes of study eligible for Tier 4 sponsorship

### **Reference points**

14 The UK reference point for the method is the applicable Core and Common practices (and associated Expectations) for quality in the revised Quality Code.

### **Review team**

15 There will be four members of the RSEO review team: three reviewers and a QAA Officer leading the process. Providers will have the opportunity to check team membership for conflicts of interest. All review teams will include a student member.

16 A facilitator, a member of staff nominated by the provider, will act as the key point of contact between the provider and the QAA Officer before, during and after the visit.

17 While individual reviewers may take responsibility for drafting particular sections of the report, the whole team reaches a consensus on the judgement about the management and improvement of the quality of learning opportunities. The team will also reach a consensus regarding the commentary on the management of any responsibilities for academic standards.

### **Role of students**

18 The review seeks to identify students' views of their education, both before and during the visit. The QAA Officer is responsible for discussing with the provider methods of obtaining a student submission, which is voluntary. The student submission may take a variety of forms and should reflect the students' own views of their experience as learners. The review team will expect the provider's self-evaluation to explain how it engages students in the quality assurance process. Further details about the self-evaluation can be found in paragraphs 25-27 and Annex 3.

19 There will be a confidential meeting with a representative group of students during the visit to the provider. Given the importance of meeting students, providers will want to think carefully about the timing of the review and the availability of students.

## **Key stages of the method**

20 The three key stages of the method are set out below in terms of preparation for the visit, the visit itself and post-visit activities.

21 Key stages of RSEO are set out under three headings:

### **Preparing for the review visit**

22 Before the review visit is scheduled to take place, QAA will do the following:

- notify the provider of the dates of the review
- invite the provider to identify a facilitator no later than 12 weeks before the visit - the facilitator should be a member of staff who has a thorough understanding of the provider's higher education provision.

### **Preparatory meeting**

23 The preparatory meeting can be held at the provider's headquarters or may be conducted virtually and involves staff, any student representatives, and the QAA Officer. This will take place no later than 10 weeks before the initial visit of the review team to the provider's headquarters.

24 The purpose of the preparatory meeting is to discuss the arrangements for the RSEO visit. It is also an opportunity for the QAA Officer to meet key staff and student representatives, clarify the process, and provide an opportunity for staff and students to ask questions. Student representatives may also attend to discuss the preparation of the student submission.

### **Self-evaluation document**

25 The self-evaluation document (SED) is a key element of the review that should be submitted to QAA six weeks in advance of the review visit. The self-evaluation should provide an analytical self-reflection on the provider's approach to the management of academic standards and the management and improvement of the quality of learning opportunities. It should clearly identify roles, responsibilities and reporting structures. For further information about preparing the self-evaluation, see Annex 3.

26 The self-evaluation should provide relevant evidence of status, accreditation and recognition. QAA will carry out checks in order to confirm these details, referring as necessary to accreditation or other quality assurance bodies based in the home country.

27 The self-evaluation should cover all aspects of the provider's higher education provision and needs to be fully referenced to supporting evidence. The review team will carry out a careful analysis of the self-evaluation prior to the review visit. The review team may also ask for additional evidence or for clarification about particular matters prior to the visit in order to avoid delays during the visit.

### **Initial analysis**

28 The review team will analyse the SED and supporting evidence, and student submission if provided, prior to the review visit. The review team may ask for additional evidence or for clarification on particular matters prior to the visit in order to avoid delays during the visit. Typically, additional information would be requested around three weeks prior to the review visit with an expectation that this is provided prior to the review visit.

Requested information can be made available at the start of the review visit by arrangement. All requests for additional information will be formally made through the QAA Officer.

## The review visit

29 The visit by the review team will normally last for one day. It is designed to allow reviewers to scrutinise evidence on site, and to meet the provider's staff, students and other stakeholders. Reviewers do not observe teaching, but will consider evidence of how the provider assures the quality of teaching and other learning opportunities. Reviewers are responsible for analysing the evidence, which leads to their conclusions and judgements. The role of the QAA Officer is one of leadership and facilitation. The QAA Officer supports the team in making its evidence-based judgements. The visit concludes with a private meeting of the review team, at which reviewers will arrive at conclusions and a judgement.

30 The conclusions and judgement will not be disclosed to the provider at this stage. Instead, the provider will be informed of the outcomes in the key findings letter within two weeks of the end of the RSEO visit (see paragraph 38).

## Judgements

31 At the end of the visit, the review team will agree summaries of evidence and provide the following:

- a commentary on the provider's management of its responsibilities for academic standards
- a provisional judgement on the management and improvement of the quality of learning opportunities.

32 For quality of learning opportunities, the review team will make judgements of confidence, limited confidence or no confidence. A provisional **confidence** judgement will be made where:

- the provider is found to be effective in managing its responsibilities for quality
- the prospects for quality being maintained at current levels appear sound
- the provider has effective mechanisms for the management and improvement of its higher education provision.

33 A provisional **limited confidence** judgement will be made where:

- concerns exist about aspects of a provider's current or likely future management and improvement of the quality of its higher education provision.

34 A provisional **no confidence** judgement will be made where:

- major concerns exist about significant aspects of a provider's current or likely future capacity to secure and maintain the quality of its higher education provision.

35 The outcome indicating a satisfactory review for UKVI Tier 4 purposes is that the provider receives a judgement of confidence in its management and improvement of the quality of learning opportunities.<sup>1</sup>

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<sup>1</sup> See: Tier 4 of the Points Based System: Guidance for Sponsors: Applying for a Tier 4 licence: [www.qaa.ac.uk/quality-code/advice-and-guidance](http://www.qaa.ac.uk/quality-code/advice-and-guidance)

## Recommendations

36 RSEO reports may also include recommendations, which are categorised according to priority:

- **Essential** recommendations refer to issues that the review team believes are currently putting quality and/or standards at risk and hence require urgent corrective action. Judgements of limited or no confidence will normally be accompanied by one or more recommendations for action considered to be essential and, almost certainly, others for action considered to be advisable and/or desirable.
- **Advisable** recommendations relate to matters that the review team believes have the potential to put quality and/or standards at risk and hence require preventative corrective action.
- **Desirable** recommendations relate to matters that the review team believes have the potential to improve quality, build capacity and/or further secure standards.

## Features of good practice

37 The review report may also identify features of good practice. These relate to matters that the review team regard as making a particularly positive contribution to the provider's management of academic standards and/or academic quality, and which are worthy of wider dissemination within and/or beyond the provider.

## After the review visit

### Key findings letter

38 Within two weeks of the end of the RSEO visit, the QAA Officer will send the provider a key findings letter which will summarise the review team's conclusions. The letter will be copied to UKVI. All judgements, good practice and recommendations remain provisional until the report is finalised.

### Draft report

39 The review team is responsible for writing a report of its findings. The draft report sets out the provisional judgements, good practice and recommended actions as described above, together with contextual information and supporting evidence.

40 Six weeks after the end of the visit, the QAA Officer will send a draft version of the report to the provider for comment. This gives the provider the opportunity to draw the review team's attention to any areas that it regards as inaccurate or incomplete and, if necessary, to submit additional evidence. The review team will be able to consider only supporting evidence that was available at the time of the review visit. The review team will then decide whether or not any aspect of the report, including the provisional judgements, should be amended in response. When the judgements are finalised, QAA will also inform UKVI.

### Action plan

41 After the report has been published, the provider will be expected to provide an action plan, signed off by the head of the provider, responding to the recommendations, and giving any plans to capitalise on the identified good practice. The action plan should be sent to QAA within one academic term or semester of the review report being published. The action plan will be published on the provider's report page on QAA's website.

42 The action plan describes how the provider intends to take forward the review team's findings, and the effectiveness of the action taken will form part of the evidence base for the following annual return and monitoring visit/desk-based analysis and any future activity as required. The plan will also constitute a published record of the provider's



commitment to developing its provision. For guidance on preparing an action plan, please see Annex 2.

### **Process for unsatisfactory judgements**

43 If the review team makes a judgement of 'no confidence' or 'limited confidence', a second draft of the report will be produced. Where the second draft report (that is, the version of the report produced in light of the provider's comments on the first draft) contains an unsatisfactory judgement, we will not publish that report but rather send it back to allow the provider to consider whether it wishes to appeal the judgement. Any appeal should be made within one month of dispatch of the second draft report and should be based on that second draft. An appeal based on a first draft report will not be considered. QAA will not publish a report, meet a third-party request for disclosure of the report, or consider a provider's action plan while an appeal is pending or is under consideration. Please refer to the [procedure on appeals](#) for further information.

44 Where an unsatisfactory judgement is not appealed, the review report will be published within one week after the appeal deadline and the provider will be notified of publication. Where an appeal against an unsatisfactory judgement is unsuccessful, the report will be published within one week after the end of the appeal process and the provider will be notified of publication. Upon publication of the report, the provider will receive confirmation that it will not be eligible to use the QAA Graphic and will be asked to remove it from all communications materials. Providers should prepare an action plan following a negative judgement in the same way as for a positive outcome, so that the review team can evaluate progress in any subsequent review.

45 Please see the latest Tier 4 Sponsor Guidance published by UKVI for the consequences of receiving a negative judgement.

### **Final report**

46 Normally, once the review team has considered and responded to the provider's comments, it will finalise the judgement and commentary. The final report will normally be published on the QAA website **12 weeks after the end of the visit**. The final publication date will be deferred if a second draft report is required, or if a provider appeals the review team's confirmed judgements. QAA will notify the provider when the final version of the report has been published.

**Table 1: Indicative timeline for a single visit<sup>2</sup>**

| <b>Time +/- visit</b>  | <b>Actions required</b>   | <b>Who</b>   |
|------------------------|---|--|
| -14 weeks<br>(minimum) | QAA informs provider of the review visit  | QAA following consultation with provider               |
| -10 weeks<br>(minimum) | Preparatory meeting   | QAA Officer<br>Provider                                |
| -6 weeks               | Provider submits self-evaluation and student submission   | Provider   |
| -3 weeks               | Team requests additional documentation  | QAA Officer  |
| -2 weeks               | Provider uploads additional documentation   | Provider   |
| 0 weeks                | Review visit to provider (one day)  | Provider<br>Student representatives<br>QAA review team |
| +2 weeks               | Key findings letter to provider and UKVI  | QAA Officer  |
| +6 weeks               | Draft report to provider for comments on factual accuracy   | QAA Officer  |
| +10 weeks              | Provider submits comments on factual accuracy to QAA (and, where necessary, supporting evidence).   | Provider   |
| +12 weeks              | Review report published at <a href="http://www.qaa.ac.uk/reviewing-higher-education/quality-assurance-reports">www.qaa.ac.uk/reviewing-higher-education/quality-assurance-reports</a> | QAA  |
| +22 weeks              | Provider sends its action plan to QAA.<br><br>Provider adds a link from its website to the report page on QAA's website.  | Provider   |

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<sup>2</sup> Please note that timings may be altered to take account of public holidays.

## Section 3: The interval between reviews

47 The interval between reviews for study abroad providers requiring educational oversight is normally four years. Following the first review, providers will submit an annual return and will receive monitoring visits/desk-based analyses each year before the next full review. Providers who do not pass the monitoring process may request a further review in order to maintain educational oversight. Further guidance on the annual monitoring process is published separately on the QAA website.

### Annual monitoring

48 Following the review, the provider will be subject to annual monitoring. An annual return and monitoring visit/desk-based analysis are an integral part of the overall review process. They serve as a short check on the continuing management of academic standards and the management and enhancement of the quality of learning opportunities.

49 Significant material changes in circumstances, or complaints or concerns raised about the provider, may trigger a visit, an extended monitoring visit, partial or full review of the provider instead of a desk-based analysis or standard monitoring visit. Further details on the annual monitoring process are available on the QAA website.<sup>3</sup>

## Section 4: Concerns, complaints and appeals

### Concerns about the standards and quality of higher education

50 As well as undertaking reviews of alternative providers, QAA can also investigate concerns about the standards and quality of higher education provision. Where there is evidence of weaknesses that go beyond an isolated occurrence, and where the evidence suggests broader failings in the management of quality and standards, QAA can investigate. These concerns may be raised by students, staff, organisations, or anyone else. There are separate [concerns schemes](#) for England, Wales, Northern Ireland and Scotland. For England, the concerns scheme applies to alternative providers that are unable to register with the Office for Students and are undergoing review and/or annual monitoring with QAA for educational oversight purposes.

51 With respect to providers in England, where a concern becomes known to QAA in the immediate build-up to a review visit, QAA may investigate the concern within that visit rather than conduct a separate investigation. If QAA chooses to investigate through the visit, the information and accompanying evidence will be passed to the reviewers. If the duration of the review visit has already been set, the team may need to revise its decision. QAA may also add extra reviewers to the review team. QAA will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The team's view of the validity and seriousness of the concern may affect the outcome of the review visit. With respect to providers in England, when a concern becomes known to QAA well in advance of a review visit and there is sufficient evidence to proceed to a concerns' visit, QAA may put the review on hold.

52 Where a concern becomes known to QAA during a review visit, QAA may investigate the concern during the visit, and this could be grounds for extending the visit. If QAA chooses to investigate the concern in this way, the information and accompanying evidence will be passed to the reviewers. QAA will explain the nature of the concern to the provider and invite them to provide a response to the reviewers. The reviewers' view of the

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<sup>3</sup> Educational oversight reviews, annual monitoring:  
[www.qaa.ac.uk/reviewing-higher-education/types-of-review/higher-education-review](http://www.qaa.ac.uk/reviewing-higher-education/types-of-review/higher-education-review)

validity and seriousness of the concern may affect the review outcome. Alternatively, QAA may choose to investigate the concern after the visit has ended and this may also affect the outcome, and delay publication of the review report.

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

54 QAA has separate and more detailed guidance on how it considers Concerns during reviews.<sup>4</sup>

## Complaints and appeals

55 QAA distinguishes between complaints and appeals. A complaint is an expression of dissatisfaction with services QAA provides or actions QAA has taken. In the first instance, if you are not happy with the service you have received, please tell the person you have been dealing with so that they can provide an explanation. If you are not satisfied with the explanation you receive, please write to us setting out your complaint.

56 Appeals are challenges to specific decisions, in specific circumstances, and these are handled through QAA's [Consolidated Appeals Procedure](#). An appeal may be lodged if, and only if, the review team's final judgements are any one of the following:

- no confidence in the quality of learning opportunities
- limited confidence in the quality of learning opportunities.

57 For further information about appeals, please see the QAA website: [Complaints about QAA and appeals against decisions](#).

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<sup>4</sup> Referring Concerns to Reviews, available at: [QAA Concern Scheme](#)

## Annex 1: Conclusions for the review

Teams will draw a conclusion for the judgement based on the criteria below.

| <b>Confidence</b>  | <b>Limited confidence</b>   | <b>No confidence</b>   |
|--|---|--|
| <p>The provider is found to be effective in discharging its responsibilities for the management and improvement of the quality of learning opportunities</p> <p>The prospects for quality being maintained at current levels appear sound</p> <p>The provider has effective mechanisms for the management of its higher education provision.</p>   | <p>Concerns exist about some aspects of a provider's current or likely future management and improvement of the quality of its higher education provision.</p>  | <p>Major concerns exist about significant aspects of a provider's current or likely future capacity to manage or improve the quality of its higher education provision.</p>  |
| <p>A confidence judgement will be reached on the basis of evidence that the provider has sound structures and procedures for assuring the quality of learning opportunities, that it is successful in managing them, and that they are applied effectively. This judgement may be accompanied by recommendations for actions that are considered advisable and/or desirable (but never essential).</p> <p>A judgement of confidence is, therefore, an expression of belief in a provider's ability to identify and address issues that potentially threaten the quality of student learning opportunities, or the provider's ability to meet its contractual obligations. This includes considering and addressing in a mature and engaged manner, through its own</p> | <p>A limited confidence judgement indicates that there is evidence that the provider's capacity to manage the quality of learning opportunities soundly and effectively is limited or is likely to become limited in the future. The reason for this judgement may be weaknesses either in the management of the provider's structures and procedures or in their implementation.</p> <p>Confidence may be limited either because of the extent or the degree of weaknesses identified. The determining factor in reaching a judgement of limited confidence is not simply evidence of problems in some programmes- no provider could be expected to avoid these entirely. It is, instead, the fact that the provider may not have been fully</p> | <p>A no confidence judgement will be reached where major doubts exist about significant aspects of a provider's current or likely future capacity to secure and maintain the quality of learning opportunities. The report will identify the main areas of concern, discuss the means by which such a situation was able to arise and be sustained, and advise students and other stakeholders of the existence of failing or unsatisfactory quality of provision. It will contain recommendations considered essential and may contain others considered advisable and/or desirable.</p> <p>A judgement of no confidence will reflect serious procedural inadequacies or implementation failures and will be indicative of fundamental weaknesses in the provider's</p> |

|  |   |   |
|--|---|---|
| <p>procedures and those of its academic partners, recommendations contained in any reports arising from internal or external activities.</p> | <p>aware of the problems and/or has failed to take prompt and appropriate action to remedy them. Limited confidence judgements are likely to be accompanied by advisable or and/or desirable recommendations and may include an essential recommendation.</p> | <p>capacity to manage its responsibilities for providing higher education of an appropriate quality. It will have serious implications for any academic partners, which are likely to wish to take urgent action.</p> |
|--|---|---|

## Annex 2: Guidance notes on completing the action plan

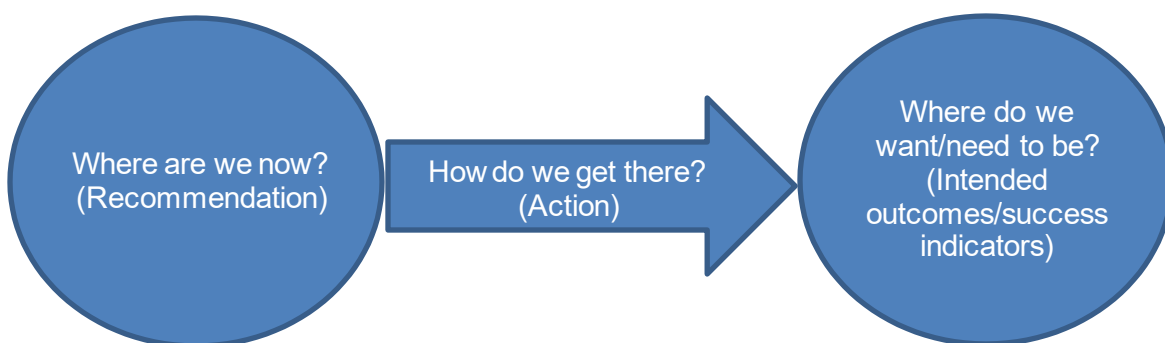
Following an RSEO visit, the provider should develop an action plan in response to the findings of the report. The action plan is intended to support the provider in the continuing development of its higher education provision by describing how it intends to take the findings of the review forward.

Where possible, this action plan should be produced jointly with student representatives, or representatives should be able to post their own commentary on the action plan. It should be signed off by the head of the provider and be sent to QAA for publication on the website. A link to the report page on QAA's website should be provided on the provider's website. Each provider will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed.

QAA does not specify a template for the action plan because we recognise that each provider will have its own; however, an example template is attached with an explanation of what is required in each column.

### Completing the action plan

Before completing the action plan, it might be useful to consider beginning with the end in mind. What would success look like? What will be different as a result of the actions taken?



For example:

| Recommendation  | Intended outcomes/success indicators   |
|---|--|
| Develop and embed a robust system for programme design and approval | <p>Effective processes are in place to approve and periodically review the validity and relevance of programmes.</p> <p>All programmes are approved and validated prior to students beginning their course of study.</p> |

Actions can then be developed that will lead to the intended outcomes/success indicators.

## The template

The column headings in the action plan template are:

### Column 1: Good practice and recommendations

This column should repeat precisely the wording of the good practice and recommendations identified in the Key Findings section of the report.

### Column 2: Intended outcomes/success indicators

State the outcomes that will be achieved in response to the good practice and recommendations. Outcomes for good practice should involve wider dissemination and/or improvement. Outcomes for recommendations should show improvement. The provider's responsibilities to any third parties should be considered when developing the intended outcomes.

It may be helpful to consider the following questions:

- What will be different as a result of the action/s taken?
- What will success look like?
- How can success be measured?

| Recommendation  | Intended outcome/success indicator   |
|---|--|
| Ensure that formal committees have appropriate powers and membership, and that they record and disseminate their actions and outcomes systematically. | Successful implementation of formal committees and formal meeting minutes. All academic committee minutes (including faculty committees and student councils) show that all action points are reported and tracked until completed and closed. |

### Column 3: Actions to be taken to achieve intended outcomes

The provider should state how it proposes to address each of the features of good practice, recommendations and affirmations in this column. Actions should be 'SMART' (specific, measurable, achievable, realistic and time-bound).

Examples:

| Recommendation   | Intended outcomes/success indicators  | Actions to be taken to achieve intended outcomes  |
|--|---|---|
| Ensure that formal committees have appropriate powers and membership, and record and disseminate their actions and outcomes systematically | Successful implementation of formal committees and formal meeting minutes<br><br>All academic committee minutes (including faculty committees and student councils) show that all action points are reported and tracked until completed and closed | Create terms of reference for each committee and review annually<br><br>Develop a flow chart of activities to illustrate responsibilities and reporting mechanisms for each committee<br><br>Assign formal minute-taking responsibilities for each committee<br><br>Implement a system of recording and tracking all actions and outcomes |



**Column 4: Target date/s**

Set dates for when the actions will be completed. The more specific the action, the easier it will be to set a realistic target date. Ensure that there is a specific target date for each milestone or subsidiary action.

If an action is to happen more than once, state the first date for the action to take place. The word 'ongoing' should not be used.

For example:

- 16 Sep 20XX and then the third week of every month
- 07 Jan 20XX, 11 February 20XX, 11 March 20XX
- Second week of every term starting January 20XX.

**Column 5: Action by**

State the role or job title of the specific person or committee who is responsible for carrying out the action and who is to be accountable for this. Do not include individuals' names, just their role titles. Ensure that the role/committee is different from that in the 'Reported to' column.

**Column 6: Reported to**

Identify the role of the person or committee who will monitor the success of the action. A clear designation helps to maintain accountability and ensure successful completion of the action plan. Again, do not include individuals' names, just their role titles.

**Column 7: Evaluation (process or evidence)**

This column should be updated after each internal review of progress. Regular updating should assist with preparations for any future monitoring or review. Examples of evidence in support of progress made may include:

- external verifier reports
- end-of-term course feedback
- quarterly academic board meeting minutes
- student learning journals
- teaching and learning policy and completed teaching observation reports
- annual monitoring reports.

**Some final points for consideration**

- Do the actions provide a sufficient framework for the provider to move forward in a structured and timely way?
- Can progress be monitored and evaluated?
- Does the action plan show someone external to the provider what evidence could be used to confirm that the actions have been achieved and their effectiveness evaluated?

## Action plan example

| No Name College action plan relating to the Recognition Scheme for Educational Oversight October 20XX   |  |  |  |                          |                        |                                    |
|---|--|--|--|--------------------------|------------------------|------------------------------------|
| Good practice   | Intended outcomes/success indicators   | Actions to be taken to achieve intended outcomes   | Target date/s                            | Action by                | Reported to            | Evaluation (process or evidence)   |
| The review team identified the following areas of <b>good practice</b> that are worthy of wider dissemination within the provider:  |  |  |  |                          |                        |                                    |
| The highly effective system used to log all communications to and from academic partners, which records actions taken and the provider's responses, ensuring that all staff are kept well informed (paragraph 1.2). | All outstanding issues with academic partners are dealt with in the month they are logged        | Use of communication log is discussed at monthly Academic Committee meetings   | Monthly (second Wednesday of each month) | Academic Committee       | Senior Management Team | Communications log                 |
|   | All actions and responses are published on the staff section of the virtual learning environment | All actions and responses are reviewed and updated   | Set up pages by April 20XX               | E-Communications Manager | Senior Management Team | Academic Committee meeting minutes |
|   | Virtual learning environment log shows pages have been accessed by 75% of staff                  | Publish log actions and responses on the staff section of the virtual learning environment (This is a new method of communication and improves what we currently do) | Monitor monthly                          |                          |                        |                                    |

| Recommendation  | Intended outcomes  | Actions to be taken to achieve intended outcomes   | Target date/s   | Action by   | Reported to                   | Evaluation (process or evidence)   |
|---|--|--|---|---|-------------------------------|--|
| <p>The team considers that it is <b>essential</b> for the provider to: develop and embed a robust system for course design and approval (paragraph 1.3).</p>  | <p>Effective processes are in place to approve and periodically review the validity and relevance of courses</p>             | <p>In consultation with the Academic Board, Senior Management Team and academic partners develop a new system for course design and approval</p>   | <p>March 20XX</p>   | <p>Academic Board</p>   | <p>Senior Management Team</p> | <p>Course design and approval policies and procedures</p> <p>Signed programme approval documents</p> <p>Academic Board meeting minutes</p> <p>Student enrolment data</p> |
| <p>The team considers that it is <b>advisable</b> for the provider to: introduce a more reliable method for the systematic collection of data on student retention and achievement (paragraph 1.5).</p> | <p>Coherent, comprehensive and accurate student data on retention and achievement</p> <p>Student retention 85% or higher</p> | <p>Develop and implement new system of data compilation and analysis</p> <p>Annual data returns produced and shared with staff</p> <p>Includes section on the previous year's actions and responses to actions</p> | <p>March 20XX to be implemented by May 20XX</p> <p>Annually from September 20XX</p> | <p>Director of Studies and Course Leader</p> <p>Faculty directors</p> | <p>Senior Management Team</p> | <p>Senior Management Team meeting minutes; Academic Board minutes</p>  |

| Recommendation   | Intended outcomes   | Actions to be taken to achieve intended outcomes  | Target date/s  | Action by   | Reported to   | Evaluation (process or evidence)  |
|--|---|---|--|---|---|---|
| <p>The team considers that it is <b>desirable</b> for the provider to: formalise the teaching observation processes (paragraph 2.6).</p> | <p>Teaching and learning policy is approved and implemented</p> <p>90% of teaching staff undergo an annual teaching observation</p> <p>Where a development requirement is identified, additional support is provided and at least one observation per semester takes place until no longer required</p> | <p>Develop and approve teaching and learning policy to include teaching observation process</p> <p>Implement and embed teaching observation process</p> <p>Annually evaluate the effectiveness of teaching observation process and modify teaching and learning policy and procedures accordingly</p> | <p>June 20XX</p> <p>From August 20XX</p> <p>July each year from 20XX</p> | <p>Academic Committee</p> <p>Faculty directors</p> <p>Director of Studies</p> | <p>Senior Management Team</p> <p>Academic Committee</p> | <p>Teaching and learning policy; teaching observation forms</p> <p>Teaching observation records; Academic Committee meeting minutes</p> <p>Senior Management Team meeting minutes</p> |

## Annex 3: Preparing a self-evaluation

### Preparing a self-evaluation - points to remember

Self-evaluation is a key feature of all QAA reviews. It should contain an evaluative, self-critical commentary and supporting evidence. An effective self-evaluation is key to the provider gaining substantial benefit from RSEO and to the smooth running of the review. QAA therefore encourages providers to give due time and attention to preparing this document. It is important to remember that all the evidence should be in existence and not specially written for the review. The self-evaluation should take the form of a portfolio of existing documents accompanied by a short commentary that signposts and contextualises the evidence contained within them, and that reflects on the effectiveness of processes and procedures. QAA officers may offer guidance on the form and structure of the self-evaluation. They may also advise on the sort of supporting evidence to include. QAA officers will not comment on a draft self-evaluation.

In simple terms, the self-evaluation explains:

- what the provider is doing
- why the provider is doing it
- how the provider is doing it
- how the provider knows that what it is doing works
- how the provider can improve what it is doing.

The self-evaluation should be structured in the following way:

- introduction and context
- current number of students enrolled across programmes
- analysis of management of academic standards
- analysis of management and improvement of the quality of learning opportunities
- evaluative summary to include strengths, areas for development, and actions currently being taken to improve previously identified areas for development
- an electronic numbered master list of evidence with documents clearly named and numbered, and clearly cross-referenced to the appropriate text in the self-evaluation.

Provide a list all higher education programmes currently offered, with the number of students currently studying on each programme (at the point of submission of the SED).

| Programme title                  | Awarding body | Qualification level and duration | Current number of students (headcount) | Current number of students (FTE) |
|----------------------------------|---------------|----------------------------------|--|----------------------------------|
| Example:<br>HND Business Studies | Pearson       | 5                                | 25                                     |                                  |
|                                  |               |                                  |  |                                  |
|                                  |               |                                  |  |                                  |

The commentary should reflect the provider's capacity for critical self-reflection on the effectiveness of its processes and procedures for managing higher education, including internships and placements. A possible approach is to provide an opening statement containing an evaluation, and then qualify it with supporting evidence, for example:

There is a comprehensive staff development policy (1 Policies: doc 1i) and the provider offers a wide range of staff development activities, which are recorded systematically (4 Staff development and training: doc 4ii). The analysis of the impact of higher education developmental activities on academic standards and the quality of learning opportunities is underdeveloped.

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

The provider's Director of Quality and human resources managers are currently reviewing the staff development policy. It will be strengthened by requiring course leaders to conduct an annual evaluation of the impact of staff development and training on the standard and quality of teaching. This will serve to improve the planning and sharpen the focus of future events. The revised policy (2 Draft Policies: doc 2i) will be available from the start of the semester, supported by training for course leaders and briefings for staff (6 Minutes, Course Leaders team meeting, 23 July 20XX, para 2).

## **Submission**

The self-evaluation should be sent to QAA six weeks before the start of the visit. Once it has been approved by the QAA Officer, the review team will analyse the self-evaluation prior to the visit. QAA may return the self-evaluation to the provider for further work if it does not enable the team to identify the provider's responsibilities and understand how these are discharged. In these circumstances, the QAA Officer will advise the provider. The QAA Officer may also contact the provider with a list of questions or requests for additional information and/or evidence prior to the review visit.

## **Initial analysis of evidence**

On receipt of the self-evaluation, the review team will analyse it along with the additional supporting documentation provided. With the support of the QAA Officer, the review team will particularly want to ascertain the following:

- the status of the provider to offer provision in the UK
- the nature of the provision offered, and the respective roles, responsibilities and relationships between all the partners involved, in the UK and overseas
- relevant quality assurance reports produced by or about the awarding bodies
- any relevant accreditation arrangements for delivering programmes abroad
- details of partnership agreements between the credit awarding institution(s), the provider and its delivery organisations in the UK (if any)
- criteria for participation in study abroad programmes
- arrangements for the recruitment and admission of students
- entry requirements for full programmes of study delivered in the UK.

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