



# **Institutional review of higher education institutions in England and Northern Ireland**

## **Operational description**

**Draft for consultation  
October 2010**

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## Introduction

This consultation paper describes the proposed review process for institutional management of academic quality and standards which will run from 2011-12 onwards. The process will replace the Institutional audit process that has run from 2006-7 to 2010-11.

## Context - the quality assurance system for England and Northern Ireland

In December 2009 the Higher Education Funding Council for England (HEFCE), the Department for Employment and Learning (in Northern Ireland) (DEL), Universities UK (UUK) and GuildHE,<sup>1</sup> with advice and guidance from the Quality Assurance Agency for Higher Education (QAA), jointly published the consultation document *Future arrangements for quality assurance in England and Northern Ireland* (HEFCE 2009/47).<sup>2</sup> The consultation set out proposals for revisions to the system used for the quality assurance of higher education in England and Northern Ireland.

The consultation document reflected the need to decide on the quality assurance review method to be used in higher education institutions (HEIs) in England and Northern Ireland after 2010-11, when the current cycle of Institutional audit would be completed.

The consultation also took forward recommendations from reports produced by several groups which had voiced concern about whether quality and standards were being maintained in the face of a mass higher education system. The groups which looked at the evidence for these concerns included a sub-group of HEFCE's Teaching, Quality, and the Student Experience (TQSE) Committee<sup>3</sup>, QAA<sup>4</sup>, the UUK/GuildHE/QAA Quality Forum, and the House of Commons Select Committee for Innovation, Universities, Science and Skills (IUSS)<sup>5</sup>. The issues discussed by the various groups included 'contact time' and study hours, plagiarism, admissions, and assessment practices and external examining. The groups also debated whether the information currently published about higher education is sufficiently accessible and useful.

As a result of the responses to the sponsoring bodies' consultation, the principles and objectives that will apply to the quality assurance system (QAS) for higher education in England and Northern Ireland from academic year 2011-12 were agreed and set out in HEFCE 2010/17.<sup>6</sup> The broad characteristics of the Institutional audit method to be used in England and Northern Ireland from 2011-12 were also indicated, on the understanding that QAA would draw up and consult upon the details of the revised method.

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<sup>1</sup> These four bodies are referred to collectively as the sponsoring bodies.

<sup>2</sup> [www.hefce.ac.uk/pubs/hefce/2009/09\\_47](http://www.hefce.ac.uk/pubs/hefce/2009/09_47).

<sup>3</sup> *Report of the sub-committee for Teaching, Quality, and the Student Experience: HEFCE's statutory responsibility for quality assurance*, HEFCE 2009/40, available at: [www.hefce.ac.uk/pubs/hefce/2009/09\\_40](http://www.hefce.ac.uk/pubs/hefce/2009/09_40).

<sup>4</sup> *Thematic enquiries into concerns about academic quality and standards in higher education in England: Final report – April 2009*, QAA, available at: [www.qaa.ac.uk/standardsandquality/thematicenquiries](http://www.qaa.ac.uk/standardsandquality/thematicenquiries).

<sup>5</sup> *Innovation, Universities, Science and Skills Committee – Eleventh Report: Students and Universities*, House of Commons (2009), available at [www.publications.parliament.uk/pa/cm200809/cmselect/cmdius/170/17002.htm](http://www.publications.parliament.uk/pa/cm200809/cmselect/cmdius/170/17002.htm).

<sup>6</sup> [www.hefce.ac.uk/pubs/hefce/2010/10\\_17](http://www.hefce.ac.uk/pubs/hefce/2010/10_17).

The requirements for the revised audit method were set out in a letter from the sponsoring bodies to QAA<sup>7</sup> which indicated that, in comparison with the current Institutional audit method, the sponsoring bodies required the revised method to be:

- more proactive and flexible, able to investigate particular themes or concerns should the need arise
- better explained and presented in reports and handbooks, with the public as a principal audience, using simpler language
- clearer about the importance attached to the provision of robust and comparable public information by institutions
- clearer in showing how Institutional audit can provide public assurance that threshold standards are being met, including the vital role of the Academic Infrastructure in supporting this
- as far as reasonably possible, of no increased overall level of demand.

More specifically, the sponsoring bodies indicated that:

- Institutional audit should be organised on a rolling basis rather than in a fixed cycle as is now the case. This means some adjustments will be possible without waiting for the end of a cycle
- Institutional audit should include due regard for proportionality, so as to ensure that audit processes do not weigh more heavily on smaller or specialist institutions than on larger ones
- Institutional audit should include a core of common criteria against which institutions will be judged. QAA should ensure this is well focused, so that the overall demands on institutions are not increased, so far as possible. The operational description should be clear about the content of the core
- Institutional audit should include, as well as the 'core', a thematic element which will vary from time to time
- while the thematic element/s should attract a published comment they should not form part of the formal judgments. Judgments will be made only on a central set of criteria common to all institutions
- themes will be selected to allow for enhancement as well as for the assurance of quality, and sufficient enquiries will be carried out to provide useful and timely good practice guidance for the sector
- QAA should ensure that the operational description for Institutional audit explains clearly how the process will work. In particular, the operational description should set out:
  - how procedural changes to the audit method will be identified and communicated
  - the common criteria against which institutions will be judged
  - that all Institutional audits will include a thematic element
  - how themes will be communicated to the institution
  - how the results of themes will be communicated (without being part of the formal judgment)
  - how information from other sources will be incorporated
- the terms used to describe the level of confidence expressed in audit judgments in the revised audit method should be reviewed, in order to make them easier to understand. In doing so, QAA should consider the need to avoid a system which can be used for 'league tables'. It would also be useful

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<sup>7</sup> [www.hefce.ac.uk/learning/qual/future/auditletter.pdf](http://www.hefce.ac.uk/learning/qual/future/auditletter.pdf)

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- to consider the ability to update a judgment, for example, once an institution has taken appropriate action to address concerns
- Plain English summaries of Institutional audit findings should be produced; in developing these QAA should carefully consider the intended audience
- there should be full student engagement in the quality assurance process, including through the use of student auditors as full members of audit teams
- the terms 'standards' and 'threshold standards' should be clearly defined in all relevant documentation
- Institutional audit should provide public assurance that threshold standards are being met, taking into account the responsibility of institutions for the standards of awards made in their name
- Institutional audit should continue to take account of evidence raised by other reviews and in planning for audit, QAA should try as far as possible to avoid clashes with other organisations' activity
- the process should meet the principles and objectives for quality assurance in England and Northern Ireland agreed by the Boards of the sponsoring bodies (see Annex 8).

This proposed operational description takes full account of the requirements of the sponsoring bodies and the QAS principles. The new process is also characterised by an intention to:

- place current and prospective students' interests at its heart, both in routinely including student members of review teams and encouraging students to engage in the quality assurance process
- allow HEIs to demonstrate clearly whether they are meeting nationally agreed threshold standards for awards, and reflecting nationally-agreed good practice in the quality of students' learning opportunities
- encourage continuous reflection on quality and standards as a part of everyday institutional life
- avoid disproportionate use of institutional resources on the review process
- enable more timely reporting on the review
- pay attention to environmental and sustainability considerations.

We are proposing to call the process 'Institutional review' to provide consistency of title with QAA's other review methods operating in the UK, and to reflect better the nature of the process as a formal assessment of an institution's management of its academic quality and standards. Where necessary the process will be distinguished from Institutional review: Wales by referring to it as Institutional review: England and Northern Ireland (IRENI). We envisage that, as at present, each institution will take part in Institutional review approximately once every six years.

## The aim and mechanism of the review process

### Aim of review

Bearing in mind the recent deliberations of key parties with an interest in quality assurance we have identified the following major aim for the review process.

#### To provide accessible information for the public which indicates whether an institution:

- sets and maintains nationally-agreed threshold standards for its higher education awards as set out in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ)
- provides learning opportunities (including teaching and academic support) which allow students to achieve those higher education awards and qualifications and reflect the nationally-agreed good practice in the *Code of practice for the assurance of academic quality and standards in higher education* (*Code of practice*) and other nationally-agreed reference points
- produces public information for applicants, students and other users that is useful, up to date, reliable and complete
- plans effectively to enhance the quality of its higher education provision.

### Review judgments

In order to support this aim we will ask review teams to make judgments about the effectiveness with which an institution assures:

- its threshold academic standards
- the quality of students' learning opportunities
- **from 2012-13**, the quality of public information, including that produced for students and applicants
- enhancement of students' learning opportunities.

### What do the judgment areas refer to?

The key areas mentioned in the judgments are standards, learning opportunities, information and enhancement. What do we mean by those terms in the context of Institutional review?

#### • **What do we mean by threshold academic standards?**

One of the requirements of the revised review process is that it should be clearer in assuring the public that threshold standards are being met. The 2009 QAS consultation document defined threshold standards as '...the level of achievement that a student has to reach to gain an award'. Threshold standards are distinct from the standards of performance which a student would need to achieve to gain any particular class of award. Threshold standards do not relate to any individual degree classification in any particular subject. They dictate the standard required to be able to label an award 'bachelor' or 'master'.

The threshold standards, as reflected in levels of achievement, are set out in the Academic Infrastructure,<sup>8</sup> and in particular in the FHEQ and subject benchmark statements.

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<sup>8</sup> [www.qaa.ac.uk/academicinfrastructure](http://www.qaa.ac.uk/academicinfrastructure).

The FHEQ includes descriptors for each qualification which set out the generic outcomes and attributes expected for the award of that qualification.

Subject benchmark statements describe the principles, nature and scope of the subject, the subject knowledge, the subject-specific skills and generic skills developed within the subject, and the forms of teaching, learning and assessment that may be expected within the subject. The statements also set the minimum (threshold) standard that is acceptable within the subject. They mainly relate to bachelors and honours degrees (level 6).

In determining how well institutions manage the threshold standards of awards, review teams will expect to see awards aligned to the threshold standards set out in the FHEQ, and in the relevant subject benchmark statement, where available.

In addition, professional, statutory and regulatory bodies (PSRBs) set standards for courses which they accredit. Where institutions claim PSRB accreditation for their programmes review teams will wish to explore how accreditation requirements are taken into account in the setting of standards and how accurate expectations about accreditation are conveyed to students.

- **What do we mean by learning opportunities?**

Learning opportunities are what an institution provides in order to enable a student to achieve what is required to qualify for an award. Learning opportunities include the teaching students receive in their courses or programmes of study, and the contribution students make to their own learning, as well as the academic and personal support they receive which enable them to progress through their courses. Learning resources like IT or libraries, admissions policies, student support, and staff development for the teaching role all contribute to the quality of learning opportunities, just as much as the make-up of the actual course or programme. We use the term 'learning opportunities' rather than 'learning experience' because while we consider that an institution should be capable of guaranteeing the quality of the opportunities it provides, it cannot guarantee how any particular student will experience those opportunities.

- **What do we mean by information?**

One outcome of the 2009 consultation on the future of the quality assurance system was that, in future, review should include a judgment on published information. The consultation was also clear that the judgment should not be brought in until the information set on which it was to be based had been agreed. Since that agreement is dependent on the outcome of the current consultation being carried out by the Higher Education Public Information Steering Group (HEPISG), which will not be available until early 2011, the first judgment on published information in review will not be until 2012-13.

Since the information set that will be the subject of that judgment is not yet known we cannot be specific about what it will contain, and, therefore, what reviewers will look at. However, we anticipate that it will include all or some of the current public information set (HEFCE 2006/45, Annex F)<sup>9</sup> plus some new categories of information.

The judgment made in Institutional review will be made on the basis that this public information is produced in order to inform the public about the quality of higher education and to help provide potential students make a choice about what and where to study. Review teams will be interested in how institutions keep the information up to date, complete, accurate, and useful.

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<sup>9</sup> [www.hefce.ac.uk/pubs/hefce/2006/06\\_45](http://www.hefce.ac.uk/pubs/hefce/2006/06_45).

Institutions produce many forms of information apart from the public information set. How that information is gathered and used will feed into other parts of the review, but will not be part of the judgment on information.

- **What do we mean by enhancement?**

We will continue to expect review teams to use the definition of enhancement that we use at present: 'taking deliberate steps at institutional level to improve the quality of learning opportunities'. This definition means that enhancement is more than a collection of examples of good practice which might spring up across an institution. It is about an institution being aware that it has a responsibility to improve the quality of learning opportunities where that is necessary, and to have policies, structures and processes to make sure that it can detect where improvement is necessary, and where a need to improve is detected, that something will be done about it. It means that the willingness to consider enhancement is embedded throughout the institution, but stems from a high-level awareness of the need to consider improvement.

### **Review method**

Review teams will reach their judgments by reviewing the effectiveness of the policies, structures and processes that an institution uses:

- to set and maintain the threshold standards of its academic awards
- to manage the quality of students' learning opportunities
- to manage the quality of public information, including that produced for students and applicants
- to enhance the quality of students' learning opportunities.

### **Review evidence**

In reviewing the effectiveness of an institution's policies, structures and processes, the review team will look at a variety of evidence sources. The areas of focus for these evidence sources are given in Annex 4. Teams will look at documentary sources such as policies and procedures, and minutes and records of meetings, together with papers and reports; they will consider the agreed public information set, much of it at course level, including the National Student Survey and programme specifications, which institutions are required to make available; they will look at the online resources available to staff and students, such as virtual learning environments and other intranet resources; they will be able to meet a variety of key people in the institution and hear first hand of their experience of learning and teaching in the institution. Most important in this category will be meetings with students and recent graduates. Through these activities teams will be able to hear directly how an institution's policies and processes have an impact on students' experiences, and whether students consider that the academic quality and standards of their award match the institution's intentions.

Review teams will compare what they hear or read from one source of evidence with what they find out from other sources. In that way they will be able to decide whether evidence is consistent and reliable and whether it is legitimate to base findings on it.

The judgments to be given in Institutional review differ significantly from those used in previous audit and review methods by talking about actual outcomes, rather than the management of those outcomes. We consider that this formulation is simpler, more straightforward and indicates more clearly what the judgment refers to. It could be argued that a methodology which mainly reviews institutional processes cannot make judgments about institutional outcomes (security of academic standards, quality of the learning experience, and so on), but we consider that by ensuring the effectiveness of its policies, structures and processes, and ensuring that they are implemented effectively, an



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institution also ensures the effectiveness of its outcomes. This is, after all, the point of having those policies, structures and processes.

An advantage of reviewing processes is that, if processes are found to be effective, some assurance that outcomes will remain effective for the immediate future can be given. If only outcomes (quantitative data, one-off observation of teaching or meetings, key performance indicators) are reviewed a snapshot is obtained which cannot readily be extrapolated into the future without knowing the effectiveness of the processes for considering and acting on those outcomes.

To the extent that review will look at both process and direct evidence from students we consider that it is justified to make judgments about academic quality and standards outcomes in an institution.

## Summary of the main changes in the Institutional review method

The main changes from the operational description of the current arrangements for Institutional audit are summarised below.

**(a) Reviews will have two components: a core section leading to judgments, and a thematic element which will not lead to a judgment.**

This will help to meet the requirement that the QAS, and Institutional review, in particular, are more flexible and timely in responding to issues which arise from time to time in the sector. Although not leading to a judgment, there will be a commentary on the theme area which may include recommendations. A protocol for identifying and announcing themes will be agreed by the sponsoring bodies through their Quality in Higher Education Group (QHEG).<sup>10</sup> A draft of the protocol is currently available.<sup>11</sup> Themes are discussed in more detail in paragraphs 67-72.

**(b) There will be an enhanced focus on the engagement of the institution with the Academic Infrastructure and other agreed independent reference points.**

The self-evaluation document (see i), the review explorations and the judgments will make more explicit reference to such reference points. We hope that, in this way, review will provide a more effective vehicle to demonstrate clearly that threshold standards for academic provision are being met, as measured against independent external criteria.

**(c) There will be four judgments: on the threshold standards of awards,<sup>12</sup> on the quality of students' learning opportunities, on the enhancement of students' learning opportunities, and from 2012-13, on the quality of public information, including that produced for students and applicants.**

The four categories chosen seem to us to be the most commonly commented upon aspects of provision which stakeholders wish to distinguish and which will help to assure the public that the concerns raised about standards and quality (see b) are routinely addressed through review. Giving separate judgments in these areas also reflects our acknowledgment of the increased importance of producing useful information for prospective students. These four areas are already subject either to a judgment or a formal commentary in Institutional audit, so are already central to review activities.

We are proposing that reviews carried out during the first year of the revised process (that is, in 2011-12) will include a commentary on public information in the report, together with recommendations where appropriate, but no judgment. The implementation of the judgment on information will take into account the outcomes of the consultation currently being run by the Higher Education Public Information Steering Group (HEPISG).<sup>13</sup>

**(d) The review team will meet or receive information from a larger number of students.**

It will be for the review team to decide how many students it meets at the review visit and in what settings it meets them, but the intention is that views of students should form a greater proportion of the evidence base than at present. This is part of our commitment to

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<sup>10</sup> The Quality in Higher Education Group is a group jointly owned by the relevant sponsoring bodies (HEFCE, DEL, UUK, GuildHE) to oversee and advise on developments in quality assurance. See: [www.universitiesuk.ac.uk/quality](http://www.universitiesuk.ac.uk/quality).

<sup>11</sup> [www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/QualityAssurance/Pages/Protocol.aspx](http://www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/QualityAssurance/Pages/Protocol.aspx).

<sup>12</sup> In relevant cases this will specify whether the judgment refers to awards made by the institution, or awards that it offers on behalf of another awarding body (as at present).

<sup>13</sup> The Higher Education Public Information Steering Group (HEPISG) advises the UK funding bodies, and other relevant bodies sponsoring and implementing cross-sector projects on the provision of public information in higher education, on the management and ongoing development of these projects.

place students' interests at the heart of review. The team may have a greater number of meetings with students, or organise open meetings of larger numbers of students. We intend that the student written submission will also inform review explorations to a greater extent than at present.

**(e) Recommendations will not be graded.**

It is recognised that the categorisation of recommendations as essential, advisable or desirable has not always been clearly understood by institutions, and it can appear unclear to a reader why a course of action deemed essential in one institution may 'merely' be advisable in another. The understanding that a 'desirable' recommendation is different in kind from 'essential' or 'advisable' has not always been appreciated. We think that one of the most important points about recommendations is that they signal some action that is required on the institution's part; review teams will, therefore, make clear the approximate timescale on which a recommendation should be addressed, so that the institution considers and acts upon that advice appropriately.

**(f) Affirmations of action in progress will be included.**

Feedback from various sources has suggested that both teams and institutions would find it helpful if there were provision for recognition of action that is already going on in an institution to improve weakness or inadequacy in some feature, and this is what affirmations will be used for. For example, a review report might affirm the institution's action in recognising a particular weakness and putting in place a plan to deal with that weakness.

Teams will continue to identify features of good practice and QAA will maintain an up-to-date, publicly accessible, searchable database of recommendations and features of good practice arising from review.

**(g) There will be no briefing visit by the review team.**

Instead of the briefing visit, a one-day meeting of the review team will take place. While briefing visits have, on the whole, been found to be useful by teams and institutions, the current three-day visit is not ideally constructed to acquire the kind of in-depth understanding of the institution which was envisaged. The main reason for this is that the review team has not, at the point of the briefing visit, seen the majority of the documentation which an institution will provide for its review, and the structure of the current briefing visit has meant that there is little time to digest that information, and this has led on occasion to using the briefing visit meetings unproductively. It would be better to allow the team to have access to and digest information before contact with the institution so that its questioning can be better informed. Given this preparation it should prove possible to visit the institution just once, the review visit, saving cost and time for both the institution and QAA and possibly reducing the environmental impact of review activity through reduced travel to a central location. Evaluation of earlier methods has shown that such a one-day meeting can be effective.

It is intended that there will still be a meeting with the head of institution, and this will take place at the review visit. The one-day meeting of the review team prior to the review visit will not take place at the institution, but the Institutional facilitator (see I) will be invited to attend, providing for early engagement with the institution.

**(h) There will be no specifically-defined, predetermined review trails as currently included in Institutional audit.**

However, review teams will wish to see some of the evidence that institutions use to assure themselves that central policies and processes for quality and standards operate at local level. Such evidence will not be tied to particular subject areas but may be

gathered from a variety of different subject/discipline or administrative areas across the institution.

**(i) A self-evaluation document (SED) will be required.**

Evaluation of Institutional audits by teams and institutions has shown that the intention behind the current briefing paper has not been clear and these documents have, consequently, sometimes been lacking in self-evaluative, analytical and critical content. To encourage more effective submissions we are suggesting a more open acknowledgement that self-evaluation is perhaps the most important aspect of the institution's submission for review. It has also been suggested that the SED should align with the headings of the review report, and that there is clearer guidance on the provision of documentation and cross-referencing within the SED. A format for the SED and more explanation of its intended purpose is given in Annex 3a.

**(j) More use will be made of videoconferencing and teleconferencing for meetings.**

It is hoped that this will reduce burden on institutions and foster environmental responsibility. Review teams will be able to call for meetings with groups of participants not currently involved in Institutional audit, such as external examiners and recent graduates.

**(k) All documentation will be submitted electronically and team members will work with electronic documents.**

We hope that this will enable rapid and effective transmission of evidence to review teams, while providing a more sustainable solution. We envisage that the bulk of the documentation required by a review team will already be available on an institution's public website or other public websites such as Unistats or UCAS.

**(l) The role of the institutional contact will be enhanced.**

We anticipate that the new role (to be called Institutional facilitator) will foster a constructive approach to, and greater understanding of, the review process and what it is trying to achieve. It will provide institutions with greater opportunity to ensure that review teams have the evidence they need to arrive at their findings. QAA will provide briefing for Institutional facilitators.

**(m) Reports will be shorter; there will be a summary written specifically for public readership.**

Virtually all feedback on reports suggests that they need to be clearer, more focused, and that part of a report should be easily accessible by readers who have no background either in quality assurance or the detailed organisation of higher education. Reports will be produced to a shorter timetable than is currently possible.

**(n) A published action plan will be prepared as a result of all reviews, whatever the judgment; institutions will be expected to involve the student body in preparing the action plan**

This is part of our commitment to encouraging reflection on quality and standards as an ongoing process in institutions, and to provide an opportunity for institutions to continue review follow-up in a more consistent and effective way.

**(o) A judgment indicating that an area of the review fails to reach the required standard<sup>14</sup> will lead to a follow-up process which may lead to a revised judgment**

Many stakeholders consider that it is unfair that in the current audit method a judgment of limited or no confidence must remain attached to an audit report even when an institution

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<sup>14</sup> Further discussion of possible judgment terms is given in paragraph 11 (page 15).

has dealt thoroughly with the recommendations leading to the judgment. The rationale for not changing the judgment has been the wish not to incur the additional expense and resources which a follow-up peer review visit would require. Currently action plans and progress reports are evaluated by a QAA officer who reports on this to the QAA Board; since no peer review activity is involved it has been considered inappropriate to change the judgment. We are now suggesting that provision should be made to reflect the efforts which institutions commonly put into dealing with limited or no confidence judgments by revising the judgment when appropriate. Whether this is by further peer review activity or by a QAA officer is open to consultation. In either case, any change of judgment will be approved by the QAA Board.

**(p) Detailed evidence for findings will not be published by QAA but the institution will receive an evidence base to allow a follow-up plan to be constructed and quality of provision to be enhanced.**

The annex to the current audit report contains the 'technical' information which forms the evidence justifying the findings of the audit team. The detail and nature of this information necessary to enable the institution to address the audit's recommendations and provide a platform for enhancement of quality, make the document of limited utility to other readers. We, therefore, consider that it does not need to be published and could be framed in a more focused way to make it of use to the institution. It may, however, be forwarded to HEFCE or DEL, as appropriate, by request of that body, in order to allow it to carry out its statutory responsibilities for quality assurance. We shall expect the institution to share the evidence base, as well as the report, with student representatives.

**Consultation question [1]**

**(a) Do you agree that the changes noted above take account of the requirements of the sponsoring bodies and the QAS principles?**

**(b) Will the changes help to strengthen management of quality and standards in institutions?**

**(c) Will the changes provide clearer information about quality and standards to a variety of stakeholders?**

The outcomes of several consultations, either planned, or currently in progress (that is, at 1 October 2010) will have a bearing on the operation of the new review method. The outcomes of the evaluation of the Academic Infrastructure will dictate the external reference points which support the review method; similarly, the consultation on the external examining system might provide additional reference points or sector good practice which needs to be taken into account; lastly the current HEPISG consultation on the public information set will have important implications for review activities and judgments which relate to public information. The implementation of the judgment on public information will take into account the outcomes of that consultation. This operational description has taken into account information regarding these developments which was available at the end of September 2010. Further developments will need to be taken into account as the operational description is finalised.

As far as the consultation on revision of the Academic Infrastructure is concerned, it is anticipated that any structural changes made to the Academic Infrastructure following the consultation will be in place by the end of the academic year 2010-11. As is usual custom and practice, higher education providers will have the following academic year to consider the impacts of any changes on their provision, and act accordingly. Full engagement with the revised Academic Infrastructure would not, then, be expected until the beginning of academic year 2012-13.

The proposed review process will continue to expect institutions to engage with the Academic Infrastructure and audit teams will carry out their audit explorations using the

Academic Infrastructure as an agreed set of reference points. The revised audit process will start in 2011-12, that is, before the revised Academic Infrastructure is expected to be fully embedded in institutions. For the first year of the revised process, therefore, it is expected that review teams will work within the context of the current Academic Infrastructure, expecting institutions to be using the revised Academic Infrastructure as reference points only from 2012-13.

The Review of Higher Education Funding and Student Finance (Browne Review) and consequent legislation may also have an impact on future developments in quality assurance, and on external review methods. Such changes would be implemented through the system for substantive and minor changes (paragraphs 73-81).

## **Impact assessment**

In generating a process to meet the aim of Institutional review, there are costs and benefits for the various groups who have an interest in the effective running of the review process. Three questions perhaps more than any others throw these costs and benefits into sharp relief: Will institutions need to spend more time and money on the review process? Will students' interests be at the heart of the process? Will the review team be able to make secure judgments given the time available for the review activity?

The new process is designed to save institutions effort: institutions can brief themselves at their convenience, so there is no need to organise a preliminary meeting; there is no three-day briefing visit; there is a reliance on using information already in existence for other quality assurance purposes; no paper documentation is required; the role of Institutional facilitator should help to target requests for information; the process is shorter so it should preoccupy institutions for less time. In addition, some of the positive benefits for institutions include the opportunity to demonstrate clearly to external stakeholders that quality and standards meet external reference points; an unpublished evidence base to help with the preparation of action plans; the opportunity that action-planning provides to show public commitment to responding to the review findings; and the possibility of reversing an adverse judgment.

We have tried to design the process with students' interests in mind, not only in the centrality of the student experience in the review judgments, but also in the way that students can participate in review. Every review team will have a student reviewer; there will be opportunities to receive the views of a greater number and variety of students; how the institution has responded to the National Student Survey will be a standard feature of review; the report's summary will be written particularly with prospective students and their advisers in mind; review will look specifically at the management of the required public information, including that information produced to inform applicants and students; judgments will include consideration of how students have been engaged as partners in management of quality assurance and the highest category of judgment will only be attained if institutions can show that managing the needs of students is a prime and clear focus of the institution's strategies and policies. We shall also expect greater use of the student written submission by review teams by suggesting that its format is aligned more closely to that of the self-evaluation document, and thus to the report; lastly the process encourages institutions to make post-review action planning a joint activity with students.

As far as the review team is concerned, there could be anxiety that the team will not have enough time in the institution to gather sufficient evidence to come to secure conclusions. However, the process has been designed to allow teams to receive and digest thoroughly information about the institution at the very start of the review, so that it is better placed to follow up its enquiries when actually visiting the institution. As well as this preparatory

period the team will have the benefit of the Institutional facilitator in helping to understand the institution and to enable accurate evidence requests. There will always be a meeting with the institution towards the end of the review to make sure that the institution understands the issues that the team has been pursuing, and to make sure that it can provide the evidence that the team needs to come to secure judgments and findings.

Although the balance of costs and benefits is different from that of Institutional audit, we consider that the benefits of the new review process for all stakeholders outweigh the costs.

A full list of benefits and disadvantages of the new process is given in Annex 9.

## **Private providers**

The method proposed has been developed to be used in both public and private sector higher education institutions, with or without degree awarding powers. It is our expectation that all institutions which subscribe to QAA and who will participate in this review method will also subscribe to the Unistats website (or its successor), provide data for the Higher Education Statistics Agency (HESA), and participate in the National Student Survey, in order to provide a consistent external reference framework for review findings.

## **Operational description for the Institutional review process for higher education institutions in England and Northern Ireland**

### **The core element**

1 Institutional reviews will consist of a core element and a thematic element. As explained previously, the core element will examine the effectiveness of the policies, structures and processes that an institution uses to:

- set and maintain the threshold standards of its academic awards, and the effectiveness of these processes
- manage the quality of students' learning opportunities, and the effectiveness of these processes
- manage the quality of public information, including that produced for students and applicants, and the effectiveness of these processes
- enhance the quality of students' learning opportunities, and the effectiveness of these processes.

2 The scope of review will include all higher education provision covered by *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), wherever and however delivered by an institution. This will include an institution's collaborative provision.

3 In 2009, as a response to the recommendation of the Quality Assurance Framework Review Group<sup>15</sup> recommendation that QAA adopt an approach to the audit (as it then was) of collaborative provision that is more 'bespoke and evidently risk-based' and takes 'HEIs' own risk management processes into account', QAA introduced the tripartite model of audit for collaborative provision. This model will continue to be used in the revised review method.

4 Where practicable, the Institutional review process will cover provision offered by an institution in collaboration with other providers, both in the UK and overseas. However, where QAA decides that an institution's collaborative provision cannot properly be addressed as part of the standard Institutional review model, either a separate review of the institution's collaborative provision will be conducted at a time to be arranged between QAA and the institution, or a hybrid Institutional review will take place.

5 The decision about the way in which collaborative provision is reviewed will be made approximately nine months before the Institutional review. The decision will be made on the basis of the situation at the time scheduled for the Institutional review, irrespective of whether or not a separate audit of collaborative provision was made under previous audit arrangements. To help QAA make the decision, institutions will be asked to provide a short proforma of information about their collaborative provision one year before the proposed date for the Institutional review.

6 The annexes in this operational description apply to Institutional review where collaborative provision is included as part of the review. QAA will develop similar annexes and guidance for hybrid review and separate collaborative provision review, in the same way that it has done for the current tripartite model.

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<sup>15</sup> [www.hefce.ac.uk/pubs/hefce/2008/08\\_21](http://www.hefce.ac.uk/pubs/hefce/2008/08_21).



7 QAA is currently exploring ways of ensuring that the criteria for selection of mode of review for collaborative provision are clearer to institutions, that they take into account more obviously an institution's own management of the risk of its collaborative provision, and to enable institutions to have greater input into the decision of which model is most appropriate. At the same time we are also carrying out research into our methods for quality assurance of overseas provision in an attempt to align the review activity of UK and overseas provision more closely. We also hope to remove the inconsistency that, currently, audit of overseas provision as part of Institutional audit or separate collaborative audit attracts a judgment, whereas audit as part of a separate overseas audit activity does not. Any significant changes to the operational process of review of collaborative provision will be communicated through the rolling programme change mechanism (see paragraphs 73-81) as appropriate. However, until further notice QAA expects to continue to review specific partnership links between UK institutions and providers overseas using the current overseas audit method.

### **Consultation question [2]**

**(a) Do you agree that further consideration of the way in which collaborative provision and overseas provision is reviewed is required?**

**(b) Do you have any suggestions for improving the current processes?**

### **Judgments**

8 As noted on page 4, review teams will make judgments on:

- the institution's threshold academic standards
- the quality of students' learning opportunities (teaching and academic support)
- **from 2012-13**, the quality of public information, including that produced for students and applicants
- the institution's enhancement of students' learning opportunities.

9 Neither these judgments, nor any other, will apply to the thematic part of the review.

10 The judgment will be determined by several factors, including institutional awareness of and local<sup>16</sup> engagement with the Academic Infrastructure and other agreed external reference points; the extent to which students and staff have input into the management of quality and standards; and the strategic mechanisms which an institution has for guiding management of quality and standards, and the mechanisms for review of that management (see Annex 2a and 2b). The judgments will be made by peers with experience of higher education and knowledge of the sector's expectations for quality assurance. Judgments represent the reasonable conclusions that informed academic peers are able to come to based on the evidence and time available to them in review.

11 The quality assurance system (QAS) consultation and requirements of the sponsors were clear that review judgments need careful consideration. It was suggested that the terms used to describe the level of confidence expressed in review judgments should be looked at again in order to make them easier to understand, that judgments should avoid a system which can be used for 'league tables', and that the line between a passing and failing judgment should be more clearly drawn. In Annex 2a of this operational description we suggest one possible format for judgments, which could meet these criteria, together with guidance on how those judgments could be reached. The format includes a clear pass/fail judgment in each of the four judgment areas, together

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<sup>16</sup> By 'local' we mean operating at the level of department, faculty, service provider, and so on.

with the scope for the review to identify commendable practice in any area. In Annex 2a we have left open the question of how 'pass' and 'fail' should be described, and have simply indicated the expectation that the passing grade should indicate that any institution which passes must reach the outcomes required of all higher education institutions (HEIs) in England and Northern Ireland. We have expressed that as 'at a level expected in all HEIs' and 'below the level expected in all HEIs'. Various expressions could fit within the quotation marks: satisfactory/unsatisfactory; pass/fail; threshold/below threshold. We invite comments on how judgment grades could be expressed in the judgment format given in Annex 2a.

12 We are also mindful that such a judgment format might not provide enough information or discrimination between institutions for some users (for example, prospective students and applicants) and we also suggest an alternative format in Annex 2b which includes a greater gradation of judgments in each of the four areas. We invite comments on the most informative, useful and credible format for judgments, bearing in mind the emphasis in the review method of peer reviewer judgments made in the context of a framework of reference points. Again, the words used to express grades of judgment (good, satisfactory, requires improvement, unsatisfactory) are indicative and we invite comments for alternatives.

13 While QAA is clear about the factors which should be taken into account in forming review judgments we are seeking opinions on the most effective way to express those judgments.

**Consultation question [3]**

**We want to express judgments in a useful, informative and credible way.**

**(a) Does either Annex 2a or 2b do this, and is one more helpful than the other to particular groups of stakeholders?**

**(b) Can you suggest alternatives for the words used to express grades of judgment?**

**(c) If you feel that neither of the given formats is informative or credible, do you have suggestions for other formats?**

**(d) What will be the challenges for institutions and audit teams in the use of the judgment formats given as examples?**

**(e) Do you have any suggestions for further guidance on which to base judgments?**

14 Reviews will find it difficult to express a passing judgment if certain elements of quality assurance processes are found to be missing or neglected. The first of these is a strong and scrupulous use of independent external examiners in summative assessment procedures, and the second is a similar use of independent external participants in internal review at discipline and/or course/programme level. In both cases, the emphasis is on both independence and externality being satisfied.

15 As at present it is intended that review judgments at any level will be open to high-level differentiation so that they may apply, for example, only to collaborative provision or on-campus provision, or to provision at a certain level.

16 The public summary of the report will explain the relevance of the judgments to a wider audience and provide links to information which will further explain the guidance pointers.

17 Institutional review reports will include recommendations for further consideration by the institution, and will identify features of good practice that the review team considers to make a particularly positive contribution to the institution's approach to the management of academic standards, quality of learning opportunities, provision of public information

and enhancement. They will also affirm courses of action being taken by an institution to eliminate weaknesses or unsatisfactory practice.

18 Review reports will also include a commentary on the thematic element of the review, which may include recommendations, features of good practice and affirmations (see paragraph 67).

### **Information base for the review**

19 To enable them to form their judgments, review teams will have available to them a variety of information sources about an institution, including:

- a self-evaluation document (SED) by the institution outlining its approach to managing the academic standards, quality of students' learning opportunities, public information and enhancement, and offering a view of the effectiveness of that approach
- reference in the SED to evidence which supports the institution's view of the effectiveness of its approach
- other key documents as specified from time to time; those currently required are given in Annex 5
- a student written submission (SWS) prepared by representatives of students of the institution on behalf of the student body (see Annex 7)
- reports on the institution or its provision produced by QAA and other relevant bodies, such as professional, statutory and regulatory bodies, within the six years preceding the review; mid-cycle (relating to the current audit cycle) follow-up reports will be included in this set of information for the foreseeable future; thereafter institutions' action plans and progress reports will also be taken into account (see paragraph 58).

20 A particularly important source of information will be the sector's agreed public information set which all institutions are required to make available. The content of this information set is currently being consulted upon by the Higher Education Public Information Steering Group (HEPISG) and the outcomes of that consultation will be taken into account in the way that public information is addressed in Institutional review. Because of the current uncertainty of the content of the public information set we are suggesting a two stage process:

- in **2011-12**, Institutional review will include the institution's Teaching Quality Information (TQI), including the National Student Survey, as published through the Unistats website, and the residual TQI information held by the institution, as described in HEFCE 06/45, Annex F; from **2012-13** onwards, review will consider the nationally agreed public information set as specified by the Boards of the sponsoring bodies following advice and recommendations resulting from HEPISG's current consultation
- in **2011-12**, review will also consider a desk-based analysis by QAA of the institution's TQI set, including the National Student Survey, as published through the Unistats website, with a commentary on the completeness and currency of this information drawn from comparisons with other information made publicly available by the institution and by, for example, HEFCE and the Higher Education Statistics Agency (HESA); in **2012-13**, this will be replaced by a desk-based analysis by QAA of the institution's nationally-agreed public information set, as specified following the HEPISG consultation, with a commentary on the completeness and currency of this information drawn from comparisons with

other information made publicly available by the institution and by, for example, HEFCE and HESA.

21 We are also proposing that from 2012-13 the desk-based analysis will be an annual exercise carried out by QAA to determine the currency and completeness of the public information set; the results of this analysis will be made available on an annual basis, and then feed into review every six years, when the institution would need to explain and reflect on how it had responded to the annual analyses.

22 A requirement of the sponsoring bodies is that Institutional review should continue to take account of evidence raised by other reviews and that, in planning for review, QAA should try as far as possible to avoid clashes with other organisations' activity. We shall continue to take account of evidence provided by QAA's other review methodologies and by those of professional, regulatory and statutory bodies (PSRBs). Where possible, when QAA knows of dates of other review activities, we shall try to conduct our activities to help to minimise regulatory burden on institutions.

#### **Consultation question [4]**

**It is intended that all documentation provided for the review team (see Annex 5) will be uploaded to a secure QAA electronic folder. Do you see any particular challenges for institutions in providing documentation in this form, or for review teams in using the documentation?**

#### **Use of reference points**

23 Review teams will use the Academic Infrastructure as a source of external reference points when considering an institution's approach to academic standards, quality, information and enhancement of provision. They will not do so in a mechanistic way, or look for unthinking compliance with the detail of reference points. Teams will be looking for evidence that institutions have carefully considered the purpose and intentions of the elements of the Academic Infrastructure, have reflected on their impact on institutional practice, and have taken, or are taking, any necessary measures to achieve better alignment between institutional practice and the guidance provided by the Academic Infrastructure.

24 So far as the FHEQ is concerned, review teams will look at the procedures adopted in the institution for aligning their programmes and awards to the appropriate level of the FHEQ.

25 Review teams will not be asking institutions about their engagement with the *Code of practice* on a precept by precept basis. However, a team will expect to see, in the SED, a reflection on how the institution has gone about engaging with the precepts of the *Code of practice* overall. This account could include illustration of how any changes to its practices have resulted, and any areas of difficulty that the institution has experienced in addressing the *Code of practice*.

26 Review teams will also enquire into the way in which any relevant subject benchmark statements have been taken into account when establishing or reviewing programmes and awards. Subject benchmark statements set out expectations about standards of degrees in a range of subject areas. They describe what gives a discipline its coherence and identity, and define what can be expected of a graduate in terms of the abilities and skills needed to develop understanding or competence in the subject. Subject benchmark statements do not represent a national curriculum in a subject area - they allow for flexibility and innovation in programme design, within an overall conceptual framework established by an academic subject community. They do, however, provide

authoritative reference points, which students and other interested parties will expect to be taken into account when programmes are designed and reviewed to ensure that the standards of the programme are appropriate.

27 Programme specifications are the definitive published information on the aims, intended learning outcomes and expected achievements of programmes of study, and review teams will explore their usefulness to students and staff, and the accuracy of the information contained in them. In particular, teams will be interested to see how programme specifications make use of other reference points in the Academic Infrastructure in order to define clearly the expectations that students should have for the teaching, learning and assessment provided by the programme.

28 Review teams may also wish to enquire into the ways in which an institution has considered the expectations of the *Standards and Guidelines for Quality Assurance in Higher Education in the European Higher Education Area*<sup>17</sup> and any other guidance relating to European or other international practices, such as the European Credit Transfer System and the Framework for Qualifications of the European Higher Education Area. This may be particularly relevant where an institution has collaborative links with non-UK European institutions or a particular focus on internationalisation.

29 From time to time other reference points will be agreed by the Quality in Higher Education Group (QHEG) and these will also be drawn upon in the review process. Those to be used in the proposed review process are shown in Annex 3b. These are considered to embody accepted good practice which institutions will find useful in assuring the quality and standards of higher education provision.

#### **Consultation question [5]**

**(a) Do you agree that agreed reference points for review should be increased to include more than the Academic Infrastructure?**

**(b) Is agreement through the substantive/minor changes process (see paragraphs 73-81) appropriate?**

**(c) Do you see any problems with using the additional reference points currently being suggested (see Annex 3b)?**

#### **Reviewers and review teams**

30 **Roles:** it is expected that the basic Institutional review team will normally comprise four reviewers (one of whom will be a student) and a review secretary, who will provide administrative support and fulfil the primary coordination and liaison function during the visit. The roles of reviewer and review secretary will be clearly defined. In the case of institutions with extensive or complex provision, a team may need to include additional reviewers in order to ensure that sufficient coverage of the institution's portfolio of activity can be obtained to justify the judgments and comments being made. A hybrid review team may also include an additional reviewer. Similarly, where an institution's provision is less extensive or complex, the number of reviewers may be reduced.

31 The size of the review team will be confirmed by QAA nine months before the start of the review. To enable QAA to make this decision, institutions will be asked to provide a short proforma of key information one year before the review date.

32 **Selection:** QAA hopes that its current cohort of auditors and audit secretaries will wish to take part in the review method. As now, they will be expected to have current or

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<sup>17</sup> [www.eqar.eu/application/requirements/european-standards-and-guidelines.html](http://www.eqar.eu/application/requirements/european-standards-and-guidelines.html).

recent<sup>18</sup> institutional-level expertise and experience in the management of academic standards and educational provision in higher education. If QAA needs to recruit further review team members they will be selected from nominations made by institutions. Role descriptions and selection criteria for review team members will be published. Every attempt will be made to ensure that the cohort appropriately reflects sectoral diversity, including discipline, geographical location and institutional mission type, as well as reflecting diversity groups. We shall encourage applications from those in diversity groups currently underrepresented in the review team member cohort.

33 **Training:** training for review team members will be undertaken by QAA. Both new team members and those who have taken part in previous review methods will be required to take part in training before they conduct a review. The purpose of the training will be to ensure that all team members fully understand the aims and objectives of the revised review process; that they are acquainted with all the procedures involved; and that they understand their own roles and tasks, QAA's expectations of them and the rules of conduct governing the process. We shall also provide opportunities for continuing development of review team members and procedures for evaluating and enhancing team performance.

34 If new review team members are recruited this will be on the basis that, as now, they are willing to undertake at least three reviews over a period of two years. They may continue beyond two years by mutual agreement.

### **Institutional facilitator**

35 The role of the current institutional contact has been enhanced to provide for greater understanding of the review process by the institution and more effective information gathering on the part of the review team. Institutions will be invited to nominate an Institutional facilitator to liaise between the review team and the institution and to provide the team with advice and guidance on institutional structures, policies, priorities and procedures. The Institutional facilitator will contribute to the first team meeting and the review visit and will be expected to play an active role through regular meetings which will provide opportunities for both the team and the institution to seek further clarification outside of the formal meetings.

36 It is hoped that the revised role of Institutional facilitator will help to provide a constructive interaction between all participants in the review process. The development of a good working relationship between QAA and the institution through such liaison should help to ensure that the institution does not go to unnecessary lengths in its preparation for the review through any misunderstanding by the institution of QAA's expectations, or through any misunderstanding by QAA of the nature of the institution or the scope of its provision.

37 Further details about the role of the Institutional facilitator are provided in Annex 6. QAA will provide training and briefing for facilitators.

38 It has been suggested that a more formal 'lead student representative' role should also be introduced. The role would receive copies of key correspondence from QAA, attend the first team meeting, attend the final meeting in the institution, liaise internally with the facilitator to ensure smooth communications between the student body and the institution during the process, disseminate information about review to the student body, organise or oversee the writing of the SWS, and ensure continuity of activity over the review process.

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<sup>18</sup> Within two years of having left higher education employment.

### **Consultation question [6]**

**(a) Do you agree that it would be useful to enhance the role of the institutional contact as described in paragraphs 35-37?**

**(b) Are there other tasks or responsibilities which the Institutional facilitator should carry out?**

**(c) Do you agree that the role of 'lead student representative' as described in paragraph 38 should be included in the review process?**

## **The review process**

### **Preparation for the review**

39 The process will start with the institution accessing an online briefing package (see Annex 1, timeline). This can be done at the institution's convenience. The package will include details of the review process, roles of key players, guidance on the preparation of the SED, the SWS and the documentation required, FAQs, and other guidance. A QAA officer will be appointed about six months before the review visit to coordinate the review and he or she will be available to support the institution and student representatives by email or phone. We will expect the institution to have briefed itself by the time of the Preparatory meeting, which the coordinating QAA officer will carry out (see paragraph 40). The institution will need to be confident by the Preparatory meeting that production of its SED is in hand, or be comfortable with being able to prepare it in the five weeks between Preparatory meeting and document upload.

40 The Preparatory meeting will take place about 16 weeks before the review visit. Both staff and student representatives should be present. At the Preparatory meeting the QAA officer coordinating the review will meet representatives of the institution to discuss the structure of the review as a whole. The purpose of the meeting will be to answer any questions about the revised methodology which remain after online briefing and agree the information to be made available by the institution. The meeting will give an opportunity to discuss the likely interactions between the institution, QAA and the review team; to confirm that the institution's SED will be well-matched to the process of review; to emphasise that documentary evidence should be based primarily on existing material used in internal quality management, not on material prepared specially for the review; and to discuss any matters relating to the required public information set. Between the Preparatory meeting and submission of the institution's SED, QAA will continue to offer such advice and guidance on the process as it can, at the request of the institution.

41 The Preparatory meeting will also normally provide an opportunity for continuing discussion with student representatives about the written submission to be prepared on behalf of the student body. It is anticipated that student representatives will have studied the review online briefing and contacted the QAA officer where additional clarification is needed, before the Preparatory meeting. The purpose of this meeting will be to confirm the scope and purpose of the SWS and to confirm any topics beyond the standard template for the SWS that the student representatives consider appropriate. After that, until the submission of the SWS, QAA will continue to offer such advice and guidance on the process as it can, at the request of the student representatives.

42 Institutions and student representatives will be requested to upload their submissions and supporting documentation to the secure QAA electronic folder provided, no later than five weeks after the Preparatory meeting. It is envisaged that much of this information will consist of the institution's required public information set, other public information, and other documentation on intranets or extranets. However, institutions will

also need to bear in mind that some categories of information, while available in the institution, may not normally be available online and provision will need to be made to upload those documents to the QAA secure electronic folder as well. A list of the kinds of documentation to be provided is given in Annex 5.

43 In the following four weeks, the required public information will be reviewed by QAA. QAA will produce a desk-based analysis of the institution's public information set, with a commentary on the currency and completeness of this information drawn from comparisons with other information made publicly available by the institution and by, for example, HEFCE and HESA. An advisory report will be prepared for the review team (see paragraph 19).

44 At the same time that QAA is preparing its report the review team will also be reviewing the public information and the information about its processes that the institution has posted to the QAA site. This will allow team members to reach an overview of the required public information, and to become familiar with the institution's quality assurance documentation, programme specifications, general aspects of provision, and so on, before its first team meeting.

45 During the four week period the team will be posting comments on its preliminary views of the public and other information to the QAA secure electronic review folder.

#### **Consultation question [7]**

**(a) What do you see as the challenges for institutions of online briefing?**

**(b) Is it feasible to expect institutions to start preparing their SED after only an online briefing and remote contact with the coordinating QAA officer?**

#### **First team meeting**

46 Six weeks before the review visit there will be a one-day meeting (not in the institution) for the team to discuss the commentaries, decide on issues arising, any extra documentation needed, and a programme for the review visit. The Institutional facilitator will be invited to contribute to this meeting.

47 One week after this meeting the QAA officer will confirm with the institution the plan of activity for the review visit and the length of the visit. The programme of activity will start five working weeks after the institution has received the activity plan.

#### **The visit to the institution**

48 The activity carried out at the visit will not be prescribed but may include meetings with staff, external examiners, partner link staff, recent graduates or employer link visits. Meetings with students will always be held. The programme of activity will extend from three days to a maximum of five days and will be tailored to the scope and complexity of the institution, the clarity and usefulness to the review team of the SED and the information which the institution has provided, and also in relation to the issues which the team has identified. The final decision concerning the length of the review visit will be made after the first team meeting.

49 Activities in the institution will be carried out by at least two review team members, although it is envisaged that most activities will involve the whole team. Where the team splits for an activity there will be catch-up time afterwards so that all members of the team are in agreement with what has been found.



- 50 On the final day of the review visit, the review team considers its findings in order to:
- decide on the grades of the three judgments (four judgments from 2012-13)
  - decide on the commentary on the thematic element of the review
  - agree the features of good practice that it wishes to highlight as making a particularly positive contribution to the institution's approach to the management of academic standards and quality of provision
  - agree recommendations for action by the institution
  - agree affirmations.

The QAA officer will join the team on the last day of the visit in order to test the evidence base and security of the review findings.

51 The review team will ensure that its programme for the review visit includes meetings with a wide variety of students, to enable the team to gain first-hand information on students' experience as learners and on their engagement with the institution's approach to quality assurance and enhancement. The team will meet student representatives who have been involved in the preparation of the SWS, as well as members of the student body who do not have representative functions.

52 The programme for the review visit will include a final meeting between the team and senior staff of the institution, lead student representative, and the Institutional facilitator. It will not be a feedback meeting, but it will be an opportunity for the team to summarise the major themes and issues that it has been, and may still be, pursuing. The intention will be to give the institution a final opportunity to present evidence which can allow the team to come to secure review findings.

53 Two weeks after the end of the review the key findings will be sent to the institution and to HEFCE or DEL, as appropriate. After a further four weeks the draft report and the evidence base for the findings will be sent to the institution (see Annex 1).

## Reports

54 There will be a single Institutional review report which will comprise the findings of the review. This will be as concise as possible while including enough explanation for it to make sense to an audience familiar with the concepts and operation of higher education. The intention is to produce a report of about 10 pages in length. The report will not contain detailed evidence for the findings: this will be provided for the institution in the evidence base. This unpublished evidence document will replace the current 'technical annex'.

55 The report will contain a summary in a format accessible to members of the public.

56 The format of the report will follow a template that aligns with the structure recommended for the institution's SED (see Annex 3a). Its production will be coordinated by the QAA officer coordinating the review. The report will be prepared and submitted to the institution as soon as possible following the review visit, normally within six weeks, with a request for corrections of errors of fact. The institution will have three working weeks to supply factual corrections to the report, and the report will then be finalised and published. The institution is expected to share the draft report and any proposed corrections with the student representative body.

57 The normal expectation is that the report is finalised and published within 12 working weeks of the review visit.

## Action planning and sign-off

58 Approximately 10 weeks after the report has been published the institution will provide an action plan, signed off by the Head of Institution, addressing the recommendations and affirmations, and giving any plans to capitalise on the identified good practice. This will either be produced jointly with student representatives, or representatives will be able to post their own commentary on the action plan. Both action plan (and commentary, if produced) will be posted to the institution's public website, and there will be links to the institution's report page on the QAA website. The institution will be expected to update the action plan annually, and post the updated plan to its website.

59 The review will be completed when it is formally 'signed off'. Where the review report offers passing judgments in all four areas the review will be formally signed off on publication of the initial action plan. Upon sign-off, institutions will be allowed to place the QAA logo and judgment (as supplied by QAA) on the homepage of their website and on other documents as a public statement of the outcome of their review.

## Exception reporting follow-up

60 Three years after the review visit the institution will report on its review action plan to QAA, noting only those areas (exceptions) where it has not been able to meet the objectives of the action plan. QAA will review the exception report to ensure that recommendations are being followed-up. Institutions which fail to engage seriously with review recommendations may be referred to QAA's Causes for Concern procedure.<sup>19</sup> Future review teams will take into account the progress made on the actions from the previous review.

## Full follow-up

61 Where a review team makes a failing judgement in at least one area of the review the report will be published, the initial action plan produced, and there will be a programme of follow-up activity to address the area of the review which has received the failing judgment. Any action attached to areas of the review which have received a passing judgment will be addressed over the normal lifetime of the review process, as specified in paragraphs 58-60.

62 For areas where there has been a failing judgment QAA will require progress reports at regular intervals, indicating how the relevant recommendations are being addressed. The progress reports should be drawn up jointly with student representatives. When the institution indicates that the action plan has been completed and implemented successfully, or a maximum time limit of 18 months has expired, QAA will arrange a follow-up visit to the institution. The visitors will decide whether concerns have been addressed such that the original failing judgment can be amended, and will make a recommendation to the QAA Board. If this is accepted, the judgment will be changed and the review signed-off, and this will be indicated on the QAA website. At this stage use of the QAA logo as indicated in paragraph 59 will be permitted.

## Consultation question [8]

**(a) Do you agree that there should be provision for review judgments to be changed after the follow-up process?**

**(b) Should the visitors be peers or can QAA officers carry out this follow-up visit and give a new judgment?**

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<sup>19</sup> [www.qaa.ac.uk/causesforconcern](http://www.qaa.ac.uk/causesforconcern).

63 If, at the maximum time limit, there remain concerns about the effectiveness of the remedial action the visitors will report this to HEFCE or DEL, as appropriate. In the case of institutions in England in receipt of HEFCE funding, HEFCE's policy for addressing unsatisfactory quality will apply in these circumstances (see paragraph 66). This policy sets out a range of possible actions that might be taken, including, as a last resort, to withdraw funding from an institution. In the case of institutions not in receipt of public funding, QAA will use its discretion to decide whether the matter is of sufficient importance to warrant a further separate focused review, with a published report.

### **Other quality assurance mechanisms**

64 Weaknesses or failures in quality and standards may also be followed up by three additional mechanisms. First, where a problem is detected that may be sector wide, QAA may carry out desk-based research across institutions, or a sample of them, to establish whether an issue exists and suggest courses of action to remedy it.

65 Secondly, QAA's Causes for Concern procedure<sup>20</sup> can at any time investigate any policy, procedure or action implemented, or omitted, by a higher or further education institution in England, which appears likely to jeopardise the institution's capacity to assure the academic standards and quality of any of its higher education programmes and/or awards.

66 In addition, HEFCE has a policy<sup>21</sup> for addressing unsatisfactory quality in institutions, which is currently triggered if an institution receives a failing judgment (in Institutional audit, no confidence) in two successive QAA Institutional audits; or if an institution does not make sufficient progress on an action plan made following a no confidence judgment; or if an institution is unable to agree such an action plan within a reasonable time frame. It is anticipated that HEFCE will revisit this policy.

### **Thematic element**

67 As a result of the QAS consultation it has been established that the Institutional review process should comprise both a core element which is applied to all institutions, and a thematic element which will change at defined intervals, so that different institutions will experience review of different thematic elements. The inclusion of a thematic element will provide some flexibility within the review process to look in a timely way at issues that are attracting legitimate public interest or concern, or may constitute current good practice. The thematic element of the review will allow reviewers to explore an institution's engagement with a particular quality assurance theme. The identification and operation of themes will be subject to the protocol agreed by the QHEG.<sup>22</sup> The thematic element does not preclude other more immediate investigations being carried out, should issues requiring urgent research emerge within the sector (see paragraphs 64-66).

68 In order to promote consistency and comparability of review findings, the thematic element will not be subject to a judgment. Instead, the review report will contain a commentary on the thematic element which may contain recommendations, features of good practice and affirmations. The institution will be expected to address any recommendations stemming from the thematic element in its action plan and annual updates.

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<sup>20</sup> [www.qaa.ac.uk/causesforconcern/concernguide.asp](http://www.qaa.ac.uk/causesforconcern/concernguide.asp)

<sup>21</sup> [www.hefce.ac.uk/pubs/hefce/2009/09\\_31](http://www.hefce.ac.uk/pubs/hefce/2009/09_31)

<sup>22</sup> [www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/QualityAssurance/Pages/Protocol.aspx](http://www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/QualityAssurance/Pages/Protocol.aspx)

69 Themes will be confirmed on an annual basis by the QHEG on advice from QAA. It is possible that more than once theme will be chosen per year, but no institution will be asked to address more than one theme. QAA will publish the themes six months before the start of the academic year for any particular annual tranche of review. In other words, if the review year begins in September, themes will be published in March of that calendar year. At the same time QAA will clarify which external reference points relate to the topic, and the main foci of the thematic element of the review. As with the rest of the review process it is envisaged that any documentation which the institution might need to provide for the thematic element will be that already existing in the institution. Indeed, one of the aims of the thematic element is to chart the kind of variability in practice which exists in institutions in relation to the theme topic, and if necessary produce good practice guidelines which could enhance provision in that area.

70 QAA will brief review team members on the approach to reviewing themes, in general, and any specific guidance which needs to be borne in mind for a specific theme.

71 Institutions will be provided with a proforma containing topics and questions for the theme area, which will be annexed to the SED. Student representatives will also receive the proforma so that they can address the theme in an annex to the SWS. The proforma will enable some consistency in information gathering which can inform subsequent analysis of the review findings. Where agreed external reference points exist, the proforma will be based on those reference points. Where no such agreed reference points exist, QAA will develop a set of prompts for information. The proforma annex will give the institution the opportunity to evaluate its own management in the theme area.

72 It is envisaged that the review report will contain a one-page summary of the findings of the thematic review. The institution will also receive a more detailed evidence base for the thematic element. The evidence base information will be used by QAA to report on the thematic findings across the sector.

#### **Consultation question [9]**

**(a) What do you see as the main challenges for institutions of the way in which the process for thematic elements will operate?**

**(b) Can you suggest more effective ways for the process to operate?**

### **Rolling review procedure**

73 As a result of the QAS consultation it has been established that the Institutional review process should be organised on a rolling basis rather than as a fixed cycle, with the possibility of both minor and substantive changes to the process being introduced at any point, given sufficient justification and warning. A rolling process is intended to allow greater flexibility into the review process and enable changes to be made to the review method in a timely way, rather than waiting for the end of a cycle. This means that changes elsewhere in review methods which are considered good practice can be introduced into the programme of reviews without waiting for a particular review cycle to come to an end. The identification and operation of changes to the review process will be subject to the protocol agreed by the QHEG.

74 Three kinds of changes are envisaged: minor, substantive and operational. Both minor and substantive changes will be approved by the QHEG. The need for changes will be evidence based.

75 Minor changes will be approved by the QHEG and will be introduced into the process by QAA without further consultation. Changes will be communicated to

institutions and review teams and the date from which the change will be operational will be made clear. It is envisaged that no minor change will affect a review that has already started. For this purpose, the start of review will be deemed to be six weeks before the Preparatory meeting (when it might be assumed that institutions will have already briefed themselves on the process). A minor change would affect all other reviews yet to be carried out.

76 A substantive change will be approved by the QHEG and will be consulted upon with the sector, with a view to determining how best the change might be implemented to reduce the amount of inconsistency that introducing such a change would bring. A major change would be introduced in time for the beginning of a tranche of reviews (that is, those operating within one academic year) in order to be able to distinguish easily the point at which different versions of the method became operational. This will also provide time to brief institutions adequately and, where necessary, provide refresher training or briefing for review team members.

77 QAA will publish any agreed substantive changes six months before the start of the academic year for any particular annual tranche of reviews. In other words, if the review year begins in September, changes will be published in March of that calendar year. At the same time QAA will clarify whether there are any changes to external reference points associated with the process change.

78 In addition, QAA will be able to make changes to the operation of the review process without reference to the QHEG or consultation.

79 Substantive changes are envisaged to include changes which affect the underlying principles of the review process, such as how judgments are arrived at, the core elements of the review, frequency of review, how different types of provision (for example, collaborative provision) are dealt with by review, or the nature of the composition of the review team (for example, as when student audit team members were introduced).

80 Minor changes are envisaged as changes to the operation of the process, rather than to the principles underpinning it. Examples might include the content of the thematic element, or the relationship of QAA's other review processes to Institutional review and how information is transferred between them.

81 Operational changes which QAA could implement without further approval or consultation could include matters such as the medium chosen to publish reports or how unsolicited information is dealt with by a review team.

### **Consultation question [10]**

**(a) What do you see as the main challenges for institutions of the way in which the process for introducing the changes to the review process will operate?**

**(b) Can you suggest more effective ways for the process to operate?**

## **Administration of the process**

82 A QAA officer will have responsibility for the coordination and management of each review. Every effort will be made by QAA to ensure that a close and constructive working relationship is established with institutions.

83 The review's findings (judgments, recommendations, features of good practice and affirmations) will be decided by the review team as peer reviewers. The coordinating QAA officer will ensure that all findings are backed by adequate and identifiable evidence,

and that the review report provides information in a succinct and readily accessible form. To this end QAA will retain editorial responsibility for the final text of the report and will continue to moderate reports to help to promote consistency in the application of the judgment guidance by review teams.

## **Timetable for implementation**

84 The revised Institutional review programme will begin in September 2011-12 and operate after that on a rolling programme. Within the rolling programme each institution will be reviewed approximately once every six years. The first visits of the revised method will take place from January 2012. This will mean that Preparatory meetings with the first institutions to be reviewed will need to take place from September 2011.

85 It is intended that, once the revised process is embedded, each institution will be informed of the dates of its review 18 months before the review visit takes place. For institutions being reviewed in the first year of the revised process this period of notice will not be possible and the notice period will be one year.

86 The current audit process takes 44 weeks, almost a year, to accomplish. The present stagger in the audit schedule means that many audits cannot be accomplished within an academic year and stretch over two. QAA wishes to streamline the timeline for the revised process to ensure that a review is accomplished within one academic year, reports in a more timely way, and does not preoccupy an institution unnecessarily over an extended period of time. We are aiming for a review timeline (up to the production of the report) of less than 30 weeks. To achieve this within existing costs and resources and to draw up a workable schedule of reviews we will be more proactive in proposing dates for review activity, based on what we know about an institution's term/semester dates and examinations timetable. We will ask institutions for this information 18 months before the review (one year in the case of reviews in the first year of the revised process).

87 QAA will produce a handbook for the revised Institutional review in February-March 2011. Reviewers and review secretaries will be recruited, or their current status confirmed, in spring 2011; training of members of the first tranche of review teams will be provided during early autumn 2011.

## **Complaints and appeals**

88 Complaints about the conduct of the audit and appeals against a judgment of no confidence (in the current audit method) made by the audit team are considered by QAA under the formal procedures published on its website.<sup>23</sup> It is envisaged that similar processes will be available for Institutional review.

### **Consultation question [11]**

**QAA is currently reviewing its complaints and appeals procedures.**

**(a) Are there any comments that you would like to offer about the way that these procedures currently operate?**

**(b) Appeals are currently allowed against judgments of no confidence only; should the scope of the appeals scheme be broadened?**

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<sup>23</sup> [www.qaa.ac.uk/aboutus/policy/complaints2009.asp](http://www.qaa.ac.uk/aboutus/policy/complaints2009.asp).

## Summary of consultation questions

### Consultation question [1]

- (a) Do you agree that the changes noted take account of the requirements of the sponsoring bodies and the QAS principles?
- (b) Will the changes help to strengthen management of quality and standards in institutions?
- (c) Will the changes provide clearer information about quality and standards to a variety of stakeholders?

### Consultation question [2]

- (a) Do you agree that further consideration of the way in which collaborative provision and overseas provision is reviewed is required?
- (b) Do you have any suggestions for improving the current processes?

### Consultation question [3]

We want to express judgments in a useful, informative and credible way.

- (a) Does either Annex 2a or 2b do this, and is one more helpful than the other to particular groups of stakeholders?
- (b) Can you suggest alternatives for the words used to express grades of judgment?
- (c) If you feel that neither of the given formats is informative or credible, do you have suggestions for other formats?
- (d) What will be the challenges for institutions and audit teams in the use of the judgment formats given as examples?
- (e) Do you have any suggestions for further guidance on which to base judgments?

### Consultation question [4]

It is intended that all documentation provided for the review team (see Annex 5) will be uploaded to a secure QAA electronic folder. Do you see any particular challenges for institutions in providing documentation in this form, or for review teams in using the documentation?

### Consultation question [5]

- (a) Do you agree that agreed reference points for review should be increased to include more than the Academic Infrastructure?
- (b) Is agreement through the substantive/minor changes process (see paragraphs 73-81) appropriate?
- (c) Do you see any problems with using the additional reference points currently being suggested (see Annex 3b)?

### Consultation question [6]

- (a) Do you agree that it would be useful to enhance the role of the institutional contact as described in paragraphs 35-37?
- (b) Are there other tasks or responsibilities which the Institutional facilitator should carry out?
- (c) Do you agree that the role of 'lead student representative' as described in paragraph 38 should be included in the review process?

### Consultation question [7]

- (a) What do you see as the challenges for institutions of online briefing?
- (b) Is it feasible to expect institutions to start preparing their SED after only an online briefing and remote contact with the coordinating QAA officer?

**Consultation question [8]**

- (a) Do you agree that there should be provision for review judgments to be changed after the follow-up process?
- (b) Should the visitors be peers or can QAA officers carry out this follow-up visit and give a new judgment?

**Consultation question [9]**

- (a) What do you see as the main challenges for institutions of the way in which the process for thematic elements will operate?
- (b) Can you suggest more effective ways for the process to operate?

**Consultation question [10]**

- (a) What do you see as the main challenges for institutions of the way in which the process for introducing the changes to the review process will operate?
- (b) Can you suggest more effective ways for the process to operate?

**Consultation question [11]**

QAA is currently reviewing its complaints and appeals procedures.

- (a) Are there any comments that you would like to offer about the way that these procedures currently operate?
- (b) Appeals are currently allowed against judgments of no confidence only; should the scope of the appeals scheme be broadened?

**Consultation question [12]**

What do you see as the particular challenges to institutions in working to the proposed review timeline?

**Consultation question [13]**

Are there any other comments you wish to offer about any part of the proposed method?



## Annex 1

### Indicative review timeline (where collaborative provision is included in the review)

Review programme begins September 2011.  
First Preparatory meetings in September 2011.  
First review visits in January 2012.

<b>18 months before review</b> (except first year, when notice will be one year)	<b>[beginning in January 2012]</b>	Institution provides information about academic year Dates set for all reviews in a particular year
<b>6 months before start of the academic year in which an institution's review takes place</b>	<b>[first announcement of themes March 2011]</b>	Theme for the thematic element confirmed Any agreed changes to review process confirmed
<b>1 year before review</b>		Institution submits collaborative provision proforma and key information (student numbers, number of programmes, and so on) Institution nominates facilitator
<b>9 months before review</b>		Size of review team confirmed Mode of collaborative provision review agreed
<b>6 months before visit</b>		Coordinating QAA officer appointed
<b>At institution's convenience</b>		Online briefing and contact with QAA officer
<b>Working weeks</b>	<b>Cumulative weeks</b>	
<b>- 16</b>	0	Preparatory meeting
<b>- 11</b>	5	Document upload: HEI uploads information including SED and SWS (5 weeks to do this)
<b>- 7</b>	9	Team considers remotely; QAA analyse public information set (4 weeks to do this)
<b>- 6</b>	10	First team meeting (one day)
<b>- 5</b>	11	HEI informed of documentation, visit details, and so on. (5 weeks to prepare) Length of review visit confirmed
<b>0</b>	16	Review visit
<b>2</b>	18	HEI and HEFCE/DEL informed of key findings
<b>6</b>	22	Draft report and evidence base sent to HEI

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<b>9</b>	25	HEI provides factual corrections; report finalised
<b>12</b>	28	Report published
<b>22</b>	38	Action plan submitted
<b>Years</b>		
<b>3</b>		3-year follow-up
<b>6 (approx)</b>		Next review

**Consultation question [12]: What do you see as the particular challenges to institutions in working to this timeline?**

**Suggested format of judgments for Institutional review (1)**

	'Passing grade'	'Failing grade'
<b>Judgments</b>	... at a level expected in all HEIs	...below the level expected in all HEIs
<i>The institution's threshold standards are...</i>	<p><b>Guidance pointers to applying the judgment</b></p> <ul style="list-style-type: none"> <li>• There is institutional awareness of all, or nearly all, of the relevant externally-agreed reference points in this area</li> <li>• There is appropriate local engagement with all, or nearly all, of the relevant externally-agreed reference points in this area</li> <li>• Students and staff have a say in the management of this area, their voice is listened to, and appropriate action is taken in response</li> <li>• The institution has appropriate strategic planning mechanisms to manage this area effectively</li> <li>• Appropriate and effective policies, structures and procedures underpin this area</li> <li>• Policies and procedures are implemented consistently and effectively</li> <li>• The institution regularly monitors its management in this area and takes appropriate action to counteract weakness and build on good practice.</li> </ul>	<p><b>Guidance pointers to applying the judgment</b></p> <ul style="list-style-type: none"> <li>• There is little or no institutional awareness of the relevant externally-agreed reference points in this area</li> <li>• appropriate local engagement with the relevant externally-agreed reference points in this area is seriously lacking</li> <li>• Students and staff do not have an effective say in the management of this area, and/or their voice is not listened to, and/or appropriate action is not taken in response</li> <li>• The institution does not have appropriate strategic planning mechanisms to manage this area effectively</li> <li>• Appropriate and effective policies, structures and procedures do not securely underpin this area</li> <li>• Policies and procedures are not implemented consistently and/or effectively</li> <li>• The institution does not regularly monitor its management in this area and takes appropriate action to counteract weakness and build on good practice.</li> </ul>
<i>The quality of students' learning opportunities is...</i>		
<i>The quality of public information, including that produced for students and applicants is...</i>		
<i>The enhancement of students' learning opportunities is...</i>	<p><b>Guidance pointers to applying the judgment</b></p> <ul style="list-style-type: none"> <li>• Students and staff have a say in the management of this area, their voice is listened to, and appropriate action is taken in response</li> </ul>	<p><b>Guidance pointers to applying the judgment</b></p> <ul style="list-style-type: none"> <li>• Students and staff do not have an effective say in the management of this area, and/or their voice is not listened to, and/or appropriate action is not taken in</li> </ul>

	<ul style="list-style-type: none"> <li>• The institution has appropriate strategic planning mechanisms to manage this area effectively</li> <li>• Appropriate and effective policies, structures and procedures underpin this area</li> <li>• Policies and procedures are implemented consistently and effectively</li> <li>• The institution regularly monitors its management in this area and takes appropriate action to counteract weakness and build on good practice</li> <li>• An ethos of enhancement is embedded consistently across the institution</li> <li>• Good practice is identified systematically across the institution and effectively and widely disseminated</li> <li>• Identification of opportunities for enhancement is driven strategically at an institutional level and owned at local level.</li> </ul>	<p>response</p> <ul style="list-style-type: none"> <li>• The institution does not have appropriate strategic planning mechanisms to manage this area effectively</li> <li>• Appropriate and effective policies, structures and procedures do not securely underpin this area</li> <li>• Policies and procedures are not implemented consistently and/or effectively</li> <li>• The institution does not regularly monitor its management in this area and does not take appropriate action to counteract weakness and build on good practice</li> <li>• No detectable ethos of enhancement</li> <li>• No central commitment to identifying and disseminating good practice</li> <li>• There is no strategic approach to identifying enhancement opportunities</li> <li>• The institution does not reflect strategically on its approach to enhancement.</li> </ul>
	<p><b>Amplification of guidance</b></p> <p>Where there are departures from the above guidance these departures do not, individually or collectively, present any immediate or serious risks.</p> <p>Actions required to deal with the departures will relate to</p> <ul style="list-style-type: none"> <li>• minor omissions or oversights</li> <li>• a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change</li> <li>• completion of activity that is already underway in a small number of areas that will allow it to meet the guidance pointers more fully.</li> </ul> <p>The need for action has been acknowledged by the</p>	<p><b>Amplification of guidance</b></p> <p>The pointers above indicate severe risk(s) individually or collectively to key management areas for standards and/or quality. The institution has not taken appropriate action to mitigate risk when it has been identified.</p> <p>The extent of action that would be required to satisfy the guidance pointers in full would require major changes to the way that quality and standards are managed. Changes might involve staff capacity or allocation of resources, external support, or commitment to a programme of change.</p> <p>The institution has not recognised that it has major problems, or has not planned significant action to address problems it has identified.</p>

	<p>institution in its review documentation or during the review, <b>and</b> it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p> <p>There is evidence that the institution is fully aware of its responsibilities for assuring standards and quality: previous responses to external review/audit activities provide confidence that areas of weakness will be addressed promptly and professionally.</p>	<p>The institution is unaware of, or not in full control of, one or more of its major responsibilities.</p> <p>The institution has repeatedly or persistently failed to take appropriate action in response to previous external review/audit activities.</p>
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<b>Commendation</b>
<p>A commendation in a particular area will be awarded where:</p> <ul style="list-style-type: none"> <li>• there are no significant departures from the judgment guidance (above)</li> <li>• managing the needs of students in this area is a prime and clear focus of the institution's strategies and policies</li> <li>• the institution includes students as partners in the management of this area in a particularly noteworthy or effective way</li> <li>• the institution manages the risk of new ventures affectively, allowing innovative practice to develop</li> <li>• there is clear evidence of a sustained engagement over time with external quality assurance activities, such as Institutional audit, which have led to enhancement of the quality of students' learning opportunities.</li> </ul>

The public summary will explain the relevance of the judgments to a wider audience and provide hyperlinks to information which explains the guidance pointers.

**Annex 2b**

**Suggested format of judgments for Institutional review (2)**

	'Passing grades'		'Failing grades'	
<b>Judgments</b>	...is/are good	...is/are satisfactory	...require(s) substantial improvement (RI)	...is/are unsatisfactory
<i>The institution's threshold standards...</i>	<b>Guidance pointers to applying the judgment</b>	<b>Guidance pointers to applying the judgment</b>	<b>Guidance pointers to applying the judgment</b>	<b>Guidance pointers to applying the judgment</b>
<i>The quality of students' learning opportunities...</i>	The guidance points under 'satisfactory', plus: <ul style="list-style-type: none"> <li>managing the needs of students in this area is a prime and clear focus of the institution's strategies and policies</li> </ul>	<ul style="list-style-type: none"> <li>There is institutional awareness of all, or nearly all, of the relevant externally-agreed reference points in this area</li> <li>There is appropriate local engagement with all, or nearly all, of the relevant externally-agreed reference points in this area</li> <li>Students and staff have a say in the management of this area, their voice is listened to, and appropriate action is taken in response</li> <li>The institution has appropriate strategic planning mechanisms to manage this area effectively</li> <li>Appropriate and effective policies, structures and procedures underpin this area</li> <li>Policies and procedures are implemented consistently</li> </ul>	<ul style="list-style-type: none"> <li>There is some institutional awareness but it is not consistently exhibited or expressed</li> <li>There is some local engagement but it is not consistent across the institution and/or within departments</li> <li>Students and staff have some input but it is not regular and/or consistent, and/or is not taken into account in management of this area and/or does not lead to regular response</li> <li>Strategic planning mechanisms are present but are at an early stage and/or are not leading to appropriate management of this area</li> <li>Appropriate and effective policies, structures and procedures variably underpin this area</li> </ul>	<ul style="list-style-type: none"> <li>There is little or no institutional awareness of the relevant externally-agreed reference points in this area</li> <li>appropriate local engagement with the relevant externally-agreed reference points in this area is seriously lacking</li> <li>Students and staff do not have an effective say in the management of this area, and/or their voice is not listened to, and/or appropriate action is not taken in response</li> <li>The institution does not have appropriate strategic planning mechanisms to manage this area effectively</li> <li>Appropriate and effective policies, structures and procedures are severely lacking this area</li> </ul>
<i>The quality of public information, including that produced for students and applicants...</i>	<ul style="list-style-type: none"> <li>the Institution includes students as partners in the management of this area in a particularly noteworthy or effective way</li> <li>the institution manages the risk of new ventures in this area effectively, allowing innovative practice to develop</li> <li>there is clear evidence of a sustained engagement over time with external quality assurance activities, such as Institutional audit, which have led to enhancement of the quality of students' learning opportunities.</li> </ul>			

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		<p>and effectively</p> <ul style="list-style-type: none"> <li>The institution regularly monitors its management in this area and takes appropriate action to counteract weakness and build on good practice.</li> </ul>	<ul style="list-style-type: none"> <li>Policies and procedures are not implemented consistently and/or effectively</li> <li>There is some monitoring but it is not systematic and/or consistent and/or does not consistently lead to appropriate action on weakness or good practice.</li> </ul>	<ul style="list-style-type: none"> <li>The institution does not regularly monitor its management in this area and takes appropriate action to counteract weakness and build on good practice.</li> </ul>
	'Passing grades'		'Failing' grades	
<b>Judgments</b>	...is good	...is satisfactory	...requires substantial improvement (RI)	...is unsatisfactory
<i>The enhancement of students' learning opportunities...</i>	<p><b>Guidance pointers to applying the judgment</b></p> <p>The guidance points under 'satisfactory', plus:</p> <ul style="list-style-type: none"> <li>managing the needs of students in this area is a prime, consistent and clear focus of the institution's strategies and policies</li> <li>the institution includes students as partners in the management of this area in a particularly noteworthy or effective way</li> <li>the institution manages the risk of new ventures affectively, allowing innovative practice in learning and teaching to develop</li> </ul>	<p><b>Guidance pointers to applying the judgment</b></p> <ul style="list-style-type: none"> <li>Students and staff have a say in the management of this area, their voice is listened to, and appropriate action is taken in response</li> <li>The institution has appropriate strategic planning mechanisms to manage this area effectively</li> <li>The institution regularly monitors its management in this area and takes appropriate action to counteract weakness and build on good practice</li> <li>An ethos of enhancement is embedded consistently across the institution</li> </ul>	<p><b>Guidance pointers to applying the judgment</b></p> <ul style="list-style-type: none"> <li>Students and staff have some input but it is not regular and/or consistent, and/or is not taken into account in management of this area and/or does not lead to regular response</li> <li>Strategic planning mechanisms are present but are at an early stage and/or are not leading to appropriate management of this area</li> <li>There is some monitoring but it is not systematic and/or consistent and/or does not consistently lead to appropriate action on weakness or good practice</li> </ul>	<p><b>Guidance pointers to applying the judgment</b></p> <ul style="list-style-type: none"> <li>Students and staff do not have an effective say in the management of this area, and/or their voice is not listened to, and/or appropriate action is not taken in response</li> <li>The institution does not have appropriate strategic planning mechanisms to manage this area effectively</li> <li>The institution does not regularly monitor its management in this area and takes appropriate action to counteract weakness and build on good practice</li> </ul>

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	<ul style="list-style-type: none"> <li>• there is clear evidence of a sustained engagement over time with external quality assurance activities, such as Institutional audit, which have led to enhancement of the quality of students' learning opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• Good practice is identified systematically across the institution and effectively and widely disseminated</li> <li>• Identification of opportunities for enhancement is driven strategically at an institutional level and owned at local level.</li> </ul>	<ul style="list-style-type: none"> <li>• There is an ethos of enhancement in some parts of the institution</li> <li>• There are some mechanisms for the identification of good practice but they are not systematically and/or consistently employed</li> <li>• Strategy for identification of enhancement opportunities is present but is at an early stage and/or is not leading to appropriate response at the local level.</li> </ul>	<ul style="list-style-type: none"> <li>• No detectable ethos of enhancement</li> <li>• No central commitment to identifying and disseminating good practice</li> <li>• There is no strategic approach to identifying enhancement opportunities</li> <li>• The institution does not reflect strategically on its approach to enhancement.</li> </ul>
	<p><b>Amplification of guidance</b></p> <p>Guidance under 'satisfactory' applies, plus there is widespread and consistent evidence that the institution:</p> <ul style="list-style-type: none"> <li>• reflects on the management of quality and standards</li> <li>• places students' needs at the centre of its management</li> <li>• actively monitors its management and can point to responses made to that monitoring.</li> </ul> <p>The need for action to reduce weaknesses will be minimal; quality assurance mechanisms will largely be secure.</p>	<p><b>Amplification of guidance</b></p> <p>Where there are departures from the above guidance pointers these departures do not, individually or collectively, present any immediate or serious risks.</p> <p>Actions required to deal with the departures will relate to:</p> <ul style="list-style-type: none"> <li>• minor omissions or oversights</li> <li>• a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change</li> </ul>	<p><b>Amplification of guidance</b></p> <p>The guidance points not met present serious risk(s) individually or collectively, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.</p> <p>Required actions may relate, for example, to:</p> <ul style="list-style-type: none"> <li>• ineffective operation of parts of the institution's governance structure (as it relates to quality assurance)</li> <li>• significant gaps in policy, structures or procedures relating to the institution's</li> </ul>	<p><b>Amplification of guidance</b></p> <p>The pointers above indicate severe risk(s) individually or collectively to key management areas for standards and/or quality. The institution has not taken appropriate action to mitigate risk when it has been identified.</p> <p>The extent of action that would be required to meet the guidance in full would require major changes to the way that quality and standards are managed. Changes might involve staff capacity or allocation of resources; external support; or commitment to a programme of</p>



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	<p>The institution's efforts will primarily be directed towards enhancement of students' learning opportunities, and in particular, continuous improvement in teaching quality.</p>	<ul style="list-style-type: none"> <li>• completion of activity that is already underway in a small number of areas that will allow it to reflect the guidance more fully.</li> </ul> <p>The need for action has been acknowledged by the institution in its review documentation or during the review, <b>and</b> it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p> <p>There is evidence that the institution is fully aware of its responsibilities for assuring standards and quality: previous responses to external review/audit activities provide confidence that areas of weakness will be addressed promptly and professionally.</p>	<p>quality assurance</p> <ul style="list-style-type: none"> <li>• breaches by the institution of its own quality assurance management procedures.</li> </ul> <p>Plans for addressing identified problems that the institution may present before or at the review are not adequate to rectify the problems or there is very little or no evidence of actual progress.</p> <p>The institution may have limited understanding of the responsibilities associated with of one or more key areas of the guidance; or may not be fully in control of all parts of the organisation.</p>	<p>change.</p> <p>The institution has not recognised that it has major problems, or has not planned significant action to address problems it has identified.</p> <p>The institution is unaware of, or not in full control of, one or more of its major responsibilities.</p> <p>The institution has repeatedly or persistently failed to take appropriate action in response to previous external review/audit activities.</p>
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The public summary will explain the relevance of the judgments to a wider audience and provide hyperlinks to information which further explains the guidance pointers.

## Annex 3a

### **Guidelines for producing the self-evaluation document (SED) for Institutional review**

The revised review process, like its predecessor processes, is based on the expectation that a reflective institution will appraise the effectiveness of its management of standards, quality, public information and enhancement as part of its ongoing organisational processes in order to safeguard and improve the opportunities it provides for students.

The purpose of the SED is to provide the review team with an account of:

- how the institution goes about managing the standards and quality of its provision (description of policies, processes, strategies, and so on)
- how the institution knows that its approach is effective (reflection on and self-evaluation of its management).

The team will make judgments about the institution's provision in the four areas<sup>24</sup> of interest of the review. The institution may wish to bear in mind the guidance pointers for the judgments as it writes the SED, to ensure that the review team has sufficient appropriate evidence on which to come to its judgments.

The quality of the learning opportunities which students experience in an institution and the standard of the awards that they take away are central to the review process. It will be difficult for a review team to work effectively with a SED that does not start from an awareness of this centrality.

The SED should outline the approach taken by the institution to the management of the academic standards of its awards, the quality of its educational provision, its public information and its enhancement of student learning opportunities. It should also inform the team of the way that the institution has reflected upon the effectiveness of its management processes and has acted to improve them.

From the point of view of the team, it is more important to have a document that gives a clear picture of the institution's approach to the management of academic quality and standards and the measures taken to reflect constructively on that approach, than to have a document that is self-evaluative only in the sense of identifying strengths and weaknesses.

The SED is an opportunity for an institution to offer a view of the effectiveness of its approach and provide references to evidence and support that view. It is important that each section of the SED can be clearly identified and that it has a comprehensive index giving references to the evidence that the institution wishes to cite. It is not the responsibility of the review team to seek out evidence to support the institution's views.

The SED should provide a short description of the institution, including the institution's mission with an outline of any major developments since the last Institutional audit or review and action taken on the outcomes of the last Institutional audit/review and any separate audit/review of collaborative provision.

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<sup>24</sup> In the first year of revised audit, three judgments plus one commentary.

The SED should address the following four main areas:

- how the institution sets and maintains the threshold standards of its academic awards
- how the institution manages the quality of students' learning opportunities (learning and teaching and academic support)
- how the institution manages the quality of its public information, including the information that it provides for students and applicants
- how the institution enhances the quality of students' learning opportunities.

In each section it is envisaged that the institution will discuss the policies, structures and processes which it uses and indicate the external reference points which have been used to guide policies, structures and procedures. The institution should also refer to how it engages with students in and through its quality assurance processes.

The institution will also provide a reflection on how effective its management in this area has been.

**The SED should indicate how the institution's policies, processes and structures relate to all levels of its provision: undergraduate, taught postgraduate and research postgraduate.**

## **Suggested structure of the SED for Institutional review**

### **A Core element of the review**

#### **Section 1: Brief description of the institution**

- Mission
- Major changes since last review
- Key challenges that the institution faces
- Implications of changes and challenges for safeguarding academic standards and quality of students' learning opportunities

#### **Section 2: How the institution has addressed the recommendations of its last audits/review(s)**

Briefly describe how the recommendations from the last audit/review(s) have been acted upon, and how good practice identified has been capitalised on. Refer to any action plans or progress reports which have been produced as a result of the audit/review(s).

#### **Section 3: How the institution sets and maintains the threshold standards of its academic awards**

##### **Narrative**

This section should explain both how standards are **set** and how they are **maintained**.

This section should briefly mention the institution's policy and/or guidelines that underpin its management in this area, together with the structures and procedures which ensure implementation of that policy or guidance.

The institution's interactions with professional, statutory and regulatory bodies (PSRBs) could usefully be described and evaluated here, and in particular, how the institution ensures that requirements of PSRBs are taken into account when setting standards.

The section should be concluded with an account of how effective the institution considers its management of this area to be.

### **External reference points**

The review will be interested in how the institution has engaged with agreed reference points in managing this aspect of quality assurance, in particular:

- the FHEQ
- subject benchmark statements
- *Code of practice*, sections 4, 6 and 7
- [national guidance on external examiners (if this results from current discussion and consultation)].

Review teams may also wish to enquire into the ways in which an institution has considered the expectations of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* and any other guidance relating to European or other international practices, such as European Credit Transfer System and the Framework for Qualifications of the European Higher Education Area. This may be particularly relevant where an institution has collaborative links with European institutions or a particular focus on internationalisation.

The review will also be interested to see how programme specifications show the relationship between delivery of intended learning outcomes and award standards.

### **Sub-headings**

Suggested sub-headings for this section, or topics to be considered are:

- how the institution aligns its programmes with the FHEQ
- how the institution uses subject benchmark statements
- the use of external examiners
- how standards are set through programme approval
- how standards are maintained through assessment of students and annual monitoring and periodic review of courses.

### **Evidence**

The section should contain cross-references (hyperlinks) to the essential evidence which the institution uses to inform itself about whether its management is effective.

## **Section 4: How the institution manages the quality of students' learning opportunities**

### **Narrative**

This section should briefly mention the institution's policy and/or guidelines that underpin its management in this area, together with the structures and procedures which ensure implementation of that policy or guidance and how it engages students in these processes.<sup>25</sup>

The section should be concluded with an account of how effective the institution considers its management of this area to be.

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<sup>25</sup> Where these structures, policies and procedures are essentially similar to those described in section 3, cross-reference may simply be made to them here. However, the SED should make clear (a) how they are used in the specific context of this section, and (b) give a reflection on their effectiveness relative to this section.

### **External reference points**

The review will be interested in how the institution has engaged with agreed reference points in managing this aspect of quality assurance, in particular:

- *Code of practice*, sections 1, 2, 3, 5, 7, 8, 9 and 10
- UK professional standards framework for teaching and supporting learning in higher education
- Researcher Development Framework (RCUK)
- guidance for institutions in supporting international students (to be produced and consulted upon by QAA by March 2011).

Review teams may also wish to enquire into the ways in which an institution has considered the expectations of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* and any other guidance relating to European or other international practices, such as European Credit Transfer System and the Framework for Qualifications of the European Higher Education Area. This may be particularly relevant where an institution has collaborative links with European institutions or a particular focus on internationalisation.

The review will also be interested to see how programme specifications show the relationship between delivery of intended learning outcomes and the quality of the opportunities (for example, teaching, academic support, learning resources) provided to students which enable them to achieve the award.

In addition, review teams will be interested in whether the institution has a student charter, the role of students in its development and whether staff and students consider the charter is effectively implemented.

### **Sub-headings**

Suggested sub-headings for this section, or topics to be considered are:

- admissions policy and practice
- learning resources
- development of staff for the learning and teaching role
- work-based and placement learning
- academic support for students
- equality and diversity aspects of the student experience
- assessment of students
- academic appeals and complaints
- career education, information, advice and guidance including employability prospects for students
- contribution of students to quality assurance and curriculum development
- management of postgraduate research programmes
- management of collaborative provision.

### **Evidence**

The section should contain cross-references (hyperlinks) to the essential evidence which the institution uses to inform itself about whether its management is effective.

## **Section 5: How the institution manages the quality of public information, including that produced for students and applicants**

### **Narrative**

This section should briefly mention the institution's policy and/or guidelines that underpin its management in this area, together with the structures and procedures which ensure implementation of that policy or guidance.<sup>26</sup>

This section should confirm that the institution makes available those categories of public information which have been agreed by the sector as information which should be available. Currently this is the information detailed in HEFCE 2006/45, Annex F; from 2012-13, it will be the public information set as agreed by the HEPISG consultation exercise. Where this information cannot be found on the institution's website or another public website (for example, Unistats), copies of documents will need to be uploaded to the QAA secure electronic folder.

The section should be concluded with an account of how effective the institution considers its management of this area to be. It may help to focus on:

- the effectiveness of the information in informing the public about the quality of higher education
- the effectiveness of the information available to applicants in enabling them to make a choice about applying to an institution
- the effectiveness of information available to students which helps them to decide whether what is delivered meets the expectations acquired from published information.

### **External reference points**

The review will be interested in how the institution has engaged with agreed reference points in managing this aspect of quality assurance, in particular:

- programme specifications
- HEFCE 2006/45, Annex F or its successor national public information set (and any nationally-agreed guidance on provision of information)

The review will be interested to see whether programme specifications accurately describe the relationship between learning outcomes, award standards and students' learning opportunities.

The institution should also make it clear how it manages the analysis of and response to the National Student Survey (NSS) and works with students in the consideration of NSS responses.

### **Evidence**

The section should contain cross-references (hyperlinks) to the essential evidence which the institution uses to inform itself about whether its management is effective.

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<sup>26</sup> Where these structures, policies and procedures are essentially similar to those described in section 3, cross-reference may simply be made to them here. However, the SED should make clear (a) how they are used in the specific context of this section, and (b) give a reflection on their effectiveness relative to this section.

## **Section 6: How the institution enhances the quality of students' learning opportunities**

### **Narrative**

The overall strategic approach adopted by the institution to ensure that the quality of student learning opportunities is maintained and where necessary, enhanced. How the institution develops an ethos which expects and encourages the enhancement of learning opportunities; how it encourages, supports and disseminates good practice; how it identifies opportunities for enhancement; and how it reflects on the effectiveness of its approach to quality enhancement.

This section should briefly mention the institution's policy and/or guidelines that underpin its management in this area, together with the structures and procedures which ensure implementation of that policy or guidance.<sup>27</sup>

The section should make clear how management and other institutional information is used to monitor and improve students' learning opportunities. Sections of the *Code of practice* which contain precepts which are relevant here are given in Annex 3c.

The section should contain a description of the institution's plans for maintaining and enhancing the quality of students' learning opportunities, including how excellence in teaching is to be encouraged and supported.

The section should be concluded with an account of how effective the institution considers its management of this area to be and how it engages students in its enhancement processes.

### **Evidence**

The section should contain cross-references (hyperlinks) to the essential evidence which the institution uses to inform itself about whether its management is effective.

## **B Thematic element of review**

This part of the SED will be asked to address a standard proforma of questions, together with an evaluation of the institution's effectiveness of its management in the theme area.

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<sup>27</sup> Where these structures, policies and procedures are essentially similar to those described in section 3, cross-reference may simply be made to them here. However, the SED should make clear (a) how they are used in the specific context of this section, and (b) give a reflection on their effectiveness relative to this section.

## **Annex 3b**

### **A summary of the suggested reference points**

- The Academic Infrastructure.
- [national guidance on external examiners (if this results from current deliberations)].
- UK professional standards framework for teaching and supporting learning in higher education.
- Researcher Development Framework (RCUK).
- Guidance for institutions in supporting international students (to be produced and consulted upon by QAA by March 2011).
- HEFCE 2006/45, Annex F or its successor national public information set as agreed as a result of the HEPISG consultation [and any nationally-agreed guidance on provision of information].
- *Standards and Guidelines for Quality Assurance in the European Higher Education Area.*



## Annex 3c

### **Precepts of the *Code of practice* which have a bearing on management information**

#### **Section 1: Postgraduate research programmes**

4 Institutions will monitor the success of their postgraduate research programmes against appropriate internal and/or external indicators and targets.

#### **Section 2: Collaborative provision and flexible and distributed learning (including e-learning)**

A27 The awarding institution should monitor regularly the information given by the partner organisation or agent to prospective students and those registered on a collaborative programme. This applies equally to students registered on an FDL programme.

#### **Section 3: Disabled students**

3 Information is collected by institutions on disclosure of impairments and is used appropriately to monitor the applications, admissions and academic progress of disabled students.

4 Institutions operate systems to monitor the effectiveness of provision for disabled students, evaluate progress and identify opportunities for enhancement.

6 The institution's publicity, programme details and general information are accessible and include explanations of how the entitlements of disabled students are met.

20 Institutions ensure that information about all policies and procedures that affect students' ability to complete their studies and assessments is available in accessible formats and communicated to students.

#### **Section 5: Academic appeals and student complaints on academic matters**

9 Institutions have effective arrangements to monitor, evaluate and improve the effectiveness of their complaints and appeals procedures and to reflect on their outcomes for enhancement purposes.

#### **Section 8: Career education, information, advice and guidance**

13 Awarding institutions use relevant data and information to inform its CEIAG provision.

#### **Section 9: Work-based and placement learning**

8 Awarding institutions have policies and procedures for securing, monitoring, administering and reviewing work-based and placement learning that are used effectively and reviewed regularly.

## Annex 4

### Areas of focus of Institutional review

The scope of the Institutional review process covers the overall management of standards, quality, public information and enhancement. Review teams will need enough general information and understanding about an institution and its approach to the safeguarding of academic standards and quality to enable them to make their judgments. To gain this general information and understanding they will focus their exploration on the following areas in particular:

- engagement with the Academic Infrastructure, including the *Code of practice*, the FHEQ, subject benchmark statements and programme specifications, and other external reference points agreed from time to time (see Annex 3b for those currently included)
- the use made of external examiners and their reports to ensure the security of the academic standards of awards made in the name of the institution, or under delegated authority if the institution does not have degree awarding powers
- the experience of students of the learning opportunities offered to them, including the links between teaching and research and scholarship, and the experience of postgraduate students undertaking study by research
- the approach taken to assuring, and enhancing, the quality of resources for learning, including human resources and the ways in which the effectiveness of teaching staff is appraised, improved and rewarded
- the approach taken to engaging students as partners in the management of quality in the educational provision and in curriculum development
- the currency, accuracy and completeness of publicly available information about the academic standards of awards and the quality of provision and employability prospects of students
- the management and use made of information from all relevant sources in gaining institutional oversight of the achievement of academic standards, and of the assurance and enhancement of the quality of provision
- the use made of the outcomes of internal, and any external, review of the quality of educational provision
- the ways in which quality management systems and mechanisms are critically appraised to ensure that they are fit for purpose and achieve their intended objectives without undue elaboration ('gold-plating').

Review teams will be looking for evidence of a careful, serious and professional engagement with these and other relevant topics on the part of the institution, with the purpose of ensuring that the academic standards of awards and the quality of provision are being managed in a way that the public can have confidence in. Teams will be looking for honest and reflective approaches to the management of academic standards and quality of provision rather than superficial 'checklist' approaches, and will expect to see this approach reflected in the SED.

## Annex 5

### Provision of documentation

The review team will require access to the following **three sets** of information to prepare itself **before the first team meeting**. All of the information specified should be currently available in the institution and does not have to be prepared specially for the review. It should all be made available electronically.

- 1 The required public information set.
- 2 Any documents which are cross-referenced to the SED.
- 3 Standard documentation, which may already be subsumed in category 2.

#### 1 Required public information set

[This is yet to be finalised. Currently it would be that information specified in HEFCE 2006/45, Annex F, and information on the Unistats and UCAS websites].

#### 2 SED cross-referenced material

The institution should cross-reference relevant documentation to the SED. The referenced material should constitute the evidence that the institution would use in its own ongoing evaluation of its effectiveness in the areas of the SED. The referenced material should not be manufactured specifically for the review.

#### 3 Standard documentation

The institution should provide the following information, if it is not already covered in the SED cross-referenced material.

- a) Institution's mission and strategic plan.
- b) Learning and teaching strategy (or equivalent document) and updates on the progress of the strategy since the last audit/review.
- c) Policy, procedures and guidance on quality assurance and enhancement (including assessment)
- d) A diagram of the structure of the main bodies (deliberative and management) which are responsible for management of quality and standards. This should indicate both central and local bodies.
- e) Minutes and papers of these bodies.
- f) Annual reports (for example, to governing body) where these have a bearing on the management of quality and standards.
- g) A description of the institution's plans to enhance the quality of students' learning opportunities.
- h) A sample of external examiners' reports and responses (to be agreed with the review team).
- i) A sample of programme specifications (to be agreed with the review team).
- j) A sample of periodic review reports and follow-up documentation (to be agreed with the review team).
- k) Update of the collaborative provision proforma (see paragraph 5) including a current register of collaborative provision.
- l) A list of programmes which are accredited by a PSRB, the PSRB in question, date of last visit, and accreditation status.

All documentation should be online or available as electronic documents. Specific pointers to where these materials can be found on the institution's website should be provided. If

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required documents are not available online, copies of documents will need to be uploaded to the QAA secure electronic folder.

Where relevant (for example, sets of minutes), documentation should relate to the year in which the review takes place, and the preceding year.

Specific review trails will not be identified, but this does not preclude the review team from asking for information at the subject/discipline level. Indeed, this will automatically happen when sampling external examiners' reports and programme specifications, for example.

## Annex 6

### The role of the Institutional facilitator

The institution is invited to appoint an Institutional facilitator to support the review. The role of the facilitator is intended to improve the flow of information between the team and the institution. It is envisaged that the facilitator will be member of the institution's staff. The role of the facilitator is to:

- act as the primary institutional contact for the QAA officer during the preparations for the review, including the preliminary meeting. Where an institution is having a separate collaborative review or where the review includes visits to partner institutions (the hybrid model), the facilitator will act as the primary contact between the institution undergoing review, the collaborative partner and QAA
- act as the primary institutional contact for the review team during the first team meeting and review visit
- contribute to the review team's discussions about the SED and any supporting documentation at the first team meeting, and thereafter provide advice and guidance to the team on further sources of information and on institutional structures, policies, priorities and procedures
- keep an updated list of evidence presented to the review team throughout the review, to be confirmed by the review secretary
- ensure that the institution has a good understanding of the matters raised by the review team at the first team meeting, thus contributing to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the institution
- meet the review team at the team's request during the review, in order to provide further guidance on sources of information and clarification of matters relating to institutional structures, policies, priorities and procedures
- ensure that the student representative body is informed of, and understands, the progress of the review team.

At the review visit the facilitator is not present for any of the review team's private meetings, all of which include discussions about the team's emerging findings and/or judgments. During the review visit the facilitator will have the opportunity for regular meetings which will provide opportunities for both the team and the institution to seek further clarification outside of the formal meetings. This development is intended to improve communications between the institution and the team during the review week and enable institutions to gain a better understanding of the team's lines of inquiry during the review.

The Institutional facilitator can act as a useful point of contact for students and their representatives when preparing for the review. The Institutional facilitator should ensure that the student representative body is fully aware of the review process, its purpose and the students' role within it and provide guidance and support to them when preparing the student submission and meetings with the review team.

If the institution does not wish to appoint a facilitator, QAA will expect that, as now, a member of the institution's staff is designated as the primary institutional contact for the QAA officer and the review secretary.

### Appointment and briefing

The person appointed as Institutional facilitator must possess:

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- a good working knowledge of the institution's systems and procedures, and an appreciation of quality and standards matters
- knowledge and understanding of the Institutional review process
- an ability to communicate clearly, build relationships and maintain confidentiality.

When making the appointment, the institution is asked to bear in mind that the review process scrutinises and comments upon the effectiveness of institutional arrangements for assuring quality and standards. A member of staff who has significant responsibilities relating to the design, maintenance and/or operation of those arrangements may not feel comfortable with playing a key role in the review process, or be best placed to provide objective advice and guidance to the review team.

The person appointed by the institution is expected to act as the facilitator for both the first team meeting and review visit. After the first team meeting has taken place the institution may change its appointed facilitator only in exceptional circumstances, and only with the agreement of QAA.

QAA will provide a briefing for Institutional facilitators to ensure that the facilitator understands his or her role and understands how the revised review process operates.

## **Protocols**

Throughout the review, the Institutional facilitator may help the review team to come to a clear and accurate understanding of the structures, policies, priorities and procedures of the institution. The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with the QAA officer and the review secretary. The facilitator should not act as advocate for the institution. However, he or she may legitimately:

- bring additional information to the attention of the team
- seek to correct factual inaccuracy
- provide advice on institutional matters
- assist the institution in understanding matters raised by the team.

It is for the review team to decide how best to use the information provided by the facilitator. The facilitator is not a member of the team and will not make judgments about the provision.

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

The facilitator does not have full access to QAA's electronic communication system for review teams, but will be able to post documents to the review folder.

The review team has the right to ask the facilitator to disengage from the review process at any time, if it considers that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.

## Annex 7

### Student engagement with Institutional review

#### Introduction

Students are central to both the purpose of Institutional review and to the process of review. Every review will present opportunities for students to inform and contribute to the review team's activities.

Officers and staff from the student representative body in the institution will be invited to participate in the Preparatory meeting between QAA and the institution, and will have access to the online briefing package. It will often be the case that student officers will change during the period of the review. Where this is the case, QAA requests that an appropriate handover of information takes place and that the Institutional facilitator maintains contact with the representatives and ensures that the representatives of the student body are aware of the name and contact details of the QAA officer responsible for the review.

Officers and staff of the representative body and other students will be invited to take part in meetings during the review team's visit to the institution. These meetings provide a means through which students can make sure that the team is aware of matters of primary interest or concern to them.

#### Student written submission

The submission provides a means by which students, through their representative body, can inform the review team ahead of the review visit of matters they consider relevant given the purpose of Institutional review. QAA encourages the student representative bodies to use this opportunity to inform review teams of their views and evidence and to work closely with the institution.

The submission is an opportunity for the representative body to give the review team an impression of what it is like to be a student at that institution and how their views are incorporated into the institution's decision-making and quality assurance processes.

#### Format, length and content

The submission should not be over-long (no longer than 6,000 words) and should provide an explanation of the sources of evidence that informed its comments and conclusions.

The submission must include a statement of how it has been compiled, its authorship and the extent to which its contents have been shared with, and endorsed by, the student body as a whole. If, for example, the submission has been prepared entirely from the perspective of undergraduate students or full-time students, then this should be made clear.

The review team will welcome a submission that endeavours to represent the views of as wide a student constituency as possible. However, questionnaires conducted specifically for this submission are generally of limited use to the review team. Students are encouraged to make use of NSS data and existing internal student surveys. A critical analysis of existing data will be more useful to the audit team than a collection of new data.

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When gathering evidence for and structuring the submission it would be helpful if students take account of the broad headings used by the institution in constructing its SED (see Annex 3a), students may particularly wish to focus on students' views on how effectively the institution:

- sets and maintains the threshold standards of its academic awards
- manages the quality of students' learning opportunities
- manages the quality of the public information that it provides, including that for students and applicants
- plans to enhance the quality of students' learning opportunities.

The submission should **not** name, or discuss the competence of, individual members of staff. It should not discuss personal grievances. It should also seek to avoid including comments from individual students who are not qualified to speak as representative of a wider group.

If the representative body and institution wish to present a joint SED, this is acceptable so long as it is made clear in the document that the SED is a genuine reflection of student views and the process by which students were involved.

### **Submission delivery date**

The written submission should be uploaded to the QAA secure electronic folder provided no later than 11 weeks before the review visit. The date will be confirmed by the QAA officer at the Preparatory meeting held 16 weeks before the review visit.

### **Confidentiality**

QAA expects the student body to share its written submission with the institution, and the institution to share its SED with the student body. This openness is desirable because it enables the review team to discuss both documents freely with the institution and students during the review, and to check the accuracy of their contents, and it encourages an open and transparent approach to the review. The student body may, if it wishes, request that its written submission is not shared with the institution and is kept confidential to QAA and the team. QAA will respect this wish, but students are asked to bear in mind that the team's use of a confidential submission will inevitably be restricted by the fact that its contents are unknown to the institution's staff.

If the contents of the written submission are not to be shared with the institution, this must be stated clearly on the front of the document.

### **Continuity**

Activities relating to an Institutional review extend over a period of some six months, from the Preparatory meeting to QAA's receipt of the institution's comments on the draft report. QAA would ask institutions to ensure that students are fully informed and involved in the process throughout. Once the review is over, QAA recommends that the draft report is shared with student representatives and that they are given an opportunity to comment on matters of accuracy.

To support the regular and consistent internal review of quality management and assist the representative body when they are preparing for external Institutional review, the student representative body may wish to develop a means of supporting a regular exchange of information with the institution about quality assurance and enhancement, for example, an annual student statement.



The institution is required to produce an action plan to respond to the review's findings. It is expected that the student representative body will have input to the drawing up of that action plan, and to its annual update (see paragraph 58).

### **Related activities**

QAA, in conjunction with the National Union of Students, Universities UK and GuildHE, will offer an annual series of events focused on helping student representatives and their support staff prepare for Institutional review.

These events are supplemented by guides and briefings, including audio and video case studies and other materials, available on the QAA website.

## Annex 8

### Principles and objectives for quality assurance in England and Northern Ireland, 2011-12 onwards

The revised system to assure quality and standards should:

- a **Provide authoritative, publicly accessible information on academic quality and standards in higher education.**
  - i Provide timely and readily accessible public information, on a consistent and comparable basis, on the quality and standards of the educational provision for which each institution takes responsibility.
  - ii Report results on a robust, consistent and comparable basis that meets public expectations.
- b **Command public, employer and other stakeholder confidence.**
  - i Ensure that any provision that falls below national expectations can be detected and the issues speedily addressed.
  - ii Apply transparent processes and judgments, and function in a rigorous, intelligible, proportionate and responsive way.
  - iii Assure the threshold standards of awards from higher education institutions in England and Northern Ireland, wherever and however they are delivered.
  - iv Explain clearly where responsibilities lie for the quality and standards of provision and how they are secured.
- c **Meet the needs of the funding bodies and of institutions.**
  - i Enable the funding bodies to discharge their statutory responsibilities to assure the quality of the programmes they fund.
  - ii Recognise the role of institutions as independent autonomous bodies responsible for their own quality management systems and for the standards of awards made in their name.
  - iii Enable institutions to discharge their corporate responsibilities, by providing them with information on how well their own internal systems for quality management and setting and maintaining standards are functioning, and identifying areas for improvement.
  - iv Where relevant, recognise the role of employers as co-deliverers of higher education, taking the quality assurance requirements of such provision into account.
- d **Meet the relevant needs of all students.**
  - i Have current and prospective students' interests at its heart, underlying all of the other principles.
  - ii Engage students in the quality process, whether at course, institutional or national level.
  - iii Focus on the enhancement of the students' learning experiences without compromising the accountability element of quality assurance.

- e **Rely on robust evidence-based independent judgment.**
  - i Incorporate external reviews run by an operationally independent body (QAA) and professional, statutory and regulatory bodies.
  - ii Incorporate evidence from institutions' own internal quality assurance processes, including those which involve external participants.
  - iii Recognise and support the important role of external examining.
- f **Support a culture of quality enhancement within institutions.**
  - i Apply a process of external review, both by academic peers and by students, rather than inspection by a professional inspectorate.
  - ii Include processes based on rigorous institutional self-evaluation.
  - iii Promote quality enhancement in institutions.
  - iv Enable the dissemination of good practice.
- g **Work effectively and efficiently.**
  - i Operate efficiently, in order to avoid disproportionate use of institutional effort and resources which could otherwise be directed to the delivery of front-line student teaching.
  - ii Rely on partnership and cooperation between the institutions, QAA and the funding bodies.
  - iii Address both quality (appropriate and effective teaching, support, assessment and opportunities for learning provided for students) and standards (levels of achievement that a student has to reach to gain an award) as two distinct but interlinked concepts.
  - iv Work on the principle of collecting information once to use in many ways.
  - v Acknowledge that while the quality assurance system applies to England and Northern Ireland only, it is underpinned by reference tools which are UK-wide.
  - vi Adhere to the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (encompassing internal and external quality assurance).
  - vii Maintain sufficient flexibility and responsiveness to meet changing demands and public priorities in a timely manner.
  - viii Complement and avoid duplication with, so far as possible, other assurance processes in higher education (for example, Ofsted; professional, statutory and regulatory bodies).

## Annex 9

### Impact analysis of the revised Institutional review process for higher education institutions in England and Northern Ireland

QAA has considered the impact that changes to the review process could have on a variety of stakeholders and will make every attempt, where it is within our ability, to minimise the effect of the disadvantages. In particular, clear information about the process for all audiences, effective training for review teams and early evaluation of the revised process will form part of the framework for reducing adverse impact and ensuring that the benefits of the changes are capitalised upon.

Element of new review (changes from current method)	How will this affect higher education institutions (HEIs)?	How will this affect teams and QAA officer/support?	How will this affect other stakeholders?	Equality and Diversity (E and D) impact
Reviews are in two parts, core and thematic	<p><b>Possible disadvantages</b> SED and evidence must address both parts; may require greater effort in preparation</p> <p><b>Possible benefits</b> HEI will receive detailed information about a particular aspect of its operation or provision</p>	<p><b>Possible disadvantages</b> Will need to understand the theme topic and how to review it</p> <p>Will add to what must be covered in the review</p> <p>Need to write an extra commentary</p>	<p><b>Possible benefits</b> Public will have a greater information base</p> <p>All will get information about issues or good practice</p>	<p><b>Possible benefits</b> Themes could be used to address E and D issues</p>
Enhanced focus on engagement with reference points	<p><b>Possible disadvantages</b> May be perceived as compliance and tick-box approach</p> <p><b>Possible benefits</b> May make it easier to demonstrate effective management of quality and standards</p>	<p><b>Possible disadvantages</b> Will need to instil new approach to using the reference points clearly in review</p>	<p><b>Possible benefits</b> Will provide clearer assurance against a set of independent externally-agreed criteria</p>	<p><b>Possible benefits</b> E and D issues could be explored in the light of the Academic Infrastructure</p>

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Four judgments	<p><b>Possible disadvantages</b> May be perceived as being easier to convert into league tables</p> <p><b>Possible benefits</b> Will allow greater sensitivity of judgments, so that large areas of operation are not found wanting because of failure in one subset</p>	<p><b>Possible disadvantages</b> May take greater deliberation to reach all four judgments May require further review explorations</p>	<p><b>Possible benefits</b> Information about separate areas of operation of institution available</p>	
Greater scale of judgments (if used)	<p><b>Possible disadvantages</b> Will be easier to convert into league tables</p> <p><b>Possible benefits</b> Will enable greater differentiation between institutions Will enable excellence to be recognised and celebrated</p>	<p><b>Possible disadvantages</b> Will need sensitive guidance pointers to be able to apply grades accurately Review team will need to be able to decide on judgment gradings</p>	<p><b>Possible benefits</b> Information which discriminates institutions better on their management of quality and standards</p>	<p><b>Possible benefits</b> Excellence in E and D engagement could be recognised and celebrated</p>
Interaction with more students	<p><b>Possible benefits</b> A more accurate picture of students' experience is gained</p>	<p><b>Possible disadvantages</b> Will need to fit in more meetings or other kinds of interactions during the review visit</p> <p><b>Possible benefits</b> Greater possibility of triangulating information against students' views</p>	<p><b>Possible benefits</b> A more accurate picture of students' experience is produced Information in review reports/summaries may be of more interest to students and applicants</p>	<p><b>Possible benefits</b> Greater diversity of views can be taken into account</p>
Possible meetings with employers, external examiners, recent graduates	<p><b>Possible disadvantages</b> Need to organise attendance (or videoconferencing) of such participants</p>	<p><b>Possible disadvantages</b> Will need to fit in more meetings or other kinds of interactions during the review</p>	<p><b>Possible benefits</b> A more accurate picture of management of quality and standards is produced</p>	<p><b>Possible benefits</b> Greater diversity of views can be taken into account</p>

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	May need to pay expenses Participants may decline to participate	visit <b>Possible benefits</b> Greater possibility of triangulating information against other views		
Recommendations not graded	<b>Possible benefits</b> Less comparison of different 'grades' of recommendation possible inside and outside the institution Clearer idea of how urgent a recommendation might be Easier to build into action plan	<b>Possible benefits</b> Teams do not have to deliberate over the grade of recommendation	<b>Possible benefits</b> Less confusion over what the level of recommendation means Clearer picture of how urgent an action might be	
Affirmations used	Recognises action already being undertaken	<b>Possible disadvantages</b> Additional finding to make <b>Possible benefits</b> Allows team to comment on action already in progress, without having to resort to using desirable recommendation which is not always appropriate	<b>Possible benefits</b> Information on action that the institution is already carrying out	<b>Possible benefits</b> Ongoing E and D action can be recognised and encouraged
No preliminary meeting: institution self-briefs online	<b>Possible disadvantages</b> Online briefing may leave too many questions unanswered <b>Possible benefits</b> Flexibility as to when institution wants to do this Does not have to arrange meeting and host it	<b>Possible disadvantages</b> More pressure may be put on the Preparatory meeting which becomes like a preliminary meeting, but much more tense because it's much later in the timeline <b>Possible benefits</b> Saving on officer time and travel	<b>Possible benefits</b> Environmentally more responsible	<b>Possible disadvantages</b> Online materials need to be accessible to all users <b>Possible benefits</b> Online provision may make accessibility easier

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First face to face contact of QAA officer with institution is Preparatory meeting - only 5 weeks before SED and documentation is required; previously this was 14 weeks	<p><b>Possible disadvantages</b> Shorter time to prepare SED and documentation</p> <p><b>Possible benefits</b> Documentation should all be off the shelf Less time taken out of everyday activities</p>			
No briefing visit; one-day team meeting	<p><b>Possible benefits</b> Institution does not have to host three-day meeting</p>	<p><b>Possible disadvantages</b> Former briefing visit meetings must be held at review, if needed, cuts down time for other activities</p>		<p><b>Possible benefits</b> Less time spent away from home/home institution may make review work more feasible for some groups</p>
No predetermined review trails	<p><b>Possible benefits</b> Institution does not have to provide trail documentation</p>	<p><b>Possible disadvantages</b> Team must target subject-level information and agree on samples</p>		
SED required	<p><b>Possible benefits</b> Clearer advice on what is needed than for briefing paper May be more useful to institution in its own self-evaluative activities Allows institution to signal clearly how it engages with reference points and how effectiveness it thinks it is</p>	<p><b>Possible benefits</b> SED is same format as report, making choice of content of latter easier SED clearly references the evidence the institution uses for its own assurance; team can evaluate this</p>		
SWS format follows SED	<p><b>Possible benefits</b> Clearer advice on what is required for the SWS - follows</p>	<p><b>Possible benefits</b> SWS is same format as SED and report, making triangulation</p>	<p><b>Possible benefits</b> A more accurate picture of students' experience is</p>	

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	<p>same headings as the SED and will therefore be more apparent in the resultant report Allows students to comment on same levels and issues as expected of the HEI <b>Possible disadvantages</b> May lose sight of the key four questions of audit which the students were uniquely placed to answer in the current method May constrain writing</p>	<p>of issues easier Easier to make use of the SWS more transparent</p>	<p>produced and the contribution is more transparently utilised</p>	
<p>More use of teleconferencing (TC) and videoconferencing (VC)</p>	<p><b>Possible disadvantages</b> Adequate TC and VC facilities are necessary in institution <b>Possible benefits</b> Institution does not have to try to arrange face to face meetings of off-site participants</p>	<p><b>Possible disadvantages</b> Adequate TC and VC facilities are necessary at meeting venues Team needs to understand operation and dynamics of TC and VC TC and VC not always as effective for evidence gathering as face to face <b>Possible benefits</b> May allow more meetings to take place with overseas or part-time participants</p>	<p><b>Possible benefits</b> Environmentally more responsible</p>	<p><b>Possible disadvantages</b> Facilities need to be accessible to all <b>Possible benefits</b> Less time spent away from home/home institution may make review work more feasible for some groups</p>
<p>All documentation submitted electronically</p>	<p><b>Possible benefits</b> Institution does not incur expense of printing out documentation Institution needs to ensure effective upload of documentation to QAA folder</p>	<p><b>Possible disadvantages</b> If documentation not uploaded effectively, or IT support at visit not adequate, team's work is slowed up Team may end up printing out documents if IT skills or</p>	<p>Environmentally more responsible</p>	<p><b>Possible disadvantages</b> Facilities need to be accessible to all <b>Possible benefits</b> All electronic information could make accessibility easier (eg using speech-</p>



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		equipment not adequate		to-text tools)
Documentation submitted before first team meeting	<b>Possible disadvantages</b> Institution needs to ensure effective upload of documentation to QAA folder at an early stage of the review programme	<b>Possible benefits</b> Team has much longer to digest documentation before the review visit		<b>Possible benefits</b> Provides more time for reviewers reading/digesting documentation which may be beneficial to some groups
Institutional contact role enhanced	<b>Possible disadvantages</b> Institution must allocate personnel and allow time for role to be carried out Contact must understand role <b>Possible benefits</b> Institution receives better information regarding issues emerging and team's thinking Institution is able to suggest most appropriate evidence sources and people to meet	<b>Possible benefits</b> Team receives appropriate and targeted evidence Sterile themes/issues can be quickly dealt with on advice from facilitator Less chance of misunderstanding institution, its mission or its operation; easier to produce accurate findings and report		
Shorter, more readable reports	<b>Possible benefits</b> Better use and transmission in the institution Easier to comment on for factual accuracy, and so on.	<b>Possible disadvantages</b> Team needs to focus on pertinent issues and write concise reports Team needs to be able to use language which is as clear as possible Could compromise production of a report which provided adequate evidence for complex issues	<b>Possible benefits</b> Better understanding, use and transmission by stakeholders	

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Public summary of report	<p><b>Possible benefits</b>                  Better understanding of the institution's management in the public arena                  Better information provided for application purposes</p>	<p><b>Possible disadvantages</b>                  May require specially trained writers - could compromise production schedule or meaning of summary  <b>Possible benefits</b>                  Team will not write public summary, so less work</p>	<p><b>Possible benefits</b>                  More accessible and useful information for applicants and their advisers, and other public stakeholders</p>	<p><b>Possible benefits</b>                  More accessible and useful information for applicants and their advisers, and other public stakeholders</p>
No annex; evidence base produced but not published	<p><b>Possible benefits</b>                  Evidence base will be targeted to findings of the review                  Evidence base will be less formal, aimed at giving institution enough information to be able to draw up an action plan                  Evidence base should be more use internally for quality assurance purposes</p>	<p><b>Possible benefits</b>                  Does not have to be publishable text, therefore can be less formal, but more informative                  Saves time in having to prepare for publication</p>		
Action plan must be produced	<p><b>Possible disadvantages</b>                  An addition to the review process                  Additional work in making action plan of publishable standard and in involving student reps in its production or consideration                  If student reps produce their own commentary, extra work needed for this</p>		<p><b>Possible benefits</b>                  Stakeholders can see how action is proceeding                  Maintain momentum between reviews                  Form of evidence to decide whether follow-up action of any kind is needed</p>	
Failing judgment can be changed after follow-up	<p><b>Possible benefits</b>                  Adverse judgment does not</p>		<p><b>Possible benefits</b>                  Up to date information about</p>	

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	stay on the web for six years Institutions have a chance to demonstrate progress made Risks to reputation ameliorated		institution's status is available Assurance of institution's management of quality and standards made public	
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