



Promoting higher quality

**The Quality Assurance Agency
for Higher Education**



Handbook for institutional audit: England

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Introduction

Background

1 The mission of the Agency is to promote public confidence that the quality of provision and standards of awards in higher education are being safeguarded and enhanced. To this end, the Agency carries out audits of the academic performance of institutions. This *Handbook* describes the Agency's method and procedures for undertaking audits of higher education institutions (HEIs) in England. The arrangements for auditing institutions in Scotland, Wales and Northern Ireland are described in separate documents.

2 The process of institutional audit described in this *Handbook* has been developed by the Agency in partnership with the Higher Education Funding Council for England (HEFCE), the Standing Conference of Principals (SCOP) and Universities UK (UUK), and has been endorsed by the Department for Education and Skills (DfES). For institutions in England, it replaces the previous processes of continuation audit, undertaken by the Agency at the request of UUK and SCOP, and universal subject review, undertaken by the Agency on behalf of HEFCE, as part of the latter's statutory responsibility for assessing the quality of education that it funds.

Process

3 Institutional audit is a new process that pays due attention to the quality of programmes and the standards of awards at the point of delivery, as well as to institutions' ultimate responsibility for what is done in their names and through the exercise of their formal powers. It is an evidence-based process carried out through peer review, and balances the need for publicly credible, independent and rigorous scrutiny of institutions with the recognition that the institutions themselves are best placed to provide stakeholders with valid, reliable and up-to-date information about the quality of their programmes and the standards of their awards. At the centre of the process is an emphasis on students - in terms of the quality of the information they receive about their programmes of study, the ways in which their learning is facilitated and supported, and the academic standards they are expected to achieve, and do achieve in practice.

4 As part of the development of the institutional audit process, a HEFCE task group was established to identify the categories of data, information and judgements about quality and standards that should be available in HEIs and that should be published. The resulting document *Information on quality and standards in higher education: Final report of the Task Group (HEFCE 02/15)* expects that HEIs will be maintaining and publishing a range of up-to-date information on quality and standards, and will be undertaking their own internal reviews, in the context of their strategies for teaching and learning. The institutional audit process builds upon the recommendations set out in *HEFCE 02/15* and draws upon the information sets, both published and to be available within HEIs, identified by the task group.

5 The institutional audit process is intended to combine scrutiny of internal quality assurance systems at an institutional level with investigations of how those systems operate at the level of the **discipline** (used within this *Handbook* to describe defined areas of academic study) and to assure the quality of the **programme** (used within this *Handbook* to mean the full diet of modules, options, and other structured learning opportunities, individual research study, and associated learner support, which together comprise a pathway that leads to an award). For the purposes of discipline categorisation and other calculations, the process has as its main organising principle the Subject Groups defined in the Joint Academic Coding System (JACS). However, to avoid confusion with the Agency's subject review process, the use of the word **subject** within this *Handbook* is limited to references to the 42 subject groupings used by the Agency in relation to both subject review and the *Subject benchmark statements* developed by academic communities under the aegis of the Agency.

The audit cycle and transitional arrangements

6 Institutional audits will be introduced progressively from 2002-03. All HEIs will have participated in an audit by the end of 2005. Thereafter, audits will take place on a six-year cycle. At the three-year mid-point in the cycle, the Agency expects to make a brief visit to each institution to review progress since the previous audit and to discuss the institution's intentions in respect of managing quality and standards over the three years until the next audit. It is assumed that, throughout the cycle, institutions will continue to meet the expectations set out in *HEFCE 02/15*.

7 During the first two years of transitional period, 2002-03 and 2003-04, it is a HEFCE requirement that institutions awaiting their first audit participate in some form of review or activity with the Agency at the level of the discipline. For most institutions, the activity will take the form of new, development-focused engagements at discipline level, intended to offer institutions an opportunity to test, in co-operation with the Agency, their internal procedures for assuring quality and standards. A smaller number of discipline-level interactions will take the form of subject review, using the method described in the Agency's *Handbook for academic review*. The arrangements during the transitional period are described in a separate note entitled 'Arrangements during the transitional period 2002-2005 for Higher Education Institutions in England', and will be the subject of separate correspondence between the Agency and institutions.

The Agency's operational principles and service standards

8 The process of institutional audit will require a high degree of openness, transparency and trust in the partnership between the Agency and each HEI. To ensure that the process is robust, impartial and deserving of that trust, the Agency's work will be underpinned by a set of general principles and the adoption of explicit service standards. Further details are provided in **Annex J**.

The aims and objectives of institutional audit

Aims

9 The aims of institutional audit are to meet the public interest in knowing that institutions in England are:

- providing higher education, awards and qualifications of both an acceptable quality and an appropriate academic standard; and (where relevant);
- exercising their legal powers to award degrees in a proper manner.

Objectives

10 The objectives are:

- to contribute, in conjunction with other mechanisms, to the promotion and enhancement of high quality in teaching and learning;
- to ensure that students, employers and others can have ready access to easily understood, reliable and meaningful public information about the extent to which institutions are individually offering programmes of study, awards and qualifications that meet general national expectations in respect of academic standards and quality;
- to ensure that if the quality of higher education programmes or the standards of awards are found to be weak or seriously deficient, the process forms a basis for ensuring rapid action to improve them; and
- to provide a means of securing accountability for the use of public funds received by institutions.

The institutional audit process in summary

Scope

11 Institutional audits examine three main areas:

- the effectiveness of an institution's internal quality assurance structures and mechanisms, in the light of the Agency's *Code of practice for the assurance of academic quality and standards in higher education* (the *Code of practice*), and the way in which the quality of its programmes and the standards of its awards are regularly reviewed and the resulting recommendations implemented. This provides public information on an institution's soundness as a provider of tertiary qualifications of national and international standing;
- the accuracy, completeness and reliability of the information that an institution publishes about the quality of its programmes and the standards of its awards, drawing upon the information sets described in *HEFCE 02/15*. This provides information on the trust that can be placed in an institution's own published descriptions of the quality of its provision; it also makes that description more useful to students and other interested parties;
- several examples of the institution's internal quality assurance processes at work at the level of the programme ('discipline audit trails') or across the institution as a whole ('thematic enquiries'), in order to demonstrate the validity and reliability of the information being generated by these internal processes. As a general guide, the discipline audit trails are expected to represent some 10 per cent of the institution's higher education programmes in terms of full-time equivalent student numbers.

12 In examining these areas, audit teams focus in particular on:

- internal quality assurance reviews and their outcomes, especially at the level of the discipline and/or programme;
- the use made of external reference points, including the *Code of practice*, *The framework for higher education qualifications in England, Wales and Northern Ireland* (the *FHEQ*), and *Subject benchmark statements*;
- publicly available information about the quality of programmes and the standards of awards;
- internal systems for the management of information and their contribution to the effective oversight of quality and standards;
- the development, use and publication of programme specifications;
- the academic standards expected of and achieved by students;
- the experience of students as learners;
- the quality assurance of teaching staff, including appointment criteria and the ways in which teaching effectiveness is appraised, improved and rewarded.

Collaborative provision

13 Where practicable, the audit process includes consideration of provision offered by institutions in collaboration with other providers, both in the UK and overseas, in the light of the relevant section of the *Code of practice* and (where relevant) HEFCE's *Indirectly funded partnerships: codes of practice for franchise and consortia arrangements*. However, where an institution's collaborative provision is too large or complex for a reliable scrutiny to be undertaken, it is not included in the audit. In due course, the Agency expects to conduct separate audits of the way in which such provision is managed by the institutions concerned. The Agency also expects to continue with its programme of audits of specific partnerships between UK institutions and providers overseas.

Information

14 To enable them to form their judgements, audit teams have available to them a variety of information sources about an institution, including:

- the information sets described in *HEFCE 02/15*, including both the information to be available in all institutions and the information for publication (see **Annex E**). The Agency is aware that institutions will need time to meet all of the requirements of *HEFCE 02/15* and will provide advice as appropriate to audit teams visiting institutions early in the audit cycle;
- the institution's self-evaluation documents (SEDs), including SEDs specific to the discipline audit trails, and supporting documentation;
- information submitted by representatives of students of the institution;
- information from the institution and other sources (such as professional, statutory and regulatory bodies) about the discipline areas selected for trailing, including evidence of student achievement;
- reports on the institution by the Agency and other relevant bodies within the six years preceding the audit;
- information (written or oral) acquired during and after the briefing visit, and during the audit visit.

15 To help them, audit teams also have available a digest and analysis of relevant data, produced by the Agency's Information Unit. The Unit supports the key stages of the audit process. Matters relating to the Agency's handling and management of information are described in **Annex E**.

Judgements and reports

16 Each institutional audit results in a report published by the Agency. The report sets out the audit team's judgements on:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of its programmes and the academic standards of its awards (a judgement based, in part, on the direct scrutiny of academic standards through primary evidence);
- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that an institution publishes about the quality of its programmes and the standards of its awards. This judgement takes into account the team's findings in respect of the provision it has considered in the discipline audit trails, augmented where necessary by advice from specialists from the discipline concerned.

17 In making these judgements, audit teams give particular attention to the Agency's expectations in two key areas. The first expectation is that institutions are making strong and scrupulous use of independent external examiners in summative assessment procedures. The second is that a similar use is made of independent external persons in the internal periodic review of disciplines or programmes. Teams are unable to make a judgement of broad confidence in an institution if either of these elements is deficient.

18 Institutional audit reports also provide comment on other matters, including the characteristics, strengths and limitations of the institution's internal quality assurance methods, and the quality of programmes and standards of awards achieved in practice, drawing upon the findings of the discipline audit trails. The reports highlight features of good practice, make recommendations for further consideration by the institution, and identify any area where the audit team considers there is good reason for a full review at the discipline level to be carried out, or where it considers that an action plan at either the discipline or institutional level should be implemented by the institution.

Students

19 Students are central both to the principal focuses of institutional audit and to the audit process itself. Audit teams scrutinise a range of matters directly relevant to students, including the quality of the information provided for them, the ways in which their learning is facilitated and supported, and the academic standards they are expected to achieve, and achieve in practice. In each audit, students are invited to participate in the key stages of the process. Their representative body - normally the Students' Union, or equivalent - has the opportunity to participate in the preliminary meeting between the Agency and the institution and may make a written submission to the audit team in advance of the audit visit. Officers of the representative body and other students are invited to participate in specified meetings during the briefing and audit visits to the institution, and have the opportunity to ensure that the team is aware of matters of primary interest or concern to them.

Audit personnel

20 Audit teams comprise a minimum of four and a maximum of seven auditors, and an audit secretary. The size of the team is determined by the Agency on the basis of the size and complexity of an institution's provision. Each team includes at least one 'core' auditor who focuses wholly on institutional level matters and has a particular role in ensuring that the work of the team provides the evidence necessary for the overall judgements to be made; the other auditors participate in both institutional level enquiries and discipline audit trails. All auditors have expertise and recent experience relevant to their roles.

21 In the light of its enquiries during an audit, an audit team may wish to call upon specialist advisers to give a second opinion on specific aspects of an institution's provision at discipline level. Specialist advisers have expertise in the relevant academic area and, for the purposes of the audit, work in groups of two or more. Their remit is to look in depth at particular aspects of a discipline, as identified by the team, and to report back to the team on their findings.

22 Auditors, audit secretaries and specialist advisers are selected by the Agency, generally from nominations made by institutions, on the basis of published selection criteria. All are provided with training to ensure that they are familiar with the aims, objectives and procedures of the audit process, and their own roles and tasks within it. Auditors are recruited on the basis that they agree to undertake at least three audits over a period of two years. They may continue beyond this period by mutual agreement. Further information about the Agency's arrangements for selecting and training audit teams and specialist advisers is provided in **Annex F**.

23 Each audit is co-ordinated by an assistant director of the Agency. In the period preceding the audit visit, the assistant director provides advice to the institution on its preparations for the audit, and works with the Agency's Information Unit and the audit team on the initial analysis of documentation. He or she accompanies the team during the briefing visit and for part of the audit visit, providing advice as appropriate. It is the responsibility of the assistant director to test that the team's findings are supported by adequate and identifiable evidence, and that the audit report provides information in a succinct and readily accessible form.

How the process works

Preparation

24 An outline of the institutional audit process is provided in **Annex A**. The process begins around 10 months before the audit visit, when the Agency's Information Unit supplies the assistant director with a digest of the information set published by the institution about its management of quality and standards. The digest takes account of reports on the institution

by the Agency and other relevant bodies within the six years preceding the audit, and is shared with the institution.

25 A preliminary meeting between the institution and the Agency takes place around nine months before the audit visit. The purpose of the meeting is to clarify the scope of the audit; to discuss the interactions between the institution, the Agency and the audit team; to ensure that the SEDs will be well-matched to the process of audit; to discuss any matters relating to both the published and internal information sets; and to confirm the basis for choosing discipline audit trails and areas for thematic enquiry. The meeting also includes an opportunity for discussion between the Agency and officers of the student representative body about the student contribution to the audit.

26 During the preliminary meeting, the Agency discusses with the institution any areas that are to be reviewed more fully than through the discipline audit trails (because the institution has requested a full subject review for its own purposes, or because a professional, statutory, regulatory or similar body requires the use of the subject review method as a basis for its own decisions about accreditation), and agrees a timetable. These reviews are not normally integrated chronologically with the institutional audit, but their findings are followed up by the institution and (if appropriate) the Agency, and their reports provide a major contribution to the discussions in the next audit round.

27 Following the preliminary meeting and drawing upon the information received from the Information Unit and the institution, the assistant director identifies a range of discipline areas from which the final selection of discipline audit trails will be made. The number of trails is determined on the basis of the size and breadth of the institution's provision, as measured by the number of JACS Subject Groups and the number of students. Further information on the selection of trails is provided below, paragraphs 40-42.

28 In the light of the initial identification of discipline audit trails, an audit team with appropriate expertise is appointed provisionally by the Agency. The institution is notified of the size of the team and the number of discipline audit trails around eight months before the audit visit.

Documentation and analysis

29 The institution is required to submit its initial documentation for the audit no later than 18 weeks before the audit visit. The initial documentation comprises the institutional SED and other documents that the institution wishes to provide for the audit team in advance of the briefing visit. If representatives of students within the institution wish to make a separate written submission to the team, that submission should also be sent to the Agency at this stage. Guidance on preparing institutional SEDs and student submissions is provided in **Annexes B and D**.

30 On receipt, the documentation submitted by the institution and its students is distributed by the Agency to the audit team. The team also receives an analysis of relevant data produced by the Information Unit in liaison with the assistant director. The analysis uses the institution's submission to augment the digest provided for the assistant director in advance of the preliminary meeting. On the basis of this information, the team is asked to consult (normally using electronic means) and to select, from the provisional selection made by the assistant director, the discipline areas that it intends to pursue during the audit. At this stage, the team also considers possible areas for thematic enquiry.

31 On the basis of the audit team's decisions, and not less than 14 weeks before the audit visit, the Agency confirms the membership of the team and provides the institution with a confirmed list of discipline audit trails. The documentation required to support the audit trails is described in more detail below, paragraph 44.

The briefing visit

32 The visit to the institution has two parts. The first part, the briefing visit, is held five weeks before the audit visit and lasts for a maximum of three days, of which a maximum of two days is spent at the institution. The purposes of the briefing visit are to permit the audit team to gather any additional (written or oral) information that it requires to clarify what it has already received; to consider its detailed lines of enquiry for the audit visit; to propose a programme for that visit; and to allocate particular responsibilities to individual team members. The assistant director accompanies the team throughout the visit.

33 The briefing visit is focused at the level of institutional management rather than individual disciplines. It has a standard structure and includes meetings with representatives of both the institution's staff (normally those who are involved in quality management at a senior level) and its students. The meetings with staff offer the institution an opportunity to bring the audit team up to date on institutional developments and changes since the institutional SED was submitted. The meeting with students offers a further opportunity for student representatives to draw the team's attention to matters of interest to the student body.

34 Following the briefing visit, the assistant director writes to the institution to confirm the programme for the audit visit (including any areas identified for thematic enquiry) and the illustrative documentation that the audit team would wish to be made available in advance of, or at the start of, the audit visit. The documentation may be drawn from the unpublished information set identified in *HEFCE 02/15* or more widely, but is limited in all cases to no more than is necessary to inform the team's proposed enquiries.

The audit visit

35 For most institutions (with the exception of small specialist institutions) the audit visit extends over five working days, Monday to Friday. The detailed programme for each visit, based around meetings with staff and students, is decided by the audit team. Most visits include:

- opportunities for the team to read the documentation provided to support the audit, including external examiners' reports and documentation relating to internal reviews;
- exploration of the institution's approach to quality assurance;
- exploration of the relationship between institutional procedures and their operation at the programme or discipline level, giving particular attention to the effectiveness of internal reviews of programmes and awards;
- exploration of the way in which the institution is using the *FHEQ*, the *Code of practice*, and *Subject benchmark statements*;
- exploration of the chosen discipline audit trails and thematic enquiries, including targeted discussions and (in respect of audit trails) scrutiny of illustrative examples of assessed students' work. The conduct of the trails and enquiries is described in more detail below, paragraphs 43-54;
- exploration of the accuracy, completeness and reliability of the information published for students and others, with particular attention to programme specifications;
- exploration of the claims made for the quality of programmes and the actual achievements of students, focusing not only on academic outcomes, but also on the ways in which students are treated and their opportunities to learn optimised;
- during the closing stages, meetings with senior staff and, where necessary, staff from the discipline areas selected for trailing, to discuss any matters outstanding and to follow up any matters emerging from the audit trails.

36 On the final day of the audit visit, the audit team considers its findings at both the institutional and discipline levels in order to:

- decide on the confidence that it believes can reasonably be placed in the soundness of the institution's management of the quality of its programmes and the academic standards of its awards;
- decide on the reliance that it believes can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes about the quality of its programmes and the standards of its awards;
- identify features of good practice in the management of quality and standards, or in the delivery of teaching and the facilitation of learning;
- agree recommendations, categorised in terms of importance.

The assistant director joins the team for this final part of the process.

37 The audit team also confirms on the final day any discipline areas on which it wishes to seek specialist advice, having notified the institution, where possible at the start of the penultimate day, of any areas in which this is likely. When specialist advice is to be sought, the team's findings, judgements and recommendations on the final day are provisional.

38 There is no oral report to the institution at the end of the visit, but a letter is sent to the head of the institution within two weeks, outlining the main findings of the audit and the likely recommendations in the draft report. If specialist advice is to be sought, a letter is sent to the institution confirming the remit of the specialist advisers, but the institution is not informed of the main findings of the audit until after the advisers have reported back to the audit team.

Discipline audit trails

39 Discipline audit trails have three principal purposes:

- they provide verification that the institution's quality assurance mechanisms are operating in the manner intended;
- they provide a window through which the audit team can consider aspects of what is actually being achieved by students and the effectiveness of the support offered to assist their learning;
- they provide a direct means of comparing the claims made by the institution for the accuracy, completeness and reliability of the information that it provides about quality and standards, with the experience of students and others who have actually used it.

40 The number of discipline audit trails for each audit is determined by the Agency on the basis of the size and breadth of an institution's provision, as measured by the number of JACS Subject Groups and the number of students. As a general guide, the trails are expected to represent some 10 per cent of the institution's higher education programmes in terms of full-time equivalent student numbers. During the transitional period, 2002-05, it is expected that most institutions (with the exception of small specialist institutions, for whom other arrangements will be made) will have between four and six trails.

41 The initial identification of possible discipline audit trails is made by the assistant director. The scope of each trail takes into account the format used by the institution in its own model for internal periodic review - for the purposes of the trails, a 'discipline' may cover a programme, a cluster of related programmes, a field of study, a department, or another unit of review. Care is taken to ensure that the interests of students in areas of small or very large provision are not overlooked. The final selection of trails is made by the audit team from within the range of possible trails identified by the assistant director.

42 There are several possible reasons for choosing a discipline for trailing. It may be chosen because:

- it offers a recent illustration of institutional processes for assuring the quality of programmes and the standards of awards;
- it appears to offer particularly interesting or innovative features;
- there is a lack of clarity in the institutional SED about particular aspects of the quality assurance arrangements, which might be better illustrated for the team through examination of a particular discipline;
- there are indications in other documentation (including reports on the institution by the Agency and other relevant bodies within the six years preceding the audit) of a possible or identified weakness;
- when taken together with the other disciplines selected, it enables the audit team to sample an appropriate range of the institution's provision.

Provision that is subject to another form of review by the Agency (see paragraph 26), or is to be reviewed separately under contract from another body, or is funded by the Teacher Training Agency, will not be identified for a trail.

43 Discipline audit trails are interspersed with more general enquiries during the course of the audit visit and involve two auditors, at least one of whom has current or recent experience in a discipline within the same JACS Subject Group. Normally around 25 per cent of auditor time during the visit is allocated to the trails.

44 The trails comprise five elements:

- a short SED, to be available to the audit team seven weeks before the audit visit. A recent internal review report (or similar) covering the area of the discipline audit trail, accompanied by the relevant programme specifications, is normally sufficient for this purpose. Guidance on the nature of discipline SEDs is provided in **Annex C**;
- provision of a limited amount of illustrative documentation, some of which may be requested for circulation to the team in advance of the visit. The documentation may be drawn from the unpublished information set identified in *HEFCE 02/15* or more widely, but is limited in all cases to no more than is necessary to inform the team's proposed lines of enquiry;
- discussions between the team and staff and students (at discipline level) about the ways in which the institution's quality assurance policies are implemented and their perceived and actual effectiveness. The discussions focus upon a small number of specific topics identified by the team, but also provide an opportunity for staff and students to bring other matters to the team's attention. A small number of external participants in internal reviews may be asked to participate in the discussions;
- scrutiny of the accuracy, completeness and reliability of the information that the institution provides to potential students, employers and other stakeholders about the quality of its programmes and the standards of its awards. This includes discussions with staff and students about programme specifications;
- scrutiny of the relationship between the programmes offered and the *FHEQ*, relevant *Subject benchmark statements*, and relevant sections of the *Code of practice*. This includes discussions about the quality of teaching and learning and the standards achieved by students, and draws upon the primary evidence provided by a sample of students' work (coursework and examination scripts) that has already been assessed and is the same as, or similar to, the most recent sample provided by the institution for the relevant external examiner(s). A small number of those external examiners, and/or external participants in internal reviews may be asked to participate in the discussions.

45 Each audit trail results in a conclusion by the audit team about the extent to which the institution's quality assurance arrangements are operating in practice, at discipline level, in a way that ensures acceptable quality and standards. The normal expectation is that the evidence seen by the team will confirm the institution's comments in the relevant discipline SED. In the event that the discipline SED indicates a significant weakness in arrangements, the team will seek to satisfy itself that the institution is taking appropriate action to address that weakness.

46 In certain circumstances, the audit team may find itself unable to reach a conclusion within the context of the audit visit. Such circumstances are likely to involve:

- the identification of potentially excellent practice that the team is unable to confirm without advice from specialists in the relevant discipline; or
- the identification of significant weaknesses, including possible shortcomings in the effectiveness of the facilitation of student learning, that the team feels unable to confirm without advice from specialists in the relevant discipline; and/or
- the identification of significant apparent discrepancies between the institution's published information relating to the discipline and the findings of the team.

47 In these circumstances, and following consultation with the assistant director, the audit team informs the institution at the start of the penultimate day of the visit (providing the trail is largely complete by that time) that it is unlikely to be able to reach a conclusion without a second opinion from specialist advisers. This period of notice provides the institution with an opportunity to supply the team with further information before the final day of the visit. If, on that final day, the team confirms its intention to seek specialist advice, a team of at least two specialist advisers is asked to make a separate visit to the discipline area as soon as possible. The team will not make a negative summative judgement on a discipline without reference to specialist advisers.

48 The remit of the specialist advisers is to undertake further study of the discipline area, looking in depth at particular aspects indicated by the audit team. Their work includes scrutiny of primary evidence such as assessed student work, and involves meetings with students and staff, and possibly with external examiners. Where their specialist advice has been sought on possible shortcomings in the effectiveness of the facilitation of student learning, their work also includes direct scrutiny of the interaction between academic staff and students. Their findings are not reported separately but are shared with the audit team so as to inform the judgements made by the team in its final report. The drafting of the report proceeds while the specialist advisers undertake their work, but the draft is not submitted to the institution until the team has considered their findings.

49 If, during the course of their work, the specialist advisers identify potential areas for concern beyond their discipline remit, the audit team may wish to conduct further discussions with the institution.

50 The findings of the specialist advisers may result in a recommendation from the audit team that there should be a full review within the discipline concerned. Such a recommendation may be made when the findings of the specialist advisers:

- indicate that it is not possible to reach a conclusion about the health of the discipline without further, detailed scrutiny; and/or
- indicate that there is reason for serious concern that the quality of programmes and/or the standards of awards are at risk.

51 Under these circumstances, the Agency may conduct a separate review under the procedures described in the *Handbook for academic review*.

Thematic enquiries

52 Thematic enquiries are explorations of the way in which aspects of the institution's quality assurance procedures work across the institution as a whole. They may be undertaken if an audit team considers that an aspect of an institution's management of quality and standards is particularly interesting or requires checking across several disciplines. They may be linked to consideration of specific sections of the *Code of practice*.

53 Confirmation of the areas for thematic enquiry takes place at the briefing visit and the institution is notified of any areas selected shortly afterwards, as part of the programme for the audit visit.

54 Evidence in respect of thematic enquiries may be obtained both through discipline audit trails and through the audit team's discussions with staff and students at institutional level. If, during the course of a thematic enquiry, the audit team identifies questions at a discipline level on which further advice is needed, it may seek the views of specialist advisers under the arrangements described above, paragraphs 44-51.

Use of reference points

55 When considering the institution's management of quality and standards, the audit team draws upon a range of external reference points, including the *FHEQ*, *Subject benchmark statements* and the *Code of practice* (see **Annex I**). In so doing, it is not seeking evidence of compliance, but rather for evidence that the institution has considered the purpose of the reference points, has reflected on its own practices in the relevant areas, and has taken, or is taking, any necessary steps to ensure that appropriate changes are being introduced:

- in respect of the *FHEQ*, the team considers the institution's procedures for relating its programmes and awards to the appropriate level of the *FHEQ*, drawing upon the discipline audit trails for more detailed information and evidence of practice;
- in respect of the *Code of practice*, the team does not seek information about adherence on a precept-by-precept basis. It expects to see a statement in the institutional SED about how the intentions of the precepts have been addressed, and to discuss during its visits any key changes that the institution has made to its practices and any areas that have caused particular difficulty. During discipline audit trails and thematic enquiries, the team may request evidence in support of the statement in the institutional SED. In respect of collaborative provision, its discussions may include reference to HEFCE's *Indirectly funded partnerships: codes of practice for franchise and consortia arrangements* (2000);
- in respect of *Subject benchmark statements*, the team enquires into the way in which the statements have been taken into account when establishing and/or reviewing programmes and awards, and may request evidence of practice during discipline audit trails and thematic enquiries. The Agency views the statements as authoritative reference points, but not as definitive regulatory criteria for individual programmes or awards.

Judgements and reports

56 The audit results in a report published by the Agency. The concluding section of the report sets out the audit team's judgement on:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of its programmes and the academic standards of its awards.

The judgement is based on a number of factors, including the extent and degree to which the team concludes that quality and standards are managed successfully, with reference to the institution's individual situation, context and mission, as well as to external reference points; and the team's direct scrutiny of academic standards through primary evidence.

57 The judgement provides one of three expressions of confidence - 'broad confidence', 'limited confidence' or 'no confidence' - the detailed criteria for which are set out in **Annex G**. The statement of confidence is, in essence, a judgement of probability: it cannot be unconditional. In general terms, where the audit team judges that the institution is managing quality and standards soundly and effectively and that its future capacity for maintaining quality and standards appears good, broad confidence is expressed. Where the team has doubts, either about the current assurance of quality and standards, or about the institution's capacity to maintain quality and standards in the future, it expresses limited confidence. Very occasionally, a team may make a judgement of no confidence in an institution. The team is required to indicate clearly the areas of concern that have given rise to any limitation of confidence and the reasons for its judgement.

58 The concluding section of the report also sets out the audit team's judgement on:

- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes about the quality of its programmes and the standards of its awards.

This judgement takes into account the team's findings in respect of the provision it has considered in the discipline audit trails, augmented where necessary by the advice provided by specialist advisers. It contributes to the confidence judgement. The Agency is aware that institutions will need time to meet all of the requirements of *HEFCE 02/15* and will provide advice as appropriate to audit teams visiting institutions early in the audit cycle.

59 In making these judgements, the audit team gives particular attention to the Agency's expectations in two key areas. The first expectation is that the institution is making strong and scrupulous use of independent external examiners in summative assessment procedures. The second is that a similar use is made of independent external persons in the internal periodic review of disciplines or programmes. The team is unable to make a judgement of broad confidence in an institution if either of these elements is seriously deficient.

60 The two judgements are accompanied by recommendations for consideration by the institution, categorised in order of priority:

- 'essential' recommendations refer to important matters that the audit team believes are currently putting quality and/or standards at risk and which require urgent corrective action;
- 'advisable' recommendations refer to matters that the audit team believes have the potential to put quality and/or standards at risk and require preventive, or less urgent, corrective action;
- 'desirable' recommendations refer to matters that the audit team believes have the potential to enhance quality and/or further secure standards.

61 The concluding section of the report may also highlight features of good practice in the management of quality and standards at institutional level and within the disciplines selected for audit trails.

62 The report provides comment on other matters, including the characteristics, strengths and limitations of the institution's internal quality assurance methods, and the quality of programmes and standards of awards achieved in practice, drawing upon the findings of the discipline audit trails. A summary statement on each of the trails is provided in the concluding section of the report. The report also identifies any area where the audit team considers there is good reason for a full review at the discipline level to be carried out, or where it considers that an action plan at either the discipline or institutional level should be implemented.

63 The draft report is prepared and submitted to the institution as soon as possible following the audit visit, normally within eight weeks. Its production is co-ordinated by the assistant director and its format and contents follow a standard structure (see **Annex H**). The institution is asked to provide the Agency, within four weeks of receipt of the draft report, with corrections of errors of fact. The final report is prepared in the light of the institution's response.

64 As the published report is intended to provide information of use to both a lay and professional readership, it includes a summary intended primarily for the public, especially potential students, which is available separately from the rest of the report. In addition, the institution is invited to provide a brief statement to be published as an appendix to the report. The statement provides an opportunity for the institution to report on developments since the audit visit, particularly in respect of actions taken or proposed to address the recommendations of the audit team.

65 The normal expectation is that the report is published within 20 weeks of the audit visit. This period may be extended if advice is sought from specialist advisers.

Sign-off and follow-up

66 The audit is completed when it is formally signed off. Where the report makes a statement of broad confidence, the audit is signed off on report publication. A brief enquiry is made by the Agency through correspondence with the institution after one year on the way in which the institution has responded to the report.

67 Where the report makes a statement of limited confidence, the report is published, but there is a programme of follow-up action. The Agency requires an action plan from the institution within three months of the report's publication and, subsequently, a progress report on how the action plan has been implemented. The audit is not formally signed off until the Agency is satisfied that the plan has been implemented successfully, with a maximum time limit of 18 months. If at that point concerns remain about the effectiveness of the remedial action, the Agency conducts a further visit.

68 Where the report makes a statement of no confidence, the report is published, but the programme of follow-up action includes the requirement that the institution submits an action plan to the Agency within three months of the report's publication, and quarterly progress reports thereafter on how the identified weaknesses are being addressed. After 18 months, the Agency carries out a short follow-up visit to the institution to check progress. The audit is not formally signed off until the Agency is satisfied that the action plan has been implemented successfully. If after 18 months concerns remain about the effectiveness of the remedial action, the Agency may bring forward the date of the next audit.

69 Where the report includes a recommendation that there should be a full review within a specific discipline, the review is conducted by the Agency under the procedures described in the *Handbook for academic review*. The procedures followed in the event that the review results in an expression of limited confidence in academic standards are those described in the *Handbook for academic review*, and include a further, formal review within one calendar year and, ultimately, a potential risk to funding.

70 Three years after the audit, the Agency expects to make a brief visit to the institution to review progress since the audit and to discuss the institution's intentions in respect of managing quality and standards over the three years until the next audit. In preparation for the visit, the Agency reads all relevant internal review reports produced by the institution in the three years since the audit. If any reports raise matters of serious concern that the institution does not appear to be addressing satisfactorily, the Agency may bring forward the date of the next audit.

71 A summary of the relationship between the audit team's judgements and recommendations, and the follow-up action required by the Agency, is provided in **Annex G**.

Audit administration and institutional contacts

72 The administration of the process takes place in accordance with an operational manual produced by the Agency. Responsibility for the co-ordination of the audit rests with the assistant director, but the judgements and recommendations resulting from the audit are made by the audit team. However, it is the responsibility of the assistant director to test that the team's findings are supported by adequate and identifiable evidence, and that the audit report provides information in a succinct and readily accessible form. To this end the Agency retains editorial responsibility for the final text of the report.

73 Every effort is made to ensure that a close and constructive working relationship is established with institutions and actively maintained beyond the specific requirements of the audit and related activities. Each institution is invited to nominate a correspondent to liaise with designated staff of the Agency on a continuing basis. The liaison process is separate from the process of audit management and is conducted by a different member of the Agency's staff.

74 The Agency endeavours to protect the quality of the audit process through the adoption of explicit operational principles and service standards (see **Annex J**) and quality assurance mechanisms. The latter include the opportunity for participants in the process, including students, to provide structured feedback on their experiences.

Complaints and representations

75 Complaints about the conduct of the audit and representations against the judgements made by the audit team are considered by the Agency in accordance with the formal procedures published on its web site (<http://www.qaa.ac.uk>).

Annex A: Outline of the institutional audit process

| | |
|---|---|
| Audit visit minus not less than 40 weeks | QAA's Information Unit provides QAA assistant director (AD) with a digest of the institution's published information set. Digest is shared with institution. |
| Audit visit minus not less than 36 weeks = Preliminary visit | <p>AD visits institution to meet institutional representatives and students.</p> <p>AD provides briefing on process of audit and provides guidance on institutional SED and the student submission.</p> <p>Institution confirms JACS coverage and number of students.</p> |
| Audit visit minus 32 weeks | <p>AD identifies range of discipline areas from which the selection of discipline audit trails will be made.</p> <p>QAA confirms with the institution the size of the audit team and the number of discipline audit trails.</p> |
| Audit visit minus 18 weeks | <p>QAA receives the institutional SED.</p> <p>QAA receives the student submission.</p> |
| Audit visit minus 14 weeks | <p>QAA confirms selected discipline audit trails with the institution, and requests a discipline SED for each.</p> <p>QAA confirms membership of audit team with institution.</p> |
| Audit visit minus 7 weeks | QAA receives discipline SEDs from the institution. |
| Audit visit minus 5 weeks = Briefing visit | <p>Audit team and AD undertake briefing visit to the institution.</p> <p>Audit team holds meetings with Vice-Chancellor/Principal, appropriate staff of the institution, and student representatives.</p> <p>Audit team identifies broad lines of enquiry for the visit and possible areas for thematic enquiry.</p> <p>Audit team meets institutional representatives to agree programme for the audit visit.</p> <p>Any additional information required before or at visit is identified.</p> |
| Audit visit | <p>Audit team visits the institution for five working days; AD joins team for the final part.</p> <p>Audit team meets staff and students for discussion of institutional-level lines of enquiry and thematic enquiries.</p> <p>Discipline audit trails pursued by pairs of auditors.</p> <p>Where possible, institution is informed at the start of the penultimate day of any likelihood of calling in specialist advisers.</p> |

Audit visit plus 2 weeks

Letter outlining the audit findings is agreed by team and sent to institution by the AD.

Audit visit plus 3 weeks
(approximately)

If required, AD negotiates with institution on date(s) for specialist advisers to visit the institution.

Audit visit plus 8 weeks
(or plus 11 if specialist advisers are involved)

If required, specialist advisers visit the institution with an appropriate member of the audit team or the AD.

Audit visit plus 12
(or 15) weeks

QAA sends draft report to institution.

Audit visit plus 20
(or 23) weeks

Institution responds to the draft report.

Report is published.

Annex B: Guidelines for producing institutional self-evaluation documents

Purpose of the institutional self-evaluation document

1 The institution's self-evaluation document (institutional SED) is a key reference point for the audit team. Its importance reflects the focus in institutional audit on the institution's own methods for assuring the quality of its programmes and the standards of its awards, and on its published information about quality and standards.

2 The institutional SED provides the main opportunity for the institution to:

- set the context for the audit by drawing upon the outcomes of internal review and evaluation processes to identify strengths in its provision and to evaluate the effectiveness of its policies and procedures for quality management and enhancement;
- describe and evaluate the way in which it is exercising its responsibilities in the two areas that are central to the aims of institutional audit: the provision of programmes of appropriate quality and awards of an appropriate standard; and the exercising of its legal powers to award degrees in a proper manner (see this *Handbook*, paragraph 9);
- describe and evaluate the effectiveness of its quality assurance structures and mechanisms (see this *Handbook* paragraph 11); the way in which it assures the accuracy, completeness and reliability of its published information (see this *Handbook*, paragraph 11); and its practices and procedures in relation to the particular focuses of institutional audit (see this *Handbook*, paragraph 12);
- provide the audit team with an understanding of how the institution assures quality and standards sufficient to enable the team to make a judgement of the confidence that can reasonably be placed in the institution's present and likely future management of quality and standards.

3 In the case of an institution without the powers to award undergraduate and/or research degrees, and thus without some of the responsibilities of a degree-awarding body, the institutional SED also provides an opportunity for the institution to demonstrate the ways in which it meets the requirements of its degree-awarding collaborative partners; exercises its responsibilities for awarding certificates and diplomas; and is committed to its general responsibilities for securing quality.

Length and style of the institutional SED

4 The institutional SED should:

- be balanced and relevant;
- be concise and accessible to the audit team;
- adopt an institution-wide perspective;
- have an appropriate balance of evaluation and description.

5 The SED should provide sufficient description to enable the audit team to understand the key features of the institution's approach to assuring quality and securing standards, but should focus on the effectiveness of that approach. Where the institution expresses confidence in its own effectiveness, the evidence upon which its view is based should be made clear: a successful SED will minimise the need for further clarification by the team. Because it is largely upon the SED that the team's perceptions of, and confidence in, the institution will be based (at least in the first instance), it is important that the SED is both accurate and verifiable.

6 The SED may typically be 30 to 40 pages in length, although there is no penalty for a shorter or longer submission. It may provide cross-references to other documents that are available to the audit team and to external reference points (see **Annex I**) as appropriate.

Content and structure

7 The institution is asked to structure its SED under the following main headings:

- Introduction.
- Institutional processes for the assurance of academic quality and standards.
- The accuracy, completeness and reliability of published information.

It may wish, additionally, to refer to the structure of the report to be produced following the audit (see **Annex H**) and to make use of some or all of the subheadings.

8 In producing its SED, the institution should:

- (i) provide the context for the audit by outlining, for example, its size, style, mission, and the nature and extent of its collaborative provision;
- (ii) describe and analyse any developments since the last audit;
- (iii) describe and analyse its responses to individual subject reviews and professional, statutory or regulatory body accreditations undertaken since the last audit and the ways in which lessons learnt from these have been taken into account in the enhancement of institutional practice;
- (iv) describe briefly the key features of its institutional framework and processes for assuring the academic standards of its awards and the quality of its programmes and of its learner support;
- (v) describe how the intentions of the precepts in the *Code of practice* have been addressed, highlighting any key changes that have been made to institutional practices as a result, and any areas that have caused particular difficulty;
- (vi) describe its use of other external reference points, including the *FHEQ* and *Subject benchmark statements*;
- (vi) provide a view on the perceived strengths and limitations of its current institutional arrangements for the assurance of quality and standards;
- (vii) describe and discuss its intended strategy for the next three years to further enhance practice and remedy any shortcomings it has identified;
- (viii) identify disciplines or cross-institutional themes which exemplify good practice and/or illustrate claims made.

9 Where the institution is in the process of making changes to aspects of its systems or procedures at the time of the audit, the Agency accepts that evidence may not yet be available to illustrate the effectiveness of the new arrangements. Where this is the case, the institution should address in its institutional SED the way in which it is managing the process of change.

Collaborative provision

10 Unless the institution and the Agency have agreed that the institution's collaborative provision should be the subject of a separate audit, the institutional SED should include discussion of the institution's approach to assuring the quality of the programmes and securing the standards of the awards it offers collaboratively. The discussion should make

reference to the *Code of practice for the assurance of academic quality and standards in higher education: Section 2, Collaborative provision* and, where relevant, HEFCE's *Indirectly funded partnerships: codes of practice for franchise and consortia arrangements*. The institution's register of collaborative arrangements, as described in the *Code of practice*, should be attached as an appendix. The register should include distance learning arrangements.

Documentation linked to the institutional SED

11 So far as possible, the institutional SED should be a self-standing document: it should not need to be accompanied by other papers. However, the institution may, if it wishes, supplement the SED with other documents that it believes will assist the audit team in gaining a fuller understanding of the institution.

Submission

12 The institution is required to submit the institutional SED and any supporting documentation to the Agency no later than 18 weeks before the audit visit.

Confidentiality

13 It is likely that the audit report will refer to and include quotations from the institutional SED but, subject to prevailing legislation, the SED itself remains confidential to the Agency and the audit team, although where appropriate it will be made available to specialist advisers who are asked to provide advice to the team, and to subject specialist reviewers undertaking reviews in the institution. The institution is strongly encouraged to involve students in the preparation of the SED and to make the completed document available to them.

Annex C: Guidelines for producing self-evaluation documents for discipline audit trails

1 After the audit team has confirmed the discipline audit trails to be pursued during the audit visit, the institution is asked to provide self-evaluative documentation for the area of each discipline audit trail (the discipline SED). The discipline SED should normally take the form of a recent (within the previous two years) internal review report (or similar) covering the area of the discipline audit trail, accompanied by programme specification(s) for the programme or cluster of programmes covered by the trail.

2 Where a recent internal review report is not available, the institution may prepare a discipline SED specifically for the purposes of the audit trail. A discipline SED prepared in this way should be around 3,000 words in length and cover the following:

- **educational aims of the provision** - a statement of the overall aims of the programme or cluster of programmes covered by the discipline audit trail;
- **learning outcomes** - evaluation of the appropriateness, to the educational aims, of the intended learning outcomes of the programme or each of the cluster of programmes, making reference to internal and external reference points such as *Subject benchmark statements* and the *FHEQ*;
- **curricula and assessment** - evaluation of the ways in which programme content and methods of assessment support achievement of the intended learning outcomes of the programme(s); how curricula and assessment together determine the academic level of the award(s) to which the programme(s) lead; the extent to which students achieve the programme aims and intended learning outcomes;
- **quality of learning opportunities**, which can be further divided into:
 - teaching and learning - evaluation of the effectiveness of the teaching and learning strategies employed by the programme(s) for providing students with good learning opportunities to support achievement of the intended learning outcomes and academic standards;
 - student admission and progression - evaluation of the ways in which students' progression through the programme(s) is supported and monitored, from intake to completion;
 - learning resources - evaluation of effectiveness of the deployment of the resources, human and material, that support the learning of students, and of the effectiveness of their linkage to the intended learning outcomes of the programme(s).
- **maintenance and enhancement of standards and quality** - evaluation of the effectiveness of procedures for maintaining and enhancing the quality of provision and the security of academic standards in respect of the programme(s);
- **annex** - programme specifications for each programme covered by the trail.

3 The emphasis in a discipline SED should be on evaluation of student achievement of the appropriate academic standards, and of the learning opportunities offered to students to support their achievements. Description of the programme(s) should be the minimum necessary to enable the audit team to understand the background of the self-evaluation.

4 Discipline SEDs should:

- be balanced and relevant;
- be concise and accessible to the audit team;
- be appropriately balanced between analysis and description.

Submission

5 The institution is required to submit discipline SEDs to the Agency seven weeks before the audit visit.

Confidentiality

6 It is likely that the audit report will refer to and include quotations from the discipline SEDs but, subject to prevailing legislation, the SEDs themselves remain confidential to the Agency and the audit team, although where appropriate they will be made available to specialist advisers who are asked to provide advice to the team, and to subject specialist reviewers undertaking reviews in the institution. The institution is strongly encouraged to involve students in the preparation of discipline SEDs and to make the completed documents available to them.

Annex D: Written submissions from students

Background

1 Students are central both to the principal focuses of institutional audit and to the audit process itself. In each audit, students are invited to participate in the key stages of the process. Their representative body in the institution - normally the Students' Union, or equivalent - has the opportunity to participate in a preliminary meeting between the Agency and the institution, held around nine months before the audit. Officers of the representative body and other students are also invited to take part in specified meetings during the audit team's briefing and audit visits to the institution. These meetings provide a means through which students can ensure that the team is aware of matters of primary interest or concern to them.

2 The audit process requires the institution to submit to the Agency a self-evaluation document (institutional SED) in which it evaluates its methods for assuring quality and standards and for ensuring that the information it provides (to students and other stakeholders) is accurate, complete and reliable. The Agency strongly encourages the institution to consult its students on the contents of the SED, but also invites students, through their representative body, to make their own written submission to the audit team.

3 The written submission provides a further means by which students, through their representative body, can make the audit team aware of matters of primary interest or concern to them. It is, however, an entirely voluntary part of the audit process, and no institution will be penalised if its students do not wish to make a written submission to the team.

4 The following paragraphs offer advice on making a written submission.

Format, length and content

5 There is no prescribed format or length for the written submission, nor a prescribed list of contents. Within the parameters set out below, students should feel free to provide whatever information they feel is appropriate (providing that it is relevant to the focuses of the audit) and to organise it as they choose.

6 The written 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.

7 The submission is not an alternative institutional SED, nor should it take the form of a commentary on the institutional SED. Students may wish, however, to take account of the broad headings used by the institution in constructing its SED (see **Annex B**), and/or to consider in particular the areas that are the particular focuses of institutional audit. These include:

- the accuracy, completeness and reliability of the information published by the institution about the quality of its programmes and the standards of its awards (this might include the accuracy of publicity materials and the use made of programme specifications);
- the information that students receive about the academic performance expected of them, their experience of the challenges posed by their programmes of study, and the ways in which their performance is assessed (this might include matters such as the usefulness of programme handbooks, aspects of assessment arrangements, and the feedback that students receive on their academic performance);

- the experience of students as learners (this might include the quality of academic and non-academic support, and access to learning facilities);
- the opportunity for students to participate in the management of quality and standards within the institution (this might include opportunities for committee representation at institutional and programme level, and other means of providing feedback to staff).

When compiling the submission, students may also wish to refer to other sections of this *Handbook*, and to the list of reference documents provided in **Annex I**.

8 The submission should not discuss the competence of individual members of staff or personal grievances.

Style

9 The written submission should:

- be balanced and relevant;
- be concise and accessible to the audit team;
- adopt an institution-wide perspective;
- be appropriately balanced between analysis and description.

Submission details

10 The written submission should be forwarded to the Agency no later than 18 weeks before the audit visit. The date will be confirmed by the Agency's assistant director at the preliminary meeting held nine months before the audit visit.

Confidentiality

11 The Agency strongly encourages 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 audit team to discuss both documents freely with staff and students during the audit, and to check the accuracy of their contents. The student body may, if it so wishes, request that its written submission is not shared with the institution and is kept confidential to the Agency, the team, and any specialist advisers asked to assist the team in its work. The Agency will respect this wish, subject to prevailing legislation, 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.

12 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.

Annex E: Information

Information requirements

1 The institutional audit process depends to a large extent on the availability of information for the audit team to consider. For the most part this is covered by the recommendations in *Information on quality and standards in higher education: Final report of the Task Group (HEFCE 02/15)*. These comprise two sections, the first (Part A) being information which should be available in each institution for internal management information purposes, and the second (Part B) which is routinely published by the institution. The full list of the HEFCE 02/15 information sets is provided at the end of this annex.

2 The audit team will routinely require access to all the items in Part B of the information sets. It will also need access to some of the material in Part A, according to the precise nature of its enquiries.

3 The audit team will also need access to some information additional to that listed in *HEFCE 02/15*. This additional information includes:

- the institution's self-evaluation documents (SEDs), including SEDs specific to the discipline audit trails, and supporting documentation;
- information submitted by representatives of students of the institution;
- information from the institution and other sources (such as professional, statutory and regulatory bodies) about the discipline areas selected for trailing, including evidence of student achievement;
- reports on the institution by relevant external bodies within the six years preceding the audit;
- information (written or oral) acquired during and after the briefing visit, and during the audit visit.

The information is limited in all cases to no more than is necessary to inform the audit team's proposed enquiries.

Submission of information to the Agency

4 The assistant director will discuss with the institution the timing and format of submission of information for the audit. Where possible, information should be submitted in an electronic format. Further advice on preferred formats for information submission will be provided on the Agency's web site (<http://www.qaa.ac.uk>).

The Agency's approach to the management of information

5 The Agency recognises that clarity of process in relation to the management of information, derived from institutions and from other sources, is essential. A formal information policy is under development and will be published on the Agency's web site in due course. The policy covers matters relating to the collection, collation, evaluation, use and dissemination of information. It is intended to promote a common understanding, both within the Agency and amongst external stakeholders and institutions, of the ways in which the Agency uses information, taking into account the requirements of the *Data Protection Act (1998)* and other prevailing legislation.

6 In relation to institutional audit, formal submissions of information by institutions are received and processed in the first instance by the Agency's Information Unit. The Unit supports the key stages of the audit process and, by using standard approaches and techniques, endeavours to provide a consistent approach to the use and handling of information by the Agency.

The information listed in *HEFCE 02/15*

Part A: Information which should be available in all HEIs

- 1 Institutional context:
 - (a) Mission statement.
 - (b) Relevant sections of the HEI's corporate plan.
 - (c) Statement of quality assurance policies and processes.
 - (d) Learning and teaching strategy and periodic reviews of progress.
- 2 Student admission, progression and completion:
 - (a) Student qualifications on entry.
 - (b) Range of entrants classified by age, gender, ethnicity, socio-economic background, disability and geographical origin, as returned to HESA.
 - (c) Progression and retention data for each year of each course/programme, differentiating between failure and withdrawal.
 - (d) Data on student completion.
 - (e) Data on qualifications awarded.
 - (f) Data on employment/training outcomes from the First Destination Survey.
- 3 Internal procedures for assuring academic quality and standards:
 - (a) Programme approval, monitoring and review:
 - programme specifications;
 - a statement of the respective roles, responsibilities and authority of different bodies within the HEI involved in programme approval and review;
 - key outcomes of programme approval, and annual monitoring and review processes;
 - periodic internal reports of major programme reviews;
 - reports of periodic internal reviews by departments or faculties;
 - accreditation or monitoring reports by professional, statutory or regulatory bodies.
 - (b) Assessment procedures and outcomes:
 - assessment strategies, processes and procedures;
 - the range and nature of student work;
 - external examiners' reports, analysis of their findings, and the actions taken in response;
 - reports of periodic reviews of the appropriateness of assessment methods used.
 - (c) Student satisfaction, covering the views of students on:
 - arrangements for academic and tutorial guidance, support and supervision;
 - library services and IT support;
 - suitability of accommodation, equipment and facilities for teaching and learning;
 - perceptions of the quality of teaching and the range of teaching and learning methods;
 - assessment arrangements;
 - quality of pastoral support.

- (d) Evidence available to teams undertaking HEIs' own internal reviews of quality and standards:
- the effectiveness of teaching and learning, in relation to programme aims and curriculum content as they evolve over time;
 - the range of teaching methods used;
 - the availability and use of specialist equipment and other resources and materials to support teaching and learning;
 - staff access to professional development to improve teaching performance, including peer observation and mentoring programmes;
 - the use of external benchmarking and other comparators both at home and overseas;
 - the involvement of external peers in the review method, their observations, and the action taken in response.

Part B: Information for publication

4 Quantitative data:

- (a) HESA data on student entry qualifications (including A-levels, access courses, vocational qualifications, and Scottish Highers).
- (b) Performance indicators and benchmarks published by the HE funding bodies on progression and successful completion for full-time first degree students (separately for progression after the first year, and for all years of the programme).
- (c) HESA data on class of first degree, by subject area.
- (d) Performance indicators and benchmarks published by the HE funding bodies on first destinations/employment outcomes for full-time first degree students.

5 Qualitative data:

- (a) Summaries of external examiners' reports on each programme.
- (b) A voluntary commentary by the HEI at whole institution level on the findings of external examiners' reports.
- (c) Feedback from recent graduates, disaggregated by institution, collected through a national survey.
- (d) Feedback from current students collected through HEIs' own surveys, undertaken on a more consistent basis than now.
- (e) A summary statement of the institution's learning and teaching strategy as presented to the HEFCE under the Teaching Quality Enhancement Fund programme.
- (f) Summary statements of the results of, and the actions taken in response to, periodic programme and departmental reviews, to be undertaken at intervals of not more than six years.
- (g) Summaries of employer links, included in item 5(e) above and in programme specifications.

Annex F: Selection and training of auditors, audit secretaries and specialist advisers

Introduction

1 Auditors, audit secretaries and specialist advisers are selected by the Agency on the basis of published selection criteria, and generally from nominations made by institutions. Specialist advisers may be also be selected from nominees of professional and statutory bodies or from direct applications from appropriately qualified and experienced people. All are provided with induction and training to ensure that they are familiar with the aims, objectives and procedures of the audit process and with their own roles within it. Auditors and audit secretaries are recruited on the basis that they agree to undertake at least three audits over a period of two years. They may continue beyond this period by mutual agreement. Specialist advisers are drawn from the register of those trained to fulfil the roles of subject specialist reviewers in the Agency's subject review process, with the expectation that they will participate in up to six review activities (audits, subject reviews and/or developmental engagements) over a period of two years. Again this period may be extended by mutual agreement.

2 The qualities required in auditors, audit secretaries and specialist advisers are outlined below. Every attempt is made to ensure that the cohorts of auditors and specialist advisers reflect appropriate sectoral, discipline, geographical, gender and ethnic balances. Both institutional auditors' discipline expertise and an institution's spread of disciplines (based on the JACS Subject Groups) are taken into account in the construction of audit teams, so as to provide a sufficient spread of knowledge for an informed view to be taken of primary evidence relating to quality and standards.

3 When it is necessary for auditors to request a second opinion from specialist advisers, specialist advisers are selected so as to provide a match to the specialisms and level of awards of the discipline trail.

4 Audit secretaries are recruited from amongst administrative staff in institutions. In common with auditors and specialist advisers, audit secretaries are not appointed to teams auditing their own institutions.

5 Training for auditors, audit secretaries and specialist advisers is undertaken by the Agency in collaboration with appropriate training providers. The purpose of the training is to ensure that all:

- understand the aims and objectives of the audit processes;
- are acquainted with the procedures involved;
- understand their own roles and tasks, the importance of team coherence, the Agency's expectations of them, and the rules of conduct governing the process; and
- have an opportunity to explore and practise the techniques of data assimilation and analysis, the development of programmes for visits, the construction and testing of hypotheses, the forming of judgements and statements of confidence, and the preparation of reports.

Qualities required in all auditors

- Wide experience of academic management and quality assurance at institutional level in UK higher education.
- Personal and professional credibility with heads of institutions and senior managers in the higher education sector.

- Ability to assimilate a large amount of disparate information; to analyse and draw reliable conclusions about complex arrangements; and to undertake research and investigation into documentary and oral evidence in order to form judgements.
- Clear oral and written communication skills.
- If representing a specified academic discipline, to have current or recent (within the last two years) experience of delivering teaching and supporting learning at level H or M.
- If representing a specified academic discipline, to have current or recent (within the last two years) experience of examining at level H or M.

Qualities required in all audit secretaries

- Current or recent experience (within five years) of administration of academic management and/or quality assurance at institutional level in UK higher education.
- Wide experience of working with senior committees in UK higher education.
- Ability to assimilate a large amount of disparate information, and to analyse and make reliable judgements about complex arrangements.
- Ability to keep a reliable record of discussions; to summarise the key outcomes; and to draft notes to a specified format to set deadlines.

Qualities required in all specialist advisers

- Personal credibility, in the subject area, with academic peers in UK higher education, or equivalent industrial/professional credibility.
- Current experience of delivering teaching, supporting learning, and examining at level H or M within the subject area.
- Experience of working with programme specifications written for programmes in the subject area; a good understanding of programme entry requirements, and an ability to interpret progression statistics; and familiarity with comparable programmes and standards of awards in other institutions.
- Ability to assimilate a large amount of disparate information, and to analyse and draw reliable conclusions about complex arrangements.
- Ability to identify, plan and follow lines of investigations to meet a task specified by an audit team, using a variety of sources, including documentary and oral evidence, in order to draw secure conclusions.

Annex G: Criteria for confidence judgements, and the relationship between confidence judgements, recommendations and follow-up action

Set out below are the criteria to be used by the audit team in judging the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of its programmes and the academic standards of its awards. The relationship between the confidence judgement, the nature of the audit team's recommendations, and the follow-up action after the audit, is also summarised.

Broad confidence

A judgement of broad confidence indicates that the institution is judged both to possess rigorous mechanisms for the management of the quality of its programmes and the standards of its awards and to be using these effectively and consistently. The mechanisms will include a strong and scrupulous use of independent external examiners in summative assessment procedures and independent external persons in the internal periodic review of disciplines or programmes. The institution will also have provided evidence to demonstrate that it has the capacity to, and is very likely to continue to, secure and maintain quality and standards in the future and that the publicly available information it provides is complete, accurate and reliable.

Evidence: The judgement will be reached on evidence that demonstrates that the institution has sound structures and procedures for the assurance and enhancement of quality and standards; that it is successful in the management of those structures and procedures at institutional level; and that the procedures are applied effectively at discipline level. A judgement of broad confidence implies confidence in the institution's capacity and commitment to identify and address any situation that has the potential to threaten the quality of programmes or standards of awards.

Recommendations: A judgement of broad confidence may be accompanied by a small number of recommendations that are considered advisable and it will not be unusual for there to be a number that are considered desirable, but there will be none that are considered essential. Broad confidence in an institution indicates confidence that the recommendations set out in the report are likely to be considered and dealt with through the institution's normal structures for quality enhancement.

Follow-up

After one year: the institution is asked to submit a brief report to the Agency on how it has responded to the report.

After three years: the Agency expects to make a brief visit to the institution to review progress since the audit and discuss the institution's intentions in respect of managing quality and standards over the three years until the next audit.

Limited confidence

A judgement of limited confidence indicates that there is evidence that the institution's capacity to manage the quality of its programmes and/or standards of its awards soundly and effectively is limited or is likely to become limited in the future. The reason for this judgement may be notable weaknesses either in the management of the institution's structures and procedures or in their implementation at discipline level. Confidence may be limited either because of the extent or the degree of weaknesses identified; significant weakness in any one discipline area will limit overall confidence. The determining factor in reaching a judgement of limited confidence is not simply evidence of problems in some programmes - no institution

could be expected to avoid these entirely. It is, instead, the fact that the institution may not be fully aware of the problems and/or has failed to take prompt and appropriate action to remedy them. The audit team may also express limited confidence where there is reason for reservations about whether the publicly available information provided by the institution can be considered complete, accurate and reliable, or where the institution makes a less than full use of independent external examiners in summative assessment procedures and independent external persons in the internal periodic review of disciplines or programmes.

Evidence: Where there is evidence to question either the effectiveness of the current assurance of quality and standards, or the institution's capacity to maintain quality and standards in the future, the judgement will indicate whether the concerns are limited to a small number of matters or are more widespread, and whether or not these matters place quality and/or standards at risk. If a discipline audit trail results in a request for specialist advice and the findings of the specialist advisers indicate that quality and/or standards on any programme are a cause for concern, this will be made clear.

Recommendations: A judgement of limited confidence is likely to lead to a small number of recommendations that are considered essential, as well as a number that are considered advisable and desirable.

Follow-up

Within three months of report publication: the institution is asked to submit an action plan to the Agency indicating how it intends to address the recommendations in the report, and to provide, subsequently, a progress report on how the action plan has been implemented. The audit is not formally signed off until the Agency is satisfied that the action plan has been implemented successfully, with a maximum time limit of 18 months. If at that point concerns remain about the effectiveness of the remedial action, the Agency conducts a further visit.

After three years: the Agency expects to make a brief visit to the institution to review progress since the audit and discuss the institution's intentions in respect of managing quality and standards over the three years until the next audit.

No confidence

A judgement of no confidence indicates that there is substantial evidence of serious and fundamental weaknesses in the institution's capacity both at institutional and discipline level to secure and maintain the quality of its programmes and standards of its awards.

Evidence: A judgement of no confidence will be reached either because of serious absences or flaws in the institution's procedures themselves or because of ineffectiveness in their management, and where either quality or standards can be seen to be at immediate risk, or there is serious doubt as to the institution's capacity to secure and maintain them in the future. A judgement of no confidence may also be reached where it can be demonstrated that the information made available to the public by the institution cannot be relied upon and can be shown to be inaccurate and/or misleading.

Recommendations: A judgement of no confidence will be accompanied by a significant number of recommendations that are considered essential, as well as a number that are considered advisable and desirable.

Follow-up

Within three months of report publication: the institution is asked to submit to the Agency an action plan, with implementation times within 18 months, indicating how it intends to address the recommendations in the report. Subsequently, it is asked to provide quarterly progress reports on how the identified weaknesses are being addressed. After 18 months, the Agency carries out a short follow-up visit to the institution to check progress. The audit is not formally signed off until the Agency is satisfied that the action plan has been implemented successfully. If after 18 months concerns remain about the effectiveness of the remedial action, the Agency may bring forward the date of the next audit.

After three years: the Agency expects to make a brief visit to the institution to review progress since the audit and discuss the institution's intentions in respect of managing quality and standards over the period until the next audit.

Annex H: Indicative report structure

The indicative report structure is set out below.

Preface

[A standard summary, common to all reports, of the institutional audit process and its possible outcomes]

Summary

[A summary intended primarily for the public, especially potential students, and to be made available separately from the rest of the report]

- Introductory statement.
- Statement of confidence.
- Summary outcomes of discipline audit trails.
- Reliability of information.
- Use made of the academic infrastructure.
- Features of good practice.
- Recommendations for action by the institution.

The findings of the audit

[An overview of the findings of the audit taking an institutional perspective of: the institution's capacity to manage the quality of its programmes for the assurance and enhancement of quality; its capacity to underpin its programmes with effective learning support; and its capacity to manage effectively the security of the academic standards of its awards]

- The effectiveness of institutional procedures for assuring the quality of programmes.
- The effectiveness of institutional procedures for securing the standards of awards.
- The effectiveness of institutional procedures for supporting learning.
- The outcomes of the discipline audit trails.
- The institution's use of the academic infrastructure.
- The utility of the SED as an illustration of the institution's capacity to reflect upon its own strengths and limitations, and to act on these to enhance quality and standards.
- Commentary on the institution's intentions for the enhancement of quality and standards.
- The reliability of information.
- Features of good practice *[bulleted list]*.
- Recommendations for action by the institution *[bulleted list]*.

Main report

Section 1: Introduction

[A standard introduction to this audit]

- The institution and its mission.

[Size, style and mission of the institution - any special features - how these influenced the directions taken by the audit]

- Collaborative provision.

[A statement of the scale/complexity of collaborative provision - the way it is addressed in this audit (embedded or identified for separate audit of collaborative provision)]

- Background information.

[The information base for the audit, including the nature and status of any submission to the audit team by the student body]

- The audit process.

[The audit process as applied to this particular audit - schedule and sequence - selection of discipline audit trails and thematic enquiries - the documentary evidence base - the nature and status of any submission to the audit by the student body]

- Developments since the previous academic quality audit.

[Outline of key actions taken since the last audit and since the Agency's visit at the three-year mid-point in the cycle: indication of any major structural change that has taken place since the last audit and three year mid-point that will have a bearing on this audit; outline of key findings of Agency reviews since last audit: outline of matters emerging from any overseas audit; and outline of any matters emerging from PSB reports]

Section 2: The audit investigations: institutional processes

[This is a narrative that evaluates the impact on quality, learning support and standards of various institutional processes and features of quality management relating to all the institution's awards. In each sub-section the emphasis should be on the use made by the institution of the process or feature of quality management, and on its effectiveness. The following represents a core set of sub-sections that will be included. Other sub-sections may be added where appropriate - for example, to reflect the particular features of the institution, or where identified by the institution in its SED]

- The institution's view as expressed in the SED.
- The institution's framework for managing quality and standards, including collaborative provision.
- The institution's intentions for the enhancement of quality and standards.
- Internal approval, monitoring and review processes.
- External participation in internal review processes.
- External examiners and their reports.
- External reference points.
- Programme-level review and accreditation by external agencies.
- Student representation at operational and institutional level.

- Feedback from students, graduates and employers.
- Progression and completion statistics.
- Assurance of quality of teaching staff, appointment, appraisal and reward.
- Assurance of quality of teaching through staff support and development.
- Assurance of quality of teaching delivered through distributed and distance methods.
- Learning support resources.
- Academic guidance, support and supervision.
- Personal support and guidance.
- Collaborative provision.

Section 3: The audit investigations: discipline trails and thematic enquiries

- Discipline audit trails.
- Thematic enquiries.

Section 4: The audit investigations: published information

- The students' experience of published information and other information available to them.
- Reliability, accuracy and completeness of published information.

Annex I: Reference documents relevant to the institutional audit process

External reference points

When considering institutional management of quality and standards, audit teams draw upon a range of external reference points, including:

Code of practice for the assurance of academic quality and standards in higher education: Sections 1-10 (Quality Assurance Agency for Higher Education, 1999-2001) (<http://www.qaa.ac.uk>).

Guidelines for preparing programme specifications (Quality Assurance Agency for Higher Education, 2000) (<http://www.qaa.ac.uk>).

Guidelines on the Quality Assurance of Distance Learning (Quality Assurance Agency for Higher Education, 1999) (<http://www.qaa.ac.uk>).

Subject benchmark statements (Quality Assurance Agency for Higher Education, 2000-2002) (<http://www.qaa.ac.uk>).

The framework for higher education qualifications in England, Wales and Northern Ireland (Quality Assurance Agency for Higher Education, 2001) (<http://www.qaa.ac.uk>).

Indirectly funded partnerships: codes of practice for franchise and consortia arrangements (Higher Education Funding Council for England, 00/54, 2000) (<http://www.hefce.ac.uk>).

Information on quality and standards in higher education: Final report of the Task Group (Higher Education Funding Council for England, Report 02/15, 2002) (<http://www.hefce.ac.uk>).

Discipline categorisation

For the purposes of discipline categorisation and other calculations, the institutional audit process has as its main organising principle the Subject Groups defined within the Joint Academic Coding System (JACS) (<http://www.hesa.ac.uk>).

Related reference documents

Agency review processes related to the institutional audit process and referred to in this *Handbook* are described in detail in the *Handbook for academic review* (Quality Assurance Agency for Higher Education, 2000) (<http://www.qaa.ac.uk>).

The arrangements during the transitional period 2002-2005 are described in a note entitled *Arrangements during the transitional period 2002-2005 for Higher Education Institutions in England*.

Annex J: The Agency's operational principles and process standards

Background

1 The Agency's approach to undertaking institutional audits draws upon the practices and process standards developed and enhanced by its predecessor bodies. Since those bodies began their work, good practice in auditing (guided by published standards of auditing practice) and requirements relating to accountability and reporting, have developed considerably. The Agency recognises that some of the process standards it has observed in the past have been implicit rather than explicit, and that the institutional audit process should be underpinned by a more explicit statement on operational principles and process standards.

2 In developing its operational principles and process standards, the Agency has taken note of the principles underpinning the AA1000 series accountability standard and the Seven Principles of Public Life developed by the Nolan Committee.

Principles

3 The Agency seeks to observe and promote several general principles within both the strategic and operational levels of its work. The principles are:

- **Inclusiveness** - taking into account the needs of all stakeholder groups and facilitating their participation in aspects of the Agency's work.
- **Openness** - transparency in the work and methods of the Agency, to build trust and confidence among stakeholders, and to provide information about the Agency's work to the wider public.
- **Accountability** - demonstrating that the Agency is using its resources to good effect and with probity; conducting its work with integrity and impartiality; and ensuring that stakeholders are able to depend on the information provided.
- **Timeliness** - the need for regular, systematic and timely action in all reporting processes to support the decision-making of the Agency and its stakeholders.
- **Comparability** - using experience drawn from within the Agency and other organisations as a means with which to inform future work.
- **Relevance** - ensuring that the information provided by the Agency is useful to, and understood by, all stakeholders.

4 These principles have been used to develop explicit service standards for institutional audit, the details of which are published on the Agency's web site (www.qaa.ac.uk).

Quality assurance mechanisms

5 The Agency is committed to the regular monitoring and evaluation of its policies, procedures and processes, to ensure their ongoing credibility and to continuously improve its performance in response to the results. In respect of institutional audit, this commitment includes providing the opportunity for participants in the process, including students, to provide structured feedback on their experiences.

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