

# Quality and Standards Review for Providers Applying to Register with the Office for Students

The Council of the Inns of Court

Review Report

October 2019



Working as the Designated Quality Body for England

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## Summary of findings and reasons

Ref	Core practice	Outcome	Confidence	Summary of reasons
S1	The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks.	Met	High	<p>The standards set for the provider's courses are in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The standards described in the approved programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies will ensure that standards are maintained appropriately.</p> <p>The standards that will be achieved by the provider's students are expected to be line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The provider's academic regulations and policies will ensure that these standards are maintained. Staff fully understand the provider's approach to maintaining these standards and are committed to implementing it once programme delivery has commenced. Therefore, the review team concludes that the Core practice is met.</p>
S2	The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.	Met	High	<p>The standards set beyond the threshold for the provider's courses are reasonably comparable with those set by other UK providers. The standards described in the approved programme documentation and in the provider's academic regulations and policies ensure that such standards are set appropriately.</p> <p>The standards that will be achieved by the provider's students beyond the threshold are expected to be reasonably comparable with those achieved in other UK providers. The provider's academic regulations and</p>

				<p>policies will ensure that standards beyond the threshold are maintained. Staff fully understand the provider's approach to maintaining such standards and have opportunities for engagement with peers and external experts in teaching and assessment activities. The provider's plans for maintaining comparable standards are robust and credible because they are appropriate, well documented and understood by staff members.</p> <p>The review team concludes, therefore, that students who are awarded qualifications will have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and the Core practice is met.</p>
S3	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.	Met	High	<p>The provider demonstrated that it has well-developed plans for the management of the partnership, to help ensuring that the standards of the awards made by the awarding body are credible and secure. The partnership agreement, which was awaiting formal ratification by the awarding body at the time of the review visit, is clear and comprehensive in its articulation of the respective roles of ICCA and the awarding body. Staff from the provider and the awarding body that the team met were able to demonstrate that they understand their respective responsibilities for academic standards. The review team concludes, therefore, that the provider has in place effective arrangements to ensure that the standards of the awards are credible and secure irrespective of where or how courses are delivered or who delivers them, and the Core practice is met.</p>
S4	The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	Met	High	<p>The provider has clear and comprehensive regulations and policies describing its requirements for using external expertise in maintaining academic standards</p>

				and these requirements are adequate. The processes for assessment and classification as outlined in these documents are clear and transparent, and discussions with staff demonstrated that these are well understood by staff and these processes are adequate and likely to be effective when implemented. Plans for the use of external examiners and their reports are robust and credible because they are embedded within key documents, are consistent with the requirements of the awarding body, and staff who will operate these plans understand the requirements for the use of external expertise. Appropriate external expertise is used at the programme approval stage in line with the awarding body's procedures. The review team concludes therefore that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent, and that the Core practice is met.
Q1	The provider has a reliable, fair and inclusive admissions system.	Met	High	The provider has a clear policy for the recruitment and admission of students, which demonstrates how the provider plans to operate an admissions system that is reliable, fair and inclusive. The provider's plan for delivering admissions is robust and credible because it is well articulated, coherent and published both on the website and through the policies and procedures examined. Staff involved in admissions understand their role and are appropriately skilled. Information for applicants on the provider's website is transparent, accessible and fit for purpose. The review team concludes, therefore, that the provider has a reliable, fair and inclusive admissions system and the Core practice is met.

Q2	The provider designs and/or delivers high-quality courses.	Met	High	The provider has robust and credible plans for designing and delivering high-quality courses and a regulatory framework which facilitates this. The course architecture and individual elements of it are all designed by subject matter experts with recent, relevant experience. KCL, the course's validating body, has indicated its approval of the course design and processes. Robust plans for student monitoring and intervention in the VLE are in place, with credible plans to review both course design and monitoring and intervention in light of student feedback. The approved course documentation indicates that the teaching, learning and assessment design will enable students to meet and demonstrate the intended learning outcomes. Information from the professional body confirms that the programme is of high quality. The review team concludes, therefore, that the provider designs high-quality programmes and the Core practice is met.
Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Met	Moderate	The ICCA's policy for recruitment, selection and appointment of staff, which will closely echo that of the Bar Tribunals and Adjudication Service, is currently under development. However, the principles of the Bar Tribunals and Adjudication Service's policy, which have been applied in the recruitment of current staff, provide for a fair and coherent approach to staff recruitment and selection. The staffing structure is appropriate for the delivery and support of the programme under review. The CVs and job descriptions scrutinised indicate that the provider has recruited appropriately skilled and qualified staff who have extensive experience in assessment design and delivery. The provider has robust and credible plans for the recruitment, appointment, induction and support of sufficiently qualified and skilled staff and is committed to the

				training and development of academic and support staff. The review team concludes, therefore, that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience and the Core practice is met.
Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Met	High	The provider's strategies and approaches for the development of facilities, learning resources and student support services are closely linked to the delivery of successful academic and professional outcomes for students. Learning resources and teaching facilities are sufficient and of high quality, and clear plans are in place to fully develop the VLE and the student support hub in time for the start of programme delivery. Plans for the development of facilities, learning resources and student support services are credible and realistic because they are clearly documented, and staff understand their roles and responsibilities for student support. The review team concludes, therefore, that the provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience and that the Core practice is met.
Q5	The provider actively engages students, individually and collectively, in the quality of their educational experience.	Met	High	The provider has clear policies and credible plans for actively engaging with students, individually and collectively, in the quality of their educational experience. Staff understand the importance of the student voice and are committed to improving the student learning experience as a result of student engagement. The provider acknowledges the challenges of engaging with students virtually and has proposed a number of different solutions to these challenges. Although the team noted that Part One student engagement was not as clearly articulated as

				<p>that of Part Two, whereby student representatives could physically participate in committees and other 'real world' fora, the plans for the establishment of a credible VLE with a well-articulated virtual learning community, coupled with a commitment to reflect on and respond to student feedback, gave the team confidence that meaningful Part One student representation was possible under these plans. The provider's plans for the engagement of students are credible and robust because they are clearly articulated, understood and are supported by appropriate resource and infrastructure. The review team concludes, therefore, that the provider actively engages students, individually and collectively, in the quality of their educational experience and that this Core practice is met.</p>
Q6	The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.	Met	High	<p>The provider's plans for handling complaints and appeals are robust and credible because they are clearly accessible to students, and are definitive, fair and transparent. Staff are knowledgeable about the provider's procedures. The review team concludes, therefore, that the provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students and the Core practice is met.</p>



Q8	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.	Met	High	Where the provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high quality, irrespective of where or how courses are delivered and who delivers them. While there are no regulations and policies for partnership working (as there is only one partnership), both the provider and the awarding body fully understand their respective roles and responsibilities and have credible plans for the delivery of high-quality provision. The validation agreement is clear, comprehensive and up-to-date. Formal ratification by the awarding body is imminent. The review team concludes, therefore, that the Core practice is met.
Q9	The provider supports all students to achieve successful academic and professional outcomes.	Met	Moderate	The provider's approach to student support has the potential to facilitate successful academic and professional outcomes. Plans to support students are comprehensive, robust and credible in that they are detailed, realistic and appropriate and most of the support infrastructure is in place. Academic and support staff understand their roles in supporting student achievement and the various approaches that will be used. They are fully committed to delivering successful academic and professional outcomes for their students. The review team therefore concludes that the provider supports all students to achieve successful academic and professional outcomes and that the Core practice is met.

## About this report

This is a report of a review of The Council of the Inns of Court conducted by QAA in October 2019 under the Quality and Standards Review for providers applying to register with the Office for Students (OfS).

Quality and Standards Review is the process QAA uses to provide evidence to the OfS about whether new providers applying to be on the OfS Register meet the Core practices of the UK Quality Code for Higher Education (the Quality Code).

The review team for this review was:

- Ms Stella Diamantidi, Head of Department of Business Studies, Cardiff Metropolitan University (Subject specialist, Law)
- Professor Robert Trimble, Pro Vice-Chancellor (Academic), University of Cumbria (Institutional reviewer).

The QAA Officer for the review was Dr Monika Ruthe.

## About The Council of the Inns of Court

The Council of the Inns of Court (COIC) was established in the 1970s. In 2014 it became a Company Limited by Guarantee and a Charity founded to advance education in the sound administration of the law, including the promoting of high standards of advocacy and enforcing professional standards of conduct.

The Inns of Court College of Advocacy (ICCA) was established by COIC in 2016 and is a constituted division of COIC having no independent legal personality. Its main functions are to provide education, leadership, guidance and coordination in relation to the pursuit of excellence in advocacy. The College is based within the precincts of the Inns of Court in central London. All education and training activities provided by the ICCA are run on a non-profit basis.

Ultimate responsibility for the administration and management of the ICCA rests with the COIC Trustees who delegate authority to oversee the operations and activities of the ICCA to the ICCA Board of Governors. The ICCA Governors comprises barristers, judges, educationalists and non-lawyers. Management of the higher education provision is through the Course Education Committee, the Examination Board and the Appeals Committee.

From September 2020, the ICCA will deliver a two-part postgraduate diploma in Bar Practice, which, if passed, allows graduates to practise as barristers in England and Wales once they have successfully completed pupillage.

Part One of the course will be delivered entirely online and will allow students to study for the Bar Standards Board's centrally-set knowledge assessments without having to pay the course fees and living costs associated with a more traditional delivery. The course will be delivered via a bespoke virtual learning environment.

Part Two of the course will be a face-to-face course of 17 weeks' teaching spread over 20 weeks at four days a week. This part will be hosted within the Inns of Court in London, using the Inns' estate and libraries.

The course was unconditionally approved by the ICCA's awarding body, King's College London, in May 2019. In July 2019, again following a validation process, the ICCA received

conditional approval from the Bar Standards Board to deliver the vocational component of the programme as an Authorised Education and Training Organisation (AETO). In this report reference to 'ICCA' means 'ICCA on behalf of COIC'.

## How the review was conducted

The review was conducted according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The review team conducted the review by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix at Annex 4. This Annex expects that review teams will sample certain types of evidence using a combination of representative sampling, risk-based sampling and randomised sampling. In this review, the team did not sample any evidence as the provider has yet to commence delivering courses.

Further details of the evidence the review team considered are provided in the 'Explanation of findings' below.

## Explanation of findings

### S1 The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks

1 This Core practice expects that the provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks.

2 The sector-recognised standards that are used in relation to this Core practice are those that apply in England as defined in paragraph 342 of the OfS regulatory framework. That is those set out in Table 1, and in paragraphs 4.10, 4.12, 4.15, 4.17 and 4.18, and in paragraphs 6.13-6.18, and in the Table in Annex C, in the version of [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies](#) (FHEQ) published in October 2014. These sector-recognised standards represent the threshold academic standards for each level of the FHEQ and the minimum volumes of credit typically associated with qualifications at each level.

3 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

#### The evidence the team considered

4 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4.

5 The validation agreement between The Council of the Inns of Court (COIC) and King's College London (KCL) stipulates that the awarding body maintains overall responsibility for the setting and maintenance of academic standards, that is, Part Two of the programme. The threshold standards for Part One are set by the professional body, the Bar Standards Board (BSB), as detailed in its Professional Statement for Barristers. Specifically, the review team considered or assessed:

- a the ICCA academic regulations
- b the BSB Curriculum and Assessment Strategy
- c the programme and module specification and the Part One course architecture constituting the approved programme documentation
- d the ICCA Assessment Setting, Marking and Moderation Policy
- e the BSB endorsement of the programme
- f the views of staff who will be involved in assessment on the provider's approach to maintaining threshold standards.

6 The review team also considered the awarding body's report of the validation of the programme and the validation agreement between King's College London and the COIC, which formed part of the provider's submission and support for its plans for setting and maintaining threshold standards.

7 The review team did not consider any external examiner reports and assessed student work as none were available as the College had not begun delivery of the programme.

## **How any samples of evidence were constructed**

8 In this review, the review team did not sample any evidence as the provider has yet to commence delivering courses.

## **Why and how the team considered this evidence**

9 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

10 The team considered the academic regulations, the Bar Standards Board Curriculum and Assessment Strategy, the approved programme documentation and the Assessment Setting, Marking and Moderation Policy to identify the provider's approach to course and assessment design, marking and moderation, and methods of classification, and determine in each case whether these are consistent with the achievement of sector recognised standards.

11 The team considered the awarding body's report of the validation of the programme to verify that the specified threshold standards are consistent with relevant national qualifications' frameworks.

12 The team considered the validation agreement between COIC and KCL and met staff who will be involved in assessment, to understand the respective responsibilities for ensuring that threshold standards for qualifications are consistent with the relevant national qualifications' frameworks and interrogate the robustness and credibility of the provider's plans for ensuring threshold standards. The detail of this is articulated in paragraph 19.

13 The team considered the BSB endorsement of the programme, to identify how the professional body regards the achievement of threshold standards and award procedures.

14 The team met senior and academic staff to test that staff understand and aim to apply the provider's approach to maintaining threshold standards.

## **What the evidence shows**

15 The review team's analysis of the evidence led to the following observations.

16 The provider's academic regulations are clear and comprehensive and will ensure that threshold standards are maintained. The academic regulations, which were approved by the awarding body, are consistent with the maintenance of sector-recognised standards as set out in the FHEQ and in the BSB's Professional Statement for Barristers. They cover credit levels and values, assessment setting and marking arrangements, progression requirements, and classification and certification rules. The provider's Assessment Setting, Marking and Moderation Policy, which will apply to Part Two of the programme, is demonstrably informed by the expectations of the professional body and adheres to the BSB's Curriculum and Assessment Strategy. The policy details the assessment setting arrangements including the use of external expertise (see section S4), marking and internal moderation arrangements, approaches to the provision of feedback to students on assessed work, external moderation by external examiners and examination board arrangements. Assessments will be mapped to the BSB's Professional Statement which defines threshold standards for each competence.

17 The approved course documentation demonstrates that the threshold standards described are consistent with both the relevant national and professional qualifications' frameworks and meet the expectations of the awarding body and the professional body. This is confirmed in the report by the awarding body on the validation of the programme. The programme level and module specification details the programme and module learning outcomes and the level and number of credits of each course component. The programme comprises 120 credits at level 7; 40 credits for Part One and 80 credits for Part Two. For each Part Two module, the module's learning outcomes have been mapped to the BSB Professional Statement. Similarly, the Part One course architecture document details the overarching learning outcomes as well as the learning outcomes for each module, unit and subject.

18 Responsibilities of the various parties for the setting and maintenance of standards are clearly articulated in the validation agreement with the awarding body retaining overall responsibility. COIC is responsible for the management and delivery of the programme, ensuring compliance with UK regulatory bodies, adherence to KCL's quality assurance procedures for programme and module approval and modification, annual monitoring and periodic review of the programme, producing a student handbook and providing information to students on the Academic Regulations, policies and procedures.

19 The provider's plans for maintaining threshold standards through its governance oversight and designated academic committees are considered by the review team to be robust and credible, and the responses by the staff in the meeting with the reviewers confirmed that these plans are well understood by staff. These plans include clear regulations governing the process of setting assessments in Part One and Part Two of the course. ICCA Part One assessments are centralised assessments set on behalf of the BSB by the Central Examination Board, which comprises teams of examiners and senior staff from the BSB, contributing a mix of academic and practitioner experience. ICCA takes no part in the setting or marking of centralised assessments.

20 Part Two assessments are set, marked and moderated by the ICCA according to its Assessment Setting, Marking and Moderation Policy. This articulates clearly with the Academic Regulations and sets out clear processes for marking in line with the BSB's published assessment criteria for each Part Two module. Marking will be anonymised, internally moderated, sampled for blind double-marking and submitted to an external examiner.

21 External moderation of assessment results and external examiner reports will feed into the cycle for programme monitoring and enhancement (as described in section S4). The provider will also produce an annual programme monitoring report to the awarding body's specifications. This report will be instrumental in KCL's periodic review of the programmes to ensure compliance with the validation agreement. The provider's approach is fully supported by the awarding body and this was confirmed by the awarding body representative who met the review team and reported that KCL is satisfied with the responsiveness of the ICCA team in development of the programme and pleased with the working relationship so far. The representative confirmed that there has been focused and measured development with a synergy of values between the two organisations.

22 The Bar Standards Board is satisfied with the specified standards and approved the provider as an Authorised Education and Training Organisation for an initial period of five years, provided that ICCA is successful in gaining access to the OfS register and continues to meet the general and ongoing conditions of registration.

23 The senior and academic staff who met the review team demonstrated a good understanding of the provider's approach to maintaining threshold standards and iterated

their full commitment to applying this once programme delivery has started. They demonstrated plans for key elements of the validation agreement to be monitored by clearly designated committees and the Board of Governors. They competently articulated the provider's approaches to programme design including the mapping of learning outcomes against the relevant national and professional academic frameworks, assessment setting including peer and external review and approval, and the role of continuing professional development in maintaining standards.

## **Conclusions**

24 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all the evidence described in QSR evidence matrix with the exception of external examiner reports and assessed student work.

25 The standards set for the provider's courses are in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The standards described in the approved programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies will ensure that standards are maintained appropriately.

26 The standards that will be achieved by the provider's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The provider's academic regulations and policies will ensure that these standards are maintained. Staff fully understand the provider's approach to maintaining these standards and are committed to implementing it once programme delivery has commenced. Therefore, the review team concludes that the Core practice is met.

27 The lack of evidence relating to assessed student work and external examiner reports, while reflecting the provider's current stage in the programme delivery cycle, means the effectiveness of the provider's approach to ensuring threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks could not be tested. However, the provider has established credible plans and approaches that include annual internal review and monitoring, periodic review by KCL, and the design and approval of assessment instruments that includes external review, giving high confidence that it will be able to deliver against these plans. The team therefore has a high degree of confidence that the standards that will be achieved by its students will be in line with sector recognised standards and will be consistent with relevant national qualifications' frameworks.

## **S2 The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers**

28 This Core practice expects that the provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.

29 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

30 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4.

31 The validation agreement between COIC and KCL stipulates that the awarding body maintains overall responsibility for the setting and maintenance of academic standards, that is, Part Two of the programme. The threshold standards for Part One are set by the professional body, the Bar Standards Board, as detailed in its Professional Statement for Barristers. Specifically, the review team considered or assessed:

- a the ICCA academic regulations
- b the ICCA Assessment Setting, Marking and Moderation Policy
- c the approved course documentation consisting of the programme and module specification and the Part One course architecture
- d the BSB endorsement of the programme
- e the views of staff who will be involved in assessment on the provider's approach to setting and maintaining comparable standards.

32 The review team also considered the awarding body's report of the validation of the programme and the validation agreement between KCL and COIC, which formed part of the provider submission and support the provider's plans for maintaining comparable standards.

33 The review team did not consider any external examiner reports and assessed student work as none were yet available because the College had not begun delivery of the programme. For the same reason, the views of students were not sought as no students had yet been recruited.

### **How any samples of evidence were constructed**

34 In this review, the review team did not sample any evidence as the provider has yet to commence delivering courses.

### **Why and how the team considered this evidence**

35 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

36 The review team considered the academic regulations and the Assessment Setting, Marking and Moderation Policy to identify the provider's approach to course and assessment design, marking and moderation, and classification to determine whether these enable



students to achieve comparable standards beyond the threshold.

37 The review team considered the validation agreement between King's College London and COIC and met with senior, teaching and support staff to interrogate the robustness and credibility of the provider's plans for maintaining comparable standards.

38 The review team considered the approved course documentation and the programme validation report to test that the specified standards of the course beyond the threshold level will be reasonably comparable with those achieved in other UK higher education providers.

39 The review team considered the Bar Standards Board endorsement to identify how the professional body regards the standards and award procedures.

40 The review team met staff who will be involved in assessment to test that they understand and aim to apply the provider's approach to maintaining comparable standards.

### **What the evidence shows**

41 The review team's analysis of the evidence led to the following observations.

42 The provider has developed an institutional approach to course and assessment design, marking and moderation with clear regulations for the award of classifications. The academic regulations and Assessment Setting, Marking and Moderation Policy fully support the maintenance of academic standards beyond the threshold level through their requirement for anonymised marking, which is internally moderated and externally verified. Formative feedback will be provided promptly to students, and there is a clearly articulated process to encourage students to reflect on the feedback they receive and develop their practices in response to it. Progression requirements are clearly detailed. All Part Two assessments are marked out of 100 in accordance with the specific marking criteria for modules as contained in the programme and module specification and students can achieve merit and distinction classifications. Assessments are marked blind and internally moderated, with a blind double-marking of 25%-33% of scripts providing internal quality assurance. This blind double-marking will include all scripts where marks fall into a clearly defined boundary between classifications. Finally, assessments are externally examined before being submitted to an exam board comprising internal and external assessors. All assessments in Part One are centralised assessments, which are set on behalf of the BSB by the Central Examination Board, which ensures that these are comparable with other programmes delivered nationally. The BSB sets the standard for the pass mark for these assessments, which represents the threshold standard of approximately 60%. The pass standard is the same for every centrally assessed examination, but the mark required to achieve that pass standard may differ between sittings depending on the difficulty of the questions used in each assessment.

43 The review team noted that the awarding body has overall responsibility for the setting and maintenance of standards. The provider's plans for the maintenance of comparable standards as articulated in the policies and programme documentation are robust and credible and well understood by staff. The approval process included external experts who were able to ensure that the standards described in the course documentation beyond the threshold level are reasonably comparable with those in other UK providers. There is a clear focus on the use of external expertise for the approval of assessments, the external moderation of assessment results and the use of external examiner reports for programme monitoring and enhancement (as described in section S4). The provider will also produce an annual programme monitoring report to the awarding body's specifications that will include information on standards. The provider's approach is fully supported by the

awarding body and this was confirmed by the awarding body representative who met the review team.

44 The approved course documentation and the programme validation report show that the provider has developed a programme so that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers. The review team was mindful that the programme has been through an additional level of assurance via KCL's approval process, which includes external experts who confirm this view. Each Part Two module's learning outcomes have been mapped to the BSB Professional Statement which ensures comparability at the threshold. Assessments are designed as set out in the Assessment Setting, Marking and Moderation Policy. This includes consideration of the specified learning outcomes of the module and programme as set out in the programme specification and the equal opportunities implications on the form of assessment chosen in accordance with ICCA Academic Regulations. Assessments are subject to peer scrutiny prior to being submitted to the external examiner for external approval, giving the opportunity for discussion and external engagement to ensure the assessment is set at the required level and achieves standards comparable with those achieved in other UK providers prior to being given to students. Finally, marking and feedback policies ensure rigorous scrutiny, including external examiner input, and encourage students' reflective feedback designed to improve their practice and future performance.

45 Evidence from the Bar Standards Board demonstrates that the BSB is satisfied with the specified standards presented and has approved the provider as an Authorised Education and Training Organisation.

46 Academic staff demonstrate a sound understanding of the provider's approach to maintaining comparable standards. In meetings with the review team they displayed a thorough knowledge of the course structure and an awareness of the differing teaching and assessment methods necessary for the two parts of the programme. To help maintain comparable standards, staff are committed to peer review of teaching on an annual basis. This includes the identification of areas for improvement and sharing of good practice to ensure the upholding of academic standards in delivery. The use of external examiner expertise contributes to ensuring that the standards are reasonably comparable with those achieved in other UK providers. The provider also demonstrated commitment to the use of student feedback for the enhancement of the learning experience and to continuing professional development.

## **Conclusions**

47 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all of the evidence described in QSR evidence matrix with the exception of external examiner reports, assessed student work and views of students.

48 The standards set beyond the threshold for the provider's courses are reasonably comparable with those set by other UK providers. The standards described in the approved programme documentation and in the provider's academic regulations and policies ensure that such standards are set appropriately.

49 The standards that will be achieved by the provider's students beyond the threshold are expected to be reasonably comparable with those achieved in other UK providers. The provider's academic regulations and policies will ensure that standards beyond the threshold are maintained. Staff fully understand the provider's approach to maintaining such standards and have opportunities for engagement with peers and external experts in teaching and assessment activities. The provider's plans for maintaining comparable standards are robust and credible because they are appropriate, well documented and understood by staff members.

50 The review team concludes, therefore, that students who are awarded qualifications will have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and the Core practice is met.

51 The lack of evidence relating to assessed student work, student views and external examiner reports, while reflecting the provider's current stage in the programme delivery cycle, means the effectiveness of the provider's approach to maintaining comparable standards beyond the threshold level could not be tested. However, the available evidence gives the team high confidence in its judgement that the provider has established appropriate plans and approaches, including plans to review these internally and through the validation agreement with KCL so that students who will be awarded qualifications will have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers. The review team therefore has a high degree of confidence in its judgement.

### **S3 Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them**

52 This Core practice expects that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.

53 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

#### **The evidence the team considered**

54 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4.

55 The validation agreement between COIC and KCL states that the programme will be solely delivered by the provider but the awarding body will have overall responsibility for the setting and maintenance of academic standards. Specifically, the review team considered or assessed:

- a the mapping of the provider's and the awarding body's governance structures
- b the awarding body's quality assurance handbook, which constitutes the provider's plans for securing standards in partnership work
- c the validation agreement between COIC and KCL
- d the views of staff from the awarding body and the provider who will manage the partnership agreement and the relationship between the two organisations.

56 The review team considered the validation agreement, which describes the process for KCL to participate (by periodic review and its own quality assurance mechanisms) in the design of courses and assessments, involvement in exam boards and periodic review. The review team did not consider any external examiner reports and assessed student work as none were available because the provider had not begun delivery of the programme. The team did not consider third-party endorsements as there were none.

#### **How any samples of evidence were constructed**

57 The review team did not sample any partnership agreements as the provider has only one partnership.

#### **Why and how the team considered this evidence**

58 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

59 The mapping of the provider's and the awarding body's governance structures and the awarding body's quality assurance handbook to assess whether the provider has credible and robust plans for securing standards by working in partnership.

60 The team considered the validation agreement between KCL and COIC and the provider's responsibilities to identify the framework within which the provider ensures that the

standards of the awarding body's awards remain credible and secure in partnership work.

61 The review team met an awarding body representative and provider staff who will manage the partnership agreement and the collaborative relationship to test that they understand and plan to discharge effectively their respective responsibilities for academic standards and how the implementation of the agreement will be monitored.

### **What the evidence shows**

62 The review team's analysis of the evidence led to the following observations.

63 The mapping of ICCA and KCL governance structures demonstrates that the provider has clear and comprehensive reporting frameworks for the management of the partnership that will help ensure the standards of the awarding body's awards remain credible and secure. These involve awarding body representation on ICCA's key academic committees and regular monitoring. Staff met by the team confirmed that the monitoring of the partnership will be informed by the requirements set out in the awarding body's quality assurance handbook to which the provider is committed to adhere through the Validation Agreement.

64 Responsibilities of both parties are clearly defined in the validation agreement. At the time of the review visit, the validation agreement was still to be formally ratified by the awarding body's Academic Board, which was scheduled for the week following the review visit. The documents set out that ICCA is responsible for the management and delivery of the programme, ensuring compliance with UK regulatory bodies, adherence to KCL's quality assurance procedures for programme and module approval and modification, annual monitoring and periodic review of the programme, producing a student handbook and providing information to students on the Academic Regulations, policies and procedures. KCL is responsible for the oversight and maintenance of academic standards, the approval of any new programmes or modifications to existing programmes, conducting an annual meeting with the ICCA to discuss the programme operations, conducting an initial periodic review of the ICCA programme, and ensuring that the ICCA is kept informed of the relevant parts of KCL's quality assurance procedures and compliance with the Quality Code.

65 Provider staff who will manage the partnership agreement, gave the team confidence that they understand their responsibilities to the awarding body through describing in detail the well-developed plans to discharge their responsibilities effectively. This was confirmed by the awarding body representative who met the team. KCL has firm oversight of the academic standards of the programme through attending the Board of Examiners meeting, participating in the student appeals process, approving academic regulations and receiving biannual reports from the ICCA Bar Course Leader. The Dean and the Course Leader have responsibility for the implementation of the validation agreement and the Course Leader will report twice yearly to the awarding body. The awarding body is clear about its responsibilities and is committed to supporting and monitoring the partnership. The academic regulations and all major policies will be approved by the awarding body on an annual basis.

## Conclusions

66 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all the evidence described in QSR evidence matrix with the exception of policies relating to partnership work, external examiner reports and assessed student work.

67 The provider demonstrated that it has well-developed plans for the management of the partnership, to help ensuring that the standards of the awards made by the awarding body are credible and secure. The partnership agreement, which was awaiting formal ratification by the awarding body at the time of the review visit, is clear and comprehensive in its articulation of the respective roles of the ICCA and the awarding body. Staff from the provider and the awarding body met by the team were able to demonstrate that they understand their respective responsibilities for academic standards. The review team concludes, therefore, that the provider has in place effective arrangements to ensure that the standards of the awards are credible and secure irrespective of where or how courses are delivered or who delivers them, and the Core practice is met.

68 The lack of evidence from assessed student work and external examiner reports means that the effectiveness of the provider's approach to partnership working could not be fully tested. However, the available evidence of the clear reporting frameworks, the detailed identification of responsibilities in the agreement, the defined oversight of the awarding body and staff demonstration of understanding of the plans lead the team to have high confidence in its judgement that the provider has in place effective arrangements to ensure that the standards of the awards are credible and secure irrespective of where or how courses are delivered or who delivers them.

## **S4 The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent**

69 This Core practice expects that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.

70 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

71 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4.

72 The validation agreement between COIC and KCL states that the appointment of external examiners is an awarding body responsibility. The BSB also appoints its external examiners. The use of external expertise on programme approval and review panels follows the quality assurance processes of the awarding body. Specifically, the review team considered or assessed:

- a the ICCA academic regulations and the ICCA Assessment Setting, Marking and Moderation Policy describing the requirements for the involvement of external expertise and the assessment and classification processes
- b the programme and module specification
- c the awarding body's report of the validation of the programme
- d King's College London Quality Assurance Handbook
- e the views of senior and teaching staff in relation to their understanding of the requirement for the use of external expertise and on the assessment and classification processes
- f the student handbook, as this contains information on assessment and the use of external examiners.

73 The review team did not consider any external examiner reports or third-party endorsements as none were available. The review team also did not seek the view of students as students have not yet been recruited.

### **How any samples of evidence were constructed**

74 The review considered only one programme, and the course had yet to commence, so sampling of approved programme records and course approval records was not applicable.

### **Why and how the team considered this evidence**

75 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

76 The review team considered the academic regulations and the Assessment Setting, Marking and Moderation Policy to identify how external experts will be used in maintaining academic standards for both parts of the programme and how the provider intends to operate assessment and classification processes that are reliable, fair and transparent.

77 The review team examined the provider's plans for using external expertise for maintaining academic standards to assess whether these plans are robust and credible.

78 The review team considered the academic regulations, the Assessment Setting, Marking and Moderation Policy, the programme and module specification, and the student handbook to assess the fairness and transparency of assessment and classification processes.

79 The review team examined the validation report for the programme to confirm external experts are used according to the awarding body's policies and procedures.

80 The review team met with senior and academic staff to test their understanding of the assessment and classification processes and to cross-check their awareness of the requirements for the use of external expertise.

### **What the evidence shows**

81 The review team's analysis of the evidence led to the following observations.

82 The academic regulations and the Assessment Setting, Marking and Moderation Policy provide a clear and comprehensive framework for the operation of assessment and classification processes. These are articulated in paragraph 21. They cover the arrangements for assessment setting and marking, clear and outcomes-focused assessment feedback to students, assessment security, handling of assessment scripts and marking arrangements, publication of assessment results, reassessment, mitigating circumstances and personalised assessment arrangements. They also detail the provider's approach to ensuring consistency between markers, consultation with third markers following significant disagreement between first and second markers, and fairness and consistency of approach between markers. Classification processes are clearly set out in both documents.

83 The academic regulations, the programme and module specification and information for students in the student handbook on assessment show that assessment and classification processes are fair and transparent. This is because the programme and module specification clearly sets out the assessment methods for each module and the percentage weightings of each assessment task. Furthermore, the student handbook provides detailed information on the conduct of the assessment process for the two parts of the programme including format, duration and pass marks for Part Two assessments, as well as the grade boundaries. Classification processes detailing requirements for fail, pass, merit and distinction are clearly set out in the academic regulations and the Assessment Setting, Marking and Moderation Policy.

84 The provider's plans for using external expertise for maintaining academic standards are credible and robust and are outlined in its academic regulations, assessment policy and student handbooks. The use of external examiners from the awarding body and the BSB in these processes is mandated. The Assessment Setting, Marking and Moderation Policy contains clear protocols with regard to the appointment and consultation with external examiners, assessment approval by external examiners, assistance to external examiners appointed by the BSB, consultation with external examiners to resolve marking disagreements, and the finality of external examiners' decisions. External examiners will participate in the decision-making process of the Examination Board and their reports will be considered by the Education Committee and used to inform programme monitoring and enhancement. This approach was consistently expressed in the documentation and by academic staff met by the team.

85 The validation report confirms that appropriate external expertise was used in programme approval according to the awarding body's policies and procedures. The



programme approval panel included an external peer and an external specialist.

86 Academic staff who met the review team displayed a clear understanding of the requirements for the use of external expertise and the provider's assessment and classification processes. They competently articulated the use of external expertise in assessment and moderation.

## **Conclusions**

87 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for providers, in particular Annex 5. The evidence underpinning this judgement reflects all the evidence described in QSR evidence matrix with the exception of external examiner reports and views of students.

88 The provider has clear and comprehensive regulations and policies describing its requirements for using external expertise in maintaining academic standards and these requirements are adequate. The processes for assessment and classification as outlined in these documents are clear and transparent, and discussions with staff demonstrated that these are well understood by staff and these processes are adequate and likely to be effective when implemented. Plans for the use of external examiners and their reports are robust and credible because they are embedded within key documents, are consistent with the requirements of the awarding body, and staff who will operate these plans understand the requirements for the use of external expertise. Appropriate external expertise is used at the programme approval stage in line with the awarding body's procedures. The review team concludes therefore that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent, and that the Core practice is met.

89 The lack of evidence from assessed student work and external examiner reports, while reflecting the provider's current stage in the programme delivery cycle, means the effectiveness of the provider's approach to the use of external expertise could not be tested and the reliability, fairness and transparency of the assessment and classification processes could not be fully confirmed. However, evidence of the provider's plans to use external expertise, their understanding of assessment and classification processes stipulated in the academic regulations and validation agreement, and the fact that these are subject to periodic external review by KCL lead the review team to have a high degree of confidence in this judgement.

## **Q1 The provider has a reliable, fair and inclusive admissions system**

90 This Core practice expects that the provider has a reliable, fair and inclusive admissions system.

91 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

92 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4. Specifically, the review team considered or assessed:

- a the ICCA academic regulations and the ICCA Fair Admissions and Equality and Diversity policies
- b the candidate selection criteria and shortlisting form
- c generic information for applicants on the provider website
- d the programme and module specification and the programme validation report
- e the views of senior, teaching and support staff on admissions policies and procedures.

93 The review team did not consider any evidence of the views of students concerning admissions process or view admissions records as the College had not begun delivering the programme. The review team also did not consider arrangements with recruitment agents as there were none.

### **How any samples of evidence were constructed**

94 The review team did not sample any evidence as this was not appropriate. The review considered only one programme, so sampling of approved course documentation was not applicable.

### **Why and how the team considered this evidence**

95 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

96 The review team considered the Fair Admissions and Equality and Diversity policies to identify institutional policy relating to the recruitment, selection and admission of students and the roles and responsibilities of staff involved in the admissions process.

97 The team considered the provider's plans for delivering the admissions policy to assess whether the provider has credible and robust plans for ensuring that admissions processes are reliable, fair and inclusive.

98 The review team considered the published admissions information for students to test whether the information given to applicants is transparent, inclusive and fit for purpose.

99 The team considered the programme and module specification and the programme validation report to test whether it reflected the provider's overall policies and regulations for admissions.

100 The review team met staff who will be involved in the recruitment, selection and admissions processes to test whether they understand their responsibilities, are appropriately skilled and supported, and can articulate how the provider's approach to inclusivity is manifest in the admissions process.

### **What the evidence shows**

101 The review team's analysis of the evidence led to the following observations.

102 The provider has a clear and comprehensive policy for the recruitment and admission of students, which provides a sound basis for the establishment and operation of a reliable, fair and inclusive admissions system. It is informed by the provider's Equality and Diversity Policy and commits the provider to 'recruiting students with the greatest academic ability and potential, irrespective of their social, cultural and economic background'. Applications, including those from disabled students, will be considered on their individual merits and based wholly on the information provided by the applicant through the application process. The policy also provides clear guidance on the application and selection process and makes explicit reference to the opportunity for a prospective student to complain about the admissions process or to appeal a decision not to offer a place and includes the relevant procedures for handling admissions appeals and complaints.

103 The provider's plans for delivering admissions demonstrate that it will operate a single admissions process for the programme, meaning that all applicants apply for the complete programme except for applicants seeking admissions to Part Two on the basis of recognition of prior learning for Part One. The platform for the online admissions portal has been chosen and is about to be tested. The academic regulations provide comprehensive information for staff in relation to the admissions process, entrance qualifications and requirements, the recognition of prior learning and enrolment. The approach to the assessment of applications and shortlisting, and the criteria to be used during the process to select candidates as set out in the admissions policy, the candidate selection criteria and shortlisting form are transparent and will enable consistent decision-making and thus support fair and inclusive recruitment. There are plans in the Fair Admissions Policy to review this policy every year. Collectively these plans demonstrate a robust and credible approach that should provide a reliable and fair admissions process.

104 Information for applicants on the provider's website is comprehensive, transparent, accessible and fit for purpose. Evidence to support this includes that the website provides detailed information on entry requirements, the application process, shortlisting and selection processes, including what applicants are required to demonstrate at these events, and the issuing of offer letters. The website also provides information on further support for prospective applicants to help them make an informed decision. This includes signposting to webinars and law fairs, as well as presentations and workshops to be held before the first admissions cycle.

105 While there is no admissions information contained within the programme and module specification, the entry requirements formally approved at validation and published on the website provide assurance that only applicants who can successfully complete are eligible for admission.

106 Meetings with staff who will be involved in admissions confirmed that they understand their role. They convincingly articulated the provider's approach to inclusivity and fairness as laid down in the provider's admissions policy and informed by the Bar

Council's fair recruitment guide. Admissions decisions will be made by professional admissions staff with academic staff being involved in the selection events. Staff confirmed that non-standard applications are being considered by the Head of Recruitment and Admissions to ensure consistency in decisions, which is consistent with the provider's fair admissions policy. The review team was told that all admissions staff have been selected but have yet to receive training. This is planned before the start of the first recruitment cycle. Staff who will be involved in recruitment and admissions are appropriately qualified and skilled (see section Q3).

## **Conclusions**

107 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all the evidence described in QSR evidence matrix with the exception of admissions records and views of students on the admissions process.

108 The provider has a clear policy for the recruitment and admission of students, which demonstrates how the provider plans to operate an admissions system that is reliable, fair and inclusive. The provider's plan for delivering admissions is robust and credible because it is well articulated, coherent and published both on the website and through the policies and procedures examined. Staff involved in admissions understand their role and are appropriately skilled. Information for applicants on the provider's website is transparent, accessible and fit for purpose. The review team concludes, therefore, that the provider has a reliable, fair and inclusive admissions system and the Core practice is met.

109 The lack of evidence from admissions records and views of students, while reflecting the provider's current stage in the programme delivery cycle, means the effectiveness of the provider's approach to ensuring a reliable, fair and inclusive admissions system could not be fully tested. Nonetheless, the ICCA Fair Admissions Policy included a commitment to annually review the effectiveness of admissions processes and revise them in light of changes in legislation and strategic priorities, and thus the review team has a high degree of confidence in this judgement.

## **Q2 The provider designs and/or delivers high-quality courses**

110 This Core practice expects that the provider designs and/or delivers high-quality courses.

111 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

112 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4. Specifically, the review team considered or assessed:

- a the ICCA academic regulations and the ICCA Assessment Setting, Marking and Moderation Policy
- b the ICCA Learning and Teaching Strategy and the Guidance on the Promotion of Reflective Practice constituting the provider's plans for designing and delivering high-quality courses
- c the programme and module specification and Part One course architecture
- d the Bar Standards Board endorsement of the programme
- e the views of staff involved in the design and delivery of the programme.

113 During the review visit the provider also offered one example of a weekly module delivery schedule, which it suggested would show the schedule of assessment and provision of feedback to students. The review team considered this evidence as it strengthened the provider's plans for the delivery of high-quality courses.

114 The review team did not consider any external examiner reports, views of students or conduct any observation of teaching and learning as programme delivery had not yet begun. For the same reason the review team did not meet with third parties.

### **How any samples of evidence were constructed**

115 The review considered only one programme, so sampling of approved programme records and course approval records was not applicable.

### **Why and how the team considered this evidence**

116 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

117 The review team considered the academic regulations to identify the provider's approach to delivering high-quality courses.

118 The team considered the Learning and Teaching Strategy and the Guidance on the Promotion of Reflective Practice to assess whether the provider's plans for designing and delivering of high-quality courses are credible and robust.

119 The review team examined the programme and module specification, the course architecture document and the Assessment Setting, Marking and Moderation Policy to test that course elements in relation to curriculum design, content and organisation, and learning, teaching and assessment approaches are of high quality and that assessment design will enable students to demonstrate the intended learning outcomes.

120 The review team considered the BSB endorsement of the programme to identify the professional body's view of the quality of the programme.

121 The team met staff involved in programme design and assessment to assess how staff will ensure that the programme is high quality.

### **What the evidence shows**

122 The review team's analysis of the evidence led to the following observations.

123 The academic regulations and the strategies and policies underpinning learning and teaching show that the provider has a coherent approach to the delivery of high-quality courses, which is supported by appropriate student support mechanisms. This approach includes the use of learning technology, flexible and innovative course delivery that meets the needs of students, arrangements for attendance and progression monitoring, access for students to state-of-the-art physical and digital learning resources and facilities, as well as academic, learning and pastoral support including support for students with disabilities. The academic regulations also include clear and comprehensive procedures for the application of mitigating circumstances rules and for handling academic misconduct.

124 The provider's plans for designing and delivering high-quality courses, captured in the Learning and Teaching Strategy, are credible and robust. The use of advanced online learning technology for each stage of the learning journey including a bespoke virtual learning environment (VLE) will provide opportunities to foster effective interactive teaching and learning. While the population of the VLE with learning material is still ongoing, from the materials available to date and viewed by the review team it is evident that the provider takes great care to create an engaging and interactive learning experience. Similarly, the development of sophisticated learning analytics has the potential to facilitate enhancements through the analysis of the effectiveness of teaching and learning. However, this development is still in its infancy. Reflective practice is an integral part of the programme design and delivery. The Guidance on the Promotion of Reflective Practice lays the foundations for fostering a culture of reflective practice among students by determining a cycle of reflection on feedback from skills sessions. All of this evidence contributes to the review team's view that the provider's plans for designing and delivering high-quality courses, captured in the Learning and Teaching Strategy, are credible and robust.

125 The programme and module specification and the course architecture document show that the framework for programme design as set out in the Bar Standards Board Curriculum and Assessment Strategy has been translated into the design of a high-quality programme. The approved programme uses a novel approach to delivery that is flexible, accessible and affordable for students. All teaching and learning for Part One will take place online through the VLE. Part Two students will have face-to-face teaching at the Inns of Court in London, for four days a week over 20 weeks, with access to additional learning materials on the VLE and to online library and research facilities. Each student will have an academic support plan with a personal tutor. Student engagement with the material in Part One of the course will be monitored on the platform with a series of stepped interventions. Staff report that a development plan is in place with some sessions already developed internally and in conjunction with KCL. Completion is envisaged in April 2020 to allow for testing before the first cohort in September 2020. Correspondence from the BSB confirms that this approach is fully endorsed by the professional body. There are plans for student feedback from module evaluation surveys to be used to inform programme and assessment design. Questionnaires will go beyond the traditional course satisfaction format and will map to learning outcomes and the Bar Standards Board Professional Statement and invite students to reflect on their level of competence at the end of each module.

126 The programme and module specification, the Learning and Teaching Strategy and the Assessment Setting, Marking and Moderation Policy have all been designed to map to the Bar Standards Board's Curriculum and Assessment Strategy for Bar Training. The courses have been designed by subject matter experts with previous experience of designing or teaching on Bar professional training courses. This demonstrates that the provider's learning, teaching and assessment approaches are current and appropriate. The curriculum is informed by the requirements of the BSB and there is a clear link between the learning outcomes and the assessment types to test their achievement. The assessment design will enable students to demonstrate the intended learning outcomes. The Teaching and Learning Strategy and guidance on reflective practice produced by the provider demonstrate that the incorporation of reflective practice into programme design and delivery is informed by best practice in learning and teaching.

127 Correspondence from the awarding body confirms that it is satisfied with the quality of the programme and has approved the provider as an Authorised Education and Training Organisation.

128 Staff who met the review team demonstrated extensive knowledge and experience of programme and assessment design and were able to articulate the concept of 'high quality' with reference to the Teaching and Learning Strategy as described above.

## **Conclusions**

129 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all the evidence described in QSR evidence matrix with the exception of external examiner reports, student views and observations of teaching and learning.

130 The provider has robust and credible plans for designing and delivering high-quality courses and a regulatory framework which facilitates this. The course architecture and individual elements of it are all designed by subject matter experts with recent, relevant experience. KCL, the course's validating body, has indicated their approval of the course design and processes. Robust plans for student monitoring and intervention in the VLE are in place, with credible plans to review both course design and monitoring and intervention in light of student feedback. The approved course documentation indicates that the teaching, learning and assessment design will enable students to meet and demonstrate the intended learning outcomes. Information from the professional body confirms that the programme is of high quality. The review team concludes, therefore, that the provider designs high-quality programmes and the Core practice is met.

131 The lack of evidence from external examiner reports, student views on the quality of courses and direct observations of learning and teaching, while reflecting the provider's current stage in the programme delivery cycle, means the effectiveness of the provider's approach to delivering high-quality courses could not be tested. However, the approval of KCL, combined with the plans to review periodically and incorporate student feedback into the reviews of course design, leads the review team to have a high degree of confidence in this judgement.

### **Q3 The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience**

132 This Core practice expects that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.

133 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

#### **The evidence the team considered**

134 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4. Specifically, the review team considered or assessed:

- a Bar Tribunals and Adjudication Staff Recruitment and Selection Policy
- b the ICCA Staff Continuing Professional Development Policy
- c the ICCA staffing structure
- d the job descriptions and the CVs of academic and support staff
- e the views of senior, academic and support staff on recruiting and selecting staff.

135 The review team did not consider student views in relation to the suitability of academic and professional support staff because the College had not begun delivering the programme. For the same reason the team did not conduct any observations of teaching and learning. The review team did not consider any third-party endorsements, as they do not exist.

#### **How any samples of evidence were constructed**

136 The review team decided to consider all appropriate staff CVs and job descriptions in order to gain a full understanding of their specific roles in the organisation's structure and the qualifications and skills of existing staff. Five academic staff have been recruited to date with a further six posts yet to be filled.

#### **Why and how the team considered this evidence**

137 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

138 The review team considered the Council of the Inns of Court Recruitment and Selection Policy and the Staff Continuing Professional Development Policy to identify how the provider recruits, appoints, inducts and supports staff so that it meets the programme's intended outcomes.

139 The review team considered the provider's plans for developing appropriately qualified and skilled staff and met senior staff to assess whether the provider has credible and robust plans for ensuring that there are sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience.

140 The team considered the staffing structure to identify the roles the provider has and intends to have, to deliver a high-quality learning experience and assess whether they are sufficient for delivering both parts of the programme.

141 The review team considered the job descriptions and CVs of academic and support



staff to assess the appropriateness and scope of the job descriptions and whether the current staff are appropriately qualified and experienced to perform their roles effectively.

142 The review team met senior, academic and support staff to test that staff are appropriately qualified and experienced, and that professional development plans are appropriate and known.

### **What the evidence shows**

143 The review team's analysis of the evidence led to the following observations.

144 The principles of the Bar Tribunals and Adjudication Service's recruitment and selection policy are applied to all staff recruitment to the Council of the Inns of Court and provide for a fair and consistent approach. This includes a fair selection based on merit and adherence to clear, objective and justifiable criteria and a set of competences in the selection process. The ICCA at present does not have their own specific policy but is committed to its development. The Continuing Professional Development (CPD) Policy clearly sets out the minimum requirements for the appointment of academic staff which are considered by the team to be appropriate for their roles.

145 The provider has robust and credible plans for the recruitment, appointment, induction and support of sufficiently qualified and skilled staff, which should allow it to deliver a high-quality student experience. These are set out in a comprehensive CPD Policy which provides an overarching operational framework and will help to ensure that academic staff are appropriately qualified, developed and supported. CPD is mandatory but there is provision to agree variations to the CPD requirements. The provider is fully committed to the ongoing training of academic staff to ensure they receive the support required during induction and throughout their teaching practice. The CPD Policy covers the requirements and processes for the operation of induction, probation, annual appraisal, peer observation and maintenance of a professional portfolio. Academic staff may also be required to attend internally arranged and designed CPD events. Staff met by the team confirmed that this includes mandatory training for new tutors, an ongoing development programme, workshops on classroom delivery and weekly meetings to share experiences, which is consistent with the stated policy. A CPD record for all teaching staff will be kept and reported to the awarding body.

146 The staffing structure, which shows the five currently appointed roles and the six roles that have yet to be filled, and the job descriptions for current roles (both filled and unfilled) are appropriate for the delivery and support of the programme under review and will help to deliver a high-quality academic experience. The CVs of existing academic and support staff demonstrate the provider has recruited appropriately qualified and experienced staff. The provider's approach to staff recruitment and selection described above and the clear job descriptions for staff give confidence that the remaining vacancies will be filled with high-quality candidates. The provider's staffing structure shows the course leader and four tutors in post with six tutor vacancies to be filled.

147 The meetings with senior, academic and support staff confirmed that staff are appropriately qualified and experienced, with current academic staff having extensive experience in assessment design and delivery. The meetings confirmed that professional development requirements and opportunities including sabbaticals and leave of absence, study leave, academic sponsorship and financial support, and paid CPD days for academic staff are known to staff.

## Conclusions

148 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all of the evidence described in QSR evidence matrix with the exception of student views on the quality of teaching staff and observations of teaching and learning.

149 The ICCA's policy for recruitment, selection and appointment of staff, which will closely echo that of the Bar Tribunals and Adjudication Service, is currently under development. However, the principles of the Bar Tribunals and Adjudication Service's policy which have been applied in the recruitment of current staff provide for a fair and coherent approach to staff recruitment and selection. The staffing structure is appropriate for the delivery and support of the programme under review. The CVs and job descriptions scrutinised indicate that the provider has recruited appropriately skilled and qualified staff who have extensive experience in assessment design and delivery. The provider has robust and credible plans for the recruitment, appointment, induction and support of sufficiently qualified and skilled staff and is committed to the training and development of academic and support staff. The review team concludes, therefore, that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience and the Core practice is met.

150 The lack of evidence from student views on the quality of staff and direct observations of learning and teaching, while reflecting the provider's current stage in the programme delivery cycle, means that the effectiveness of the provider's approach to recruiting appropriately qualified and skilled staff could not be fully tested. Furthermore, although the job descriptions and organograms were judged to be appropriate to delivery of a high-quality academic experience, the fact that at the time of review there were still six vacancies means that the team could only have a moderate degree of confidence in this judgement.

## **Q4 The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience**

151 This Core practice expects that the provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.

152 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

153 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4. Specifically, the review team considered or assessed:

- a the ICCA academic regulations, the student handbook and the ICCA Bar Course: Part One Academic Support Plan
- b information on the status of teaching and support facilities and the associated design plans
- c the endorsement from the Bar Standards Board of the programme
- d the ICCA staffing structure, current staff CVs and job descriptions of support staff
- e the views of senior and support staff in relation to learning resources, facilities and support services
- f the teaching and support facilities
- g the virtual learning environment platform as a resource for learning and teaching and for student support
- h student views in relation to the suitability of facilities and student support were not available because the College had not begun delivering the programme.

### **How any samples of evidence were constructed**

154 The review team decided to consider all available support staff CVs and job descriptions in order to gain a full understanding of their specific roles and responsibilities, qualifications and skills.

### **Why and how the team considered this evidence**

155 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

156 The review team considered the academic regulations and the student handbook to identify how the provider's facilities, learning resources and student support services contribute to delivering a high-quality academic experience.

157 The team considered plans for teaching and support facilities to assess whether the provider has credible, robust and evidence-based plans for ensuring they have sufficient and appropriate facilities and student support services to deliver a high-quality academic experience.

158 The review team considered the endorsement from the Bar Standards Board to identify the professional body's views about facilities, learning resources and support facilities.

159 The review team considered the staffing structure and the job descriptions and CVs of support staff to determine whether the roles are consistent with the delivery of a high-quality learning experience.

160 The review team met senior and support staff to test whether staff are appropriately qualified and skilled, and understand their roles and responsibilities.

161 The team carried out a direct assessment of teaching facilities and learning resources to test that the facilities and resources could deliver a high-quality academic experience.

162 The review team carried out a direct assessment of the VLE to test that this teaching and learning resource could deliver a high-quality academic experience.

### **What the evidence shows**

163 The review team's analysis of the evidence led to the following observations.

164 The provider's approach for the development of facilities, learning resources and student support services, as articulated in the academic regulations, student handbook and academic support plan, are closely linked to the delivery of successful academic and professional outcomes for students. The academic regulations contain a commitment to students to 'ensure that learning and teaching facilities are appropriate to achieve the outcomes necessary to the programme and the level of the award' and to ensure 'that staff are employed on all academic and administrative tasks sufficient to enable them to achieve those learning outcomes in the programme and module specification'. The student handbook details the facilities and resources available to students to make this commitment a reality. These include library facilities, a careers hub and careers service, student support and wellbeing, learning and studying support, disability support, and a personal tutor system. The Academic Support Plan for Part One clearly defines the planned learning support for students who will be studying the first part of the programme on a remote basis, including provision for regular tutor reviews of each student and examples of peer-to-peer online communication channels. The plan allows for the identification of individual and cohort-wide issues and proposes timely and varied mechanisms for targeting specific support issues which were confirmed by the academic staff met by the team.

165 Correspondence from the BSB confirms that it is satisfied with the facilities and learning resources and approved the provider as an Authorised Education and Training Organisation.

166 Job descriptions and support staff CVs demonstrate that staff are appropriately qualified and experienced for their prospective roles in supporting students and learning. All are qualified to (at least) degree level and have previous experience of working in support and management roles. Staff in support roles met by the team confirmed that their roles are an integral part in the delivery of a high-quality learning experience and were familiar with the support plans in place.

167 Staff who met the review team demonstrated a sound understanding of their roles and responsibilities with respect to student support, in particular the role and purpose of the Personal Tutor and the Student Support Officer whose roles are discussed in detail in section Q9.

168 The provider's drawing and plans for the further development and maintenance of physical facilities, learning resources and student support services seen by the team are credible and realistic. The plans illustrate that the teaching facilities that will be available to the ICCA within the four Inns of Court, along with the Student Hub that will be situated at Gray's Inn, will facilitate and provide a high-quality academic experience. Once all teaching facilities have been completed, teaching will take place at all four Inns: one cohort per year at the facilities at Lincoln's Inn and Gray's Inn and the second cohort at the facilities at Inner Temple and Middle Temple. The teaching facilities in the newly built Ashworth Centre and library resources at Lincoln's Inn viewed by the team are of high quality and have the potential to provide an excellent academic experience. Modern tailor-made teaching facilities have been created in the Centre, and the Inns of Court will refurbish their own teaching facilities to a technical specification developed by the ICCA.

169 The VLE platform is still in development, but clear plans are in place, with strong oversight and monitoring, to ensure readiness for Part One delivery. Senior staff are confident that there is a sound project plan and weekly progress monitoring shows that the design is on track. Completion of the development phase is envisaged for April 2020 to allow for testing before programme delivery in September 2020. From the demonstration of the VLE the team received, it was evident that appropriate efforts and investment are being made to create an engaging student learning experience.

## **Conclusions**

170 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all the evidence described in QSR evidence matrix with the exception of student views on the quality of facilities, learning resources and support services.

171 The provider's strategies and approaches for the development of facilities, learning resources and student support services are closely linked to the delivery of successful academic and professional outcomes for students. Learning resources and teaching facilities are sufficient and of high quality, and clear plans are in place to fully develop the VLE and the student support hub in time for the start of programme delivery. Plans for the development of facilities, learning resources and student support services are credible and realistic because they are clearly documented, and staff understand their roles and responsibilities for student support. The review team concludes, therefore, that the provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience and that the Core practice is met.

172 The fully articulated plans, clear monitoring of progress of development of the VLE, and amount of time built into the plan for testing of the VLE, together with the comprehensive provision of physical teaching facilities and libraries, result in the review team having a high degree of confidence in this judgement.

## **Q5 The provider actively engages students, individually and collectively, in the quality of their educational experience**

173 This Core practice expects that the provider actively engages students, individually and collectively, in the quality of their educational experience.

174 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

175 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4. Specifically, the review team considered or assessed:

- a the ICCA Student Voice Policy, the Academic Support Plan and the awarding body's quality assurance handbook
- b the student handbook
- c the views of senior, teaching and support staff on student engagement
- d the staffing structure and the job description of the Management Information and Planning Manager as these support the provider's plans for the engagement of students.

176 The review team did not consider any evidence of the views of students concerning the provider's engagement with them in relation to the quality of their student experience or view examples of the provider changing the learning experience as a result of student engagement because the provider had not begun delivering the programme.

### **How any samples of evidence were constructed**

177 The sampling of evidence was not applicable as the review considered only one programme.

### **Why and how the team considered this evidence**

178 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

179 The review team considered the Student Voice Policy, the Academic Support Plan and the awarding body's quality assurance handbook to identify how the provider will actively engage students in the quality of their educational experience and monitor the outcomes.

180 The team considered the student handbook, the staffing structure, and the job description of the Management Information and Planning Manager to assess whether the provider has credible, robust and evidence-based plans for engaging students, individually and collectively in the quality of their educational experience.

181 The review team met staff to verify the provider's plans for engaging students, individually and collectively, in the quality of their educational experience.

## What the evidence shows

182 The review team's analysis of the evidence led to the following observations.

183 The review team noted that it is a condition of the awarding body for the ICCA to have procedures in place to collect feedback from students. The Student Voice Policy clearly sets out how the provider will engage students in the quality of their educational experience. This includes gathering student feedback through a student representative system, Staff Student Liaison Committee, feedback surveys and through student representation on the Education Committee. It also includes feedback from alumni. In addition, students can provide feedback (anonymously if they wish) through the VLE on issues relating to teaching, assessment, resources and the learning environment. There are opportunities for interaction between student representatives and academic and operations managers. The combination of approaches outlined indicates an integrated and well-considered approach. The processes and evaluation techniques draw on best practice in training evaluation. The implementation strategy included in the Student Voice Policy assigns responsibilities for the various elements of the policy.

184 The policy demonstrates that the provider has clear plans for student engagement and information for students on engagement opportunities are easily accessible in the student handbook, which clearly describes the operation of the student representation system, including how students will be represented on other key academic committees, and the Staff Student Liaison Committee. In addition, the purpose of the collection of feedback is explained. Student focus groups are planned to allow students to have input into future programme developments and detailed feedback from module student surveys on teaching, assessment, learning environment and resources, and support will be part of a regular module review. All feedback will be available to the Education Committee and will feed into the annual course improvement plan. Actions arising from student feedback will be communicated to students. The ICCA will promote changes made based on student feedback across the year through 'you said, we did' initiatives. There is also a comprehensive complaints procedure (see section Q6) that is referenced in the student handbook. The provider plans to use module review results and data from the student record system and the VLE to provide a holistic overview for programme managers and governors. Academic staff will receive this information in the form of dashboards, which will include an analysis of module results. The provider has developed the necessary registry functions to administer student feedback and has recruited an experienced Management Information and Planning Manager to effectively manage the analysis of feedback data. Collectively these measures present a comprehensive and integrated approach and are therefore considered robust in design.

185 The review team found that the Student Voice Policy and the Academic Support Plan acknowledge the difficulties of student representation in a virtual learning environment and gives a commitment that senior management will commit to ensuring both that student representatives are elected, and that appropriate online mechanisms that would facilitate the establishment of an online community including scheduled webinars, questionnaires and a general Part One feedback form, are made available to enable the collection of feedback. Students will also be invited individually to submit feedback at the end of each module, which will feed into a modular review to be considered by course leaders and ICCA governors.

186 Meetings with staff confirmed that the provider's plans for the engagement of students are credible in that the quality of their educational experience are well thought out and realistic, taking account of the different contributions online Part One and on-site Part Two students will be able to make. Staff who met the team confirmed the planned arrangements described above and explained while students on Part One of the programme

will have a student representative, due to the remote location of study student representatives on the Education Committee are likely to come from the Part Two student cohorts. In addition, all student representatives will have access to an electronic facility hosted by the ICCA which will allow them to have a two-way discussion with their student constituents as well as other student representatives.

## **Conclusions**

187 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all the evidence described in QSR evidence matrix with the exception of the views of students in relation to the provider's engagement with them on improving the quality of their experience and evidence of the provider acting upon student feedback.

188 The provider has clear policies and credible plans for actively engaging with students, individually and collectively, in the quality of their educational experience. Staff understand the importance of the student voice and are committed to improving the student learning experience as a result of student engagement. The provider acknowledges the challenges of engaging with students virtually and has proposed a number of different solutions to these challenges. Although the team noted that Part One student engagement was not as clearly articulated as that of Part Two, whereby student representatives could physically participate in committees and other 'real world' fora, the plans for the establishment of a credible VLE with a well-articulated virtual learning community, coupled with a commitment to reflect on and respond to student feedback, gave the team confidence that meaningful Part One student representation was possible under these plans. The provider's plans for the engagement of students are credible and robust because they are clearly articulated, understood and are supported by appropriate resource and infrastructure. The review team concludes, therefore, that the provider actively engages students, individually and collectively, in the quality of their educational experience and that this Core practice is met.

189 The lack of evidence relating to the view of students and evidence of the provider acting upon student feedback, while reflecting the provider's current stage in the programme delivery cycle, means that the effectiveness of the student engagement system could not be tested. Nonetheless, the evidence demonstrated a clear intent to provide several different mechanisms and fora for student feedback and for analysing and acting upon it, and so the review team have a high degree of confidence in this judgement.



## **Q6 The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students**

190 This Core practice expects that the provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.

191 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

192 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4. Specifically, the review team considered or assessed:

- a the ICCA academic regulations
- b the student handbook
- c the validation agreement between King's College London and The Council of the Inns of Court
- d the views of staff on their understanding of the procedures relating to handling of appeals and complaints.

193 The review team did not consider any evidence of the views of students concerning the provider's approach to the handling of complaints and appeals or consider any data on the number of complaints, types and outcomes as the College had not begun delivering the programme and therefore there were no complaints and appeals.

### **How any samples of evidence were constructed**

194 The sampling of evidence was not applicable as there were no complaints and appeals.

### **Why and how the team considered this evidence**

195 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

196 The review team considered the academic regulations to identify the provider's processes for handling complaints and appeals and to confirm that these processes were fair and transparent. The academic regulations also set out the process for the Education Committee to monitor the nature and level of complaints and ensure that appropriate action is taken.

197 The team considered the student handbook to assess whether information for potential complainants and appellants is clear and accessible.

198 The review team considered the validation agreement between KCL and COIC to assess the level of clarity about the responsibilities of the parties with regard to handling complaints and appeals, and the integration between the provider's processes and the expectation and requirements of the awarding body.

199 The team met teaching and support staff to test their understanding of the plans for

handling student complaints and appeals.

### **What the evidence shows**

200 The review team's analysis of the evidence led to the following observations.

201 The academic regulations include the policies for academic appeals and complaints. The Academic Appeals Policy clearly describes the two-stage appeals process including grounds for appeals, submission and contestation deadlines, grounds for rejections, and the decision-making authorities.

202 The Complaints Policy clearly sets out the scope of the policy. There is an informal complaints stage followed by a formal stage. Notes will be kept by persons advising on resolution at the informal stage and confidential records on formal complaints will be held by the Course Leader. There is the opportunity to appeal a formal complaints resolution outcome. There is also a commitment in the policy that students who use the policy will not be treated less favourably in their academic career. Where students have exhausted all internal processes and, where appropriate, the awarding body's appeals and complaints processes and remain dissatisfied, there is provision to escalate appeals and complaints to the Office of the Independent Adjudicator. The academic regulations demonstrate that the provider's approach and procedures for handling complaints and appeals are definitive, fair and transparent and cover the key elements and aspects expected.

203 The student handbook provides a high-level outline of the complaints procedure, with an embedded link to the academic regulations where the complaints procedure is set out in detail. This demonstrates that the provider's procedures for handling complaints and appeals are accessible to students who can access detailed information and procedural instructions as required.

204 The validation agreement clearly sets out the roles and responsibilities of both parties for the handling of complaints and appeals. The part of the validation agreement relating to a student's ultimate right of appeal to the awarding body is clearly outlined in the student handbook and the academic regulations. There are clearly defined remits of academic committees for the oversight of academic appeals and complaints with the Appeal Panel considering stage 2 academic appeals and appeals against the outcomes of formal complaints and reporting of outcomes to the Board of Governors. The Panel will also report the number, nature and outcomes of appeals and complaints to the awarding body. The Education Committee will monitor the nature and level of complaints and ensure that appropriate action is taken.

205 The staff met by the team confirmed their understanding of the provider's processes and of the awarding body's requirements in relation to complaints handling, as set out in the policies and the validation agreement and articulated in the processes for tracking of cases. The provider states that additional guidance for staff on complaint handling will be made available. While the guidance is not yet available for the review team to scrutinise, the team felt confident that the complaints procedure was adequately set out in the Academic Regulations to allow complaints to be dealt with satisfactorily.

### **Conclusions**

206 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all of the evidence described in QSR evidence matrix with the exception of the views of students in relation to the clarity and accessibility of the provider's complaints and appeals processes and data and examples of complaints and appeals.

207 The provider's plans for handling complaints and appeals are robust and credible because they are clearly accessible to students, and are definitive, fair and transparent. Staff are knowledgeable about the provider's procedures. The review team concludes, therefore, that the provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students and the Core practice is met.

208 The lack of evidence relating to the views of students and data on complaints and appeals, while reflecting the provider's current stage in the programme delivery cycle, means that the effectiveness of the implementation of the procedures could not be fully tested. Nonetheless, the academic regulations included oversight of monitoring of complaints and the validation agreement requires the ICCA to be transparent about complaints and the manner of their resolution. This led the review team to have a high degree of confidence in this judgement.

## **Q8 Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them**

209 This Core practice expects that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.

210 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

211 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4. Specifically, the review team considered or assessed:

- a the validation agreement between King's College London and The Council of the Inns of Court
- b the plans for delivering a high-quality academic experience in partnership work
- c the views of senior, teaching and support staff to gain their understanding of the operation of the agreement
- d the views of staff from the awarding body in relation to the operation of the agreement.

212 The review team did not consider any evidence from students concerning the operation of the partnership, external examiner reports and third-party endorsements confirming that the academic experience is high quality as the College had not begun delivering the programme. For the same reason, the review team did not consider any regulations or policies relating to the management of partnerships.

### **How any samples of evidence were constructed**

213 No sampling was required as there is only one partnership and one programme under consideration.

### **Why and how the team considered this evidence**

214 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for providers, as follows.

215 The review team considered the validation agreement between the provider and the awarding body to identify the basis for the maintenance of high quality within this specific partnership.

216 The team considered the management structures for partnership work to assess whether the provider has credible and robust plans for ensuring a high-quality academic experience.

217 The review team met senior, teaching and support staff to test whether staff understood their responsibilities to the awarding body.

218 The team met an awarding body representative to verify that the provider is meeting its responsibilities.

### **What the evidence shows**

219 The review team's analysis of the evidence led to the following observations.

220 The draft validation agreement is clear and comprehensive. It reflects the aspects expected in such an agreement and forms the basis for the provider's partnership work. It assigns clear responsibilities both to the provider and the awarding body for ensuring a high-quality academic experience for students. The provider is responsible for the delivery of the course, admissions of students, their learning support, staff development, resources, student feedback and assessment. KCL is responsible for monitoring staffing, and the information given to students, approval of marking schemes and the appointment of the external examiners. At the time of the review visit the agreement had yet to be formally ratified by the awarding body's Academic Board subject to minor amendments. This was scheduled for the week following the review visit.

221 The provider has credible plans for the delivery of high-quality provision. These are discussed in detail in sections S1-S4. The governance diagram outlines how the two organisations will work together at provider committee level to monitor the partnership. Key elements of the validation agreement will be monitored by designated academic committees with oversight by the Board of Governors. Awarding body staff have been allocated responsibility for the delivery and monitoring of specific aspects of the agreement.

222 Meetings with staff from both the provider and the awarding body confirmed that they understand their respective roles and responsibilities. Both parties were able to articulate how they will implement the various aspects of the agreement and how they will monitor compliance. The awarding body representative stated that they are satisfied with the development of the partnership to date and that the provider had met their requirements.

### **Conclusions**

223 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for providers, in particular Annex 5. The evidence underpinning this judgement reflects all of the evidence described in QSR evidence matrix with the exception of the views of students, external examiner reports and policies governing partnership working.

224 Where the provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them. While there are no regulations and policies for partnership working (as there is only one partnership), both the provider and the awarding body fully understand their respective roles and responsibilities and have credible plans for the delivery of high-quality provision. The validation agreement is clear, comprehensive and up-to-date. Formal ratification by the awarding body is imminent. The review team concludes, therefore, that the Core practice is met.

225 The consistent reference to annual and periodic reviews of policies and practices throughout the evidentiary documentation considered by the review team leads the team to have a high degree of confidence in this judgement.

## **Q9 The provider supports all students to achieve successful academic and professional outcomes**

226 This Core practice expects that the provider supports all students to achieve successful academic and professional outcomes.

227 The QAA review team conducted an assessment of this Core practice according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

### **The evidence the team considered**

228 The QAA review team assessed this Core practice by reference to a range of evidence gathered before and during the review visit according to the process described in the Guidance for Providers, in particular the QSR evidence matrix in Annex 4. Specifically, the review team considered or assessed:

- a the ICCA academic regulations
- b the academic support plan for Part One of the programme and the student handbook
- c the views of senior, teaching and support staff in relation to supporting students to achieve successful outcomes.

229 The review team did not consider any evidence of the views of students concerning support or viewed student work to assess feedback given as the provider had not begun delivering the programme.

### **How any samples of evidence were constructed**

230 The review only considered one programme and no sampling was required.

### **Why and how the team considered this evidence**

231 The review team identified and considered the evidence described above for the purposes described in Annex 4 of the Guidance for Providers, as follows.

232 The review team considered the academic regulations to identify the provider's approach to student support, including how it identifies and monitors the needs of individual students.

233 The review team considered the academic support plan for the Part One online delivery phase of the programme and the student handbook to assess whether the provider has robust and credible plans to ensure that all students are supported to achieve successful academic and professional outcomes.

234 The review team met senior, teaching and support staff to test whether staff understand their responsibilities and the approaches to be adopted by the provider.

### **What the evidence shows**

235 The review team's analysis of the evidence led to the following observations.

236 The academic regulations outline an approach that should enable the provider to identify and monitor the support needs of individual students. Student support mechanisms include access to designated staff such as Personal Tutors and Student Support Officers, to learning support including personalised assessment arrangements, and to counselling and

careers services. The provider will employ a student progress monitoring system for the analysis of attendance data and student engagement with online learning materials, to monitor both academic progress and achievement of Professional Statement and Competences, and to indicate at an early stage when students might be at risk of failing. Follow-up will be a series of stepped interventions according to set criteria.

237 The academic support plan for Part One students, which will be reviewed annually, and the student handbook reveal that the provider has clear plans for academic and pastoral support. All students will have a Personal Tutor who will provide pastoral support and guidance and academic advice, for example on study skills and assessment techniques. In addition, Part One students will receive individual and peer support through online forums, a social media platform, which is embedded into the VLE, and messenger application-based local study groups. Where VLE and forum analytics reveal cohort-wide issues, plans for the creation of additional learning and revision assets and conduct of webinars will be executed. Assessment support through revision webinars and the provision of a revision support email service will also be available. Students' readiness to take the Part One assessment will be supported through mock assessments. The review team considered that all of these elements combined make a holistic, well-developed, integrated and credible approach that, if delivered as designed, should result in students being supported to achieve successful academic and professional outcomes.

238 Academic staff confirmed that they understand their roles in supporting students and the various approaches to individual, cohort and peer support that will be used in this regard. Staff explained the detailed approach to formative assessment and feedback that is being developed, which includes the creation of a question bank to aid formative assessment and learning and the provision of one-to-one feedback relating back to the assessment criteria. Senior staff also articulated plans to correlate formative with summative performance for a more accurate performance prediction based both on students' own performance and on that of previous students in summative assessments who have a similar formative performance profile to their own.

239 Academic staff explained how the two Student Support Officers, who have yet to be appointed, will be accessible to all students and how they will guide students with wellbeing issues and learning support needs. The provider intends to make all reasonable adjustments to accommodate students with a disability and will accommodate and assist students with learning support needs. The Academic Support Plan makes provision for students with a diagnosed specific learning difficulty or a medical condition, including physical and mental health conditions, to apply for personalised assessment arrangements and/or personalised learning support plans. There is a clear referral process to counselling services and the student handbook points students to several wellbeing resources. An online careers hub, which can be accessed remotely, houses a library of specialist resources for students seeking pupillage and employment in different practice areas. Students will also have access to a Careers Advisor who will support them in pupillage applications and interviews. The creation of a physical student hub is still under development.

## **Conclusions**

240 The review team formulated its judgement against this Core practice according to the process set out in the Guidance for Providers, in particular Annex 5. The evidence underpinning this judgement reflects all of the evidence described in QSR evidence matrix with the exception of the views of students about student support mechanisms and assessed student work.

241 The provider's approach to student support has the potential to facilitate successful academic and professional outcomes. Plans to support students are comprehensive, robust

and credible in that they are detailed, realistic and appropriate and most of the support infrastructure is in place. Academic and support staff understand their roles in supporting student achievement and the various approaches that will be used. They are fully committed to delivering successful academic and professional outcomes for their students. The review team therefore concludes that the provider supports all students to achieve successful academic and professional outcomes and that the Core practice is met.

242 The lack of evidence relating to student views and feedback on assessed student work, while reflecting the provider's current stage in the programme delivery cycle, means that the effectiveness of the approaches could not be tested. However, the provider has articulated clear plans to monitor students' participation, and annually to review the support plan, meaning that the review team has a moderate degree of confidence in this judgement.

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