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

TEDI – London

Review Report

June 2020

Contents

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	From the evidence provided, the review team considers that the standards the provider has set are in line with the sector-recognised standards defined in paragraph 342 of the OfS regulatory framework. The evidence scrutinised by the team demonstrates that the standards described in the draft programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies should ensure that standards are set appropriately. The review team considers that 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 regulatory framework, based on evidence provided as part of this review. The review team considers that the evidence seen demonstrates that the provider's academic regulations and policies should ensure that these standards are maintained. The review team considers that staff fully understand the provider's approach to maintaining these standards and are committed to implementing this approach. Therefore, the review team concludes that this Core practice is met.
S2	The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably	Met	High	The review team, based on the evidence presented, determined that the standards set for students to achieve beyond the threshold on the provider's programmes are reasonably comparable with those set by other UK providers. The review team considers that the standards described in the approved programme documentation and

	comparable with those achieved in other UK providers.			in the provider's academic regulations and policies should ensure that such standards are maintained appropriately.

The review team determined that, based on the evidence seen, 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 team considers that the provider's academic regulations and policies should ensure that standards beyond the threshold are maintained. Based on the detailed scrutiny of the evidence, the review team considers that staff at the provider 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 review team considers the provider's plans for maintaining comparable standards appropriate, well documented and understood by staff members.

Therefore, the review team concludes, based on the evidence described above, that students who are awarded qualifications should have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and this Core practice is met. |
| 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 | Moderate | The provider plans to apply for degree awarding powers following a successful outcome of QSR. If successful, the provider plans to operate autonomously to deliver all elements of its awards and has no plans to sub-contract/franchise its provision to any partners. However, should it need to work in partnership with an awarding body, it has in place a strategy to ensure that the standards of the awards made by the awarding body will |

				be credible and secure. This is because the provider has a clear plan for the development of the partnership with the proposed awarding body. From meeting with the provider's staff, the team is satisfied that they understand their responsibilities to any potential awarding body. Therefore, the review team concludes that this Core practice is met.
S4	The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	Met	High	The provider plans to use external expertise, assessment and classification processes that are reliable, fair and transparent. This is because the provider has clear and comprehensive regulations and policies describing its requirements for using external expertise in setting and maintaining academic standards and these requirements are credible and capable of delivering the stated objectives. The processes for assessment and classification as outlined in these documents are clear and transparent and likely to be effective when implemented. There are credible plans for utilising appropriate external expertise during programme delivery to support the curriculum. There is a clear approach for engaging appropriate external expertise in programme approval and annual programme monitoring and periodic review processes. Staff understand the requirements for the use of external expertise in all aspects of delivering high-quality academic experiences. They are also fully aware of the planned assessment and classification processes for the planned programmes. The review team concludes, therefore, that the Core practice is met.
Q1	The provider has a reliable, fair and inclusive admissions system.	Met	Moderate	The provider is developing an admissions system that is capable of being reliable, fair and inclusive. This is because the documentary evidence including the admissions policy provided to the review team is credible and the discussions with staff regarding plans for

				recruitment and admissions are realistic and provide a very strong and consistent account of their planned objective. The provider's approach to recruiting students based upon their attitude, aptitude and ability is consistently articulated throughout the provider's policies, procedures and in the information that has so far been produced for potential applicants. The admissions requirements set out in the provider's programme documentation are consistent with their stated policies. The review team is satisfied that the provider's approach and plans for the staffing of recruitment and admissions activities are clear and comprehensive and that the staff who will be involved in the recruitment and admission of students will be appropriately qualified, experienced and skilled. Therefore, the review team concludes that this Core practice is met.
Q2	The provider designs and/or delivers high-quality courses.	Met	High	The provider has credible plans for designing and delivering high-quality courses and has in place a regulatory framework that facilitates this. The provider's underlying aims and purpose in designing and delivering its provision through problem-based curriculum design and project-based learning is underpinned by a learning tree of knowledge. The programme documentation indicates that the teaching, learning and assessment design will enable students to meet and demonstrate the intended learning outcomes. Monitoring of quality is ensured through the provision of adequate policies and procedures for annual monitoring, periodic and external review capable of delivering the stated objectives. Staff are able to articulate what 'high quality' means in the context of their planned provision. The review team concludes, therefore, that 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 provider will have sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The provider's recruitment plans provide for an appropriate balance between teaching and professional support. The provider has appointed key staff, and those appointed to date form a cohort of experienced and qualified higher education professionals with current appropriate experience. The provider's approach to recruitment will be effective to support the recruitment of appropriately qualified and skilled academic, management and professional support staff to deliver a high-quality academic experience. There are detailed plans for the staff induction process and work is in progress specifically related to a learning and teaching toolkit that will support staff in delivering a high-quality academic experience and ensure that staff are supported to undertake their roles in line with the provider's values, policies and processes. There are plans in place to support professional development including achieving Fellowship with the Higher Education Academy. At the time of the review, the team met key academic and professional support staff already in post, who confirmed the relevance and appropriateness of their qualifications and experience to their roles, and the planned opportunities for further professional development. The review team concludes, therefore, that this 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 | Moderate | The provider's strategies and approaches for the development of facilities, learning resources and student support services to deliver a high-quality academic experience are closely linked to the delivery of successful academic and professional outcomes for students. There are comprehensive plans for the provision of high-quality learning resources and teaching facilities, and evidence- |

				based plans are in place to fully develop the VLE Learning Tree and student support services in time for the start of programme delivery. Plans for the development of facilities, learning resources and student support services are credible and realistic, and staff understand their roles and responsibilities for student support. The review team concludes, therefore, 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 plans to actively engage students, individually and collectively, in the quality of their educational experience. The provider's policies and processes require student involvement in academic governance through representation on academic committees, and arrangements are in place for the election and training of student representatives. The plans for actively engaging individual students in the quality of their educational experience are comprehensive and inclusive. The approach to engaging students will, in the view of the review team, provide credible, robust and evidence-based approaches for engaging students, individually and collectively. This is because they are clearly articulated and understood, and are supported by appropriate resource and infrastructure. Staff are fully aware of the policies and planned processes in place for student engagement and explain the importance of engaging with student feedback to support a culture of continuous improvement of the student educational experience. The review team is satisfied that the provider's plans for engaging students individually and collectively are realistic, credible and comprehensive. The review team concludes, therefore, that this Core practice is met.

Q6	The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.	Met	High	The provider's procedures for handling complaints are fair and transparent and should deliver timely outcomes if implemented as intended. This is because the provider has developed policies and staged procedures for dealing with complaints and appeals that form a sound basis for them to be fair, transparent and give timely outcomes when they are put into operation. In preparing their appeals and complaints policies the provider has used the guidance provided in the Office for the Independent Adjudicator's Good Practice Framework. However, there is contradictory evidence regarding a Compensation and Refund Policy that professional support staff will further consider. Staff from the provider were able to articulate the roles and responsibilities of those who will be involved in the complaints and appeals processes. The team has seen credible evidence that these procedures will be made accessible to students by the provider. The review team concludes, therefore, that the Core practice is met.
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	Moderate	The provider plans to apply for degree awarding powers following a successful outcome of QSR. If successful, the provider plans to operate autonomously to deliver all elements of its awards and has no plans to sub-contract/franchise its provision to any partners. However, should it need to work in partnership with an awarding body, it has in place a strategy to ensure that the academic experience will be high-quality. This is because the provider has a clear approach for the development of the partnership with the proposed awarding body. From meeting with the provider's staff, the team is satisfied that they understand their responsibility for quality. The review team considers the provider's plans for working with industry partners in the co-design and co-delivery of industry-based projects to be credible and capable of offering a relevant, contemporary and rich student

				experience. Although the team was unable to see evidence from external examiner reports or any third party endorsements, or to hear directly from students or industry staff, the team is confident that the provider has strategies that will enable it to have control over maintaining a high-quality academic experience when working with industry. Therefore, the review team concludes 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. The provider has a robust approach and there are credible plans to support students. Staff involved in supporting student academic and professional achievement are clear in their responsibilities and are evidently committed to ensuring the best possible outcomes for their students. Approaches to feedback are well reasoned and should ensure that feedback will be comprehensive, helpful and timely. The review team concludes, therefore, that the Core practice is met.

About this report

This is a report detailing the outcomes of the Quality and Standards Review for providers applying to register with the Office for Students (OfS), conducted by QAA in June 2020, for TEDI - London.

A Quality and Standards Review (QSR) is a method of review QAA uses to provide the OfS with evidence 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), based on evidence reviewed by expert assessors. This report is structured to outline the review team's decisions about the provider's ability to meet the Core practices through detailing the key pieces of evidence scrutinised and linking that evidence to the judgements made.

The team for this review was:

Name: Professor Mike Bramhall
Institution: Emeritus Professor, Sheffield Hallam University
Role in review team: Institutional reviewer and subject reviewer CAH10-01 Engineering

Name: Dr Mark Lyne
Institution: Head of Quality Enhancement, University of Suffolk
Role in review team: Institutional reviewer

Name: Dr Tracy Scurry
Institution: Associate Dean (Undergraduate) Humanities and Social Sciences Faculty, Newcastle University
Role in review team: Institutional reviewer

The QAA Officer for the review was: Jo Miller.

The size and composition of this review team is in line with published guidance and, as such, is comprised of experts with significant experience and expertise across the higher education sector. The team included members with experience of a similar provider to the institution, knowledge of the academic awards offered and included academics with expertise in subject areas relevant to the provider's provision. Collectively the team had experience of the management and delivery of higher education programmes from academic and professional services perspectives, included members with regulatory and investigative experience, and had at least one member able to represent the interests of students. The team included at least one senior academic leader qualified to doctoral level. Details of team members were shared with the provider prior to the review to identify and resolve any possible conflicts of interest.

About TEDI - London

TEDI - London (the provider) is a new higher education provider which the provider asserts has been established to address the global shortage of engineers and to offer a new type of engineering education which will be accessible to students from diverse backgrounds.

TEDI - London was established in February 2019 as a result of a Joint Venture Agreement between the three founding partner universities: Arizona State University (ASU), King's College London (KCL) and the University of New South Wales (UNSW). ASU, KCL and UNSW have been collaboratively working together on various academic and research initiatives under the name of 'PLuS Alliance'. TEDI - London is a private company limited by guarantee incorporated under the laws of England and Wales and registered with

Companies House in May 2019 and registered with the Charity Commission. ASU, KCL and UNSW are the sole registered members of the Company.

As members of the company, ASU, KCL and UNSW each appoint a company director. Two independent company directors are also appointed, one of whom is Chair of the Board. The Executive Committee of the provider, led by the Dean and Chief Executive Officer, is responsible for management and operational issues.

Academic Board reports to the Board of Trustees Directors. Academic Board acts as its principal academic body, focusing on the academic standards and quality of the programmes offered by TEDI - London. It is responsible for the oversight and development of all academic activities including admissions, teaching, learning, assessment, academic standards and awards.

The provider plans to offer a full-time bachelor's of standard duration and an integrated master's degree (including an accelerated degree) focusing on global design engineering commencing delivery in September 2021. The standard duration for bachelor's degrees is three years. An accelerated degree unlike a standard three-year degree, allows completion in two years. At the time of the Quality Standards Review (QSR) in June 2020, the provider is still some 15 months away in its delivery cycle from enrolling its first cohort. The provider intends, subject to a successful outcome of its QSR, to submit an application for degree awarding powers with a view to having responsibility for the quality and standards of its own provision by the time that it first admits students. In the event that this does not take place the provider is in the process of applying to the Open University to validate its awards and, as a final fall-back position is in discussions with one of its founding universities, King's College London, to be validator of last resort.

TEDI - London pedagogy aims to incorporate elements of design, business, social science and communications to give students a broader set of skills. The curriculum is being developed in consultation with, and informed by, research undertaken at the founding partner universities and globally. In this stage of programme development, staff responsible for academic provision include the Deputy Dean, an academic consultant and a consultant leading the summer school activities.

Much of the provision will be delivered through practical projects, underpinned by self-paced learning through a bespoke virtual learning environment (VLE) known as 'Learning Tree' modules which replace traditional lectures. Project-based learning will be done in conjunction with industry or other community stakeholders. The planned blended learning involving the use of online learning technology through the bespoke VLE (Learning Tree) for key technical modules, and innovative problem-based learning delivery through real world design projects in collaboration with industry utilising the flexible spaces known as Maker Spaces, where students can, for example, design and make prototype artefacts, aims to provide opportunities for students to engage in an interactive learning experience.

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).

When undertaking a QSR all 13 of the Core practices are considered by the review team. However, for this review it was clear that the provider does not offer a research degree programme. Therefore, the review team did not consider Q7 (where the provider offers research degrees, it delivers these in appropriate and supportive research environments).

To form its judgements about the provider's ability to meet the Core practices, the review team considered a range of evidence that was submitted prior to the review and evidence gathered at the review itself. The review visit was undertaken during June 2020 and, in-line with guidance from government at the time, the review team and staff at the provider were working from home. For this reason, the review visit meetings were conducted online. To ensure that the review team focused on the principles embedded in the Core practices, and that the evidence considered was assessed in a way that is clear and consistent with all other reviews, the team used Annex 4 of the Guidance for Providers to construct this report and detail the key pieces of evidence seen.

Annex 4 expects that review teams will normally sample certain types of key evidence using a combination of representative sampling, risk-based sampling and randomised sampling. In this review, it was not necessary to sample any of the documentary evidence provided as the provider has yet to commence delivery and it is proposing to deliver bachelor's and integrated master's degrees in global design engineering. Exhaustive consideration could therefore be given to all the evidence available.

Explanation of findings

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

1   To meet this Core practice a provider must ensure that threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks. The threshold standards for its qualifications must be articulated clearly and must be met, or exceeded, through the delivery of the qualification and the assessment of students.

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, in paragraphs 4.10, 4.12, 4.15, 4.17, 4.18, 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 completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [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 review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Quality Manual
b   Assessment handbook
c   External Examining Policy
d   Programme Monitoring and Review Policy
e   Assessment Board Terms of Reference
f   Academic Regulations
g   Programme Developers Manual
h   Threshold criteria programme approval
i   Programme specifications
j   Programme Plan
k   Awarding Body Process Confirmation Letter
l   Academic Integrity Policy
m   Verification form
n   Mitigating Circumstances Policy
o   Academic Board and its subcommittees Terms of Reference
p   Assessment brief template
q   Module handbook template

r	Moderation Form template
s	Learning and Teaching Strategy
t	Draft Module Descriptors
u	Minutes of Academic Board May 2020
v	Meeting with senior staff
w	Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the Summer School activities).

5   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

6   As the provider has yet to commence delivery it was not possible for the team to scrutinise external examiner reports, third party endorsements, such as professional, statutory and regulatory body (PSRB), reports or assessed student work.

How any samples of evidence were constructed

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

Why and how the team considered this evidence

8   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

9   To identify the provider's approach to programme and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards, the review team considered the Academic Regulations, Academic Board and its Sub-committees' terms of reference and Academic Board Minutes of Meeting; the Learning and Teaching Strategy; the Assessment Handbook; Assessment Board Terms of Reference; Mitigating Circumstances Policy; Academic Integrity Policy; Assessment Brief template; Moderation and Verification forms; Module Handbook template; Programme Developers Manual; Threshold criteria for Programme approval and the External Examining Policy.

10   To interrogate the robustness and credibility of the provider's plans for ensuring threshold standards, the team considered the Quality Manual, Programme Developers Manual and the Programme Monitoring and Review Policy.

11   To test that specified threshold standards for programmes are consistent with relevant national qualifications' frameworks, the team considered programme documentation including the programme specifications, draft module descriptors, Assessment Brief template, Module Handbook template, Programme plan and the Open University process confirmation letter.

12   To test that staff understand and apply the provider's approach to setting and maintaining threshold standards, the team met with senior staff and staff responsible for educational provision.

What the evidence shows

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

14   The provider plans to work towards applying for degree awarding powers following a successful outcome of the QSR with a view to having responsibility for the quality and standards of its own provision by the time that it first admits students. In the event that this does not take place the provider is in the process of applying to the Open University (OU) to validate its awards and as a final fall-back position it is in discussions with one of its founding universities, King's College London, to be validator of last resort. The OU has agreed that the next stage in the validation process will be a preliminary administrative audit and facilitation visit which has been delayed due to the COVID-19 pandemic, but which is currently scheduled for the week commencing 2 November 2020. This will be the first opportunity for the OU to review and test whether the provider can meet the requirements for validation with the OU. Academic Board minutes confirm the provider's intent to proceed with the validation process with the OU and demonstrate that the provider is fully engaged in this process. The Academic Board minutes, when approving the provider's own Academic Regulations, noted the caveat that should OU approval be necessary, that the regulations of the OU would be applied. The Academic Board minutes include a detailed mapping of the differences in the two sets of regulations to identify what the key implications of this would be. The notable differences outlined included late submission of assessment, assessment scores, compensation, recognition of prior learning, direct entry via stage exemption, academic misconduct, extenuating circumstances and Board of Examiners, all of which Academic Board considered not to be insurmountable.

15   The provider has established an Academic Board which reports to the Board of Trustee Directors, and acts as its principal academic body, with oversight for the setting and maintenance of sector-recognised standards. The Academic Board terms of reference state that it is responsible for the oversight and development of all academic activities including admissions, teaching, learning, assessment, academic standards and awards. Academic Board also has oversight of matters relating to students who meet all requirements, pass and progress, fail to meet requirements, and are eligible for resits or fail to meet requirements and are withdrawn from the programme. The Academic Board terms of reference include having oversight of the planning, development and implementation of all academic work of the provider consistent with its mission and strategic plan and ongoing responsibility for the maintenance of academic standards at all levels. Academic Board held its inaugural meeting on 27 May 2020, the minutes of this meeting note that the Board approved its own constitution, terms of reference, draft policies and planning consent for its programmes in Global Design Engineering.

16   The Quality Manual identifies the provider's approach which covers all aspects of quality assurance. The Quality Manual provides a clear and comprehensive framework with each section addressing information of the process and forms, where relevant, for programme development, approval, monitoring and review, programme changes, closure and suspensions, external examining, student engagement and PSRB relationship. The Quality Manual provides a framework which supports staff to develop and provide programmes that meet appropriate sector-recognised standards, have an inclusive and up-to-date curriculum which prepare students for employment and provide them with a high-quality experience and positive outcomes. The oversight, management and implementation of quality assurance procedures is monitored by the Board of Trustee Directors, with Academic Board as its principal academic body, focusing on the academic standards and quality of the programmes offered by the provider.

17   The provider's Academic Regulations are clear and comprehensive because they document the provider's approach to admissions, student registration on programmes,

programme structures including credit levels and values, assessment setting, marking and moderation and examination arrangements. Academic Board, as stated in its terms of reference, has governance oversight for the academic regulations with the objective of assuring the academic standards of the provider's awards and the quality of the learning opportunities provided to students. These plans are robust because they are detailed, include external scrutiny and reflect clear lines of internal oversight and accountability. They are credible because they are consistent with wider sector practice and demonstrate the provider's understanding of these practices. The review team therefore concludes that the provider has clear and comprehensive academic regulations and frameworks to support the setting and maintenance of academic standards at the sector-recognised level.

18   The Academic Regulations also outline the various stages for the award of degrees including the role of assessment board, the classification of awards, progression requirements, and award criteria in terms of module credit for full and intermediate awards. The Academic Regulations define the underpinning structure of programmes, specifying the minimum credit requirements for the award of bachelor's degrees (BEng), bachelor with honours (BEng (Hons)), integrated master's degree (MEng) and for associated exit awards. These requirements are all consistent with the typical credit values given in the Illustrative table of credit, Annex C of the UK Framework for Higher Education Qualifications (FHEQ). The Academic Regulations also outline the regulatory requirements for module credit weighting and design, including definitions guiding the designation of a module as core or compulsory and specify a level which indicates the academic standard required for successful completion of the module. The review team found that the sector-recognised standards described in the documentation align and are consistent with the FHEQ as the relevant national qualifications' framework.

19   The review team is of the view that the provider's Quality Manual and Academic Regulations have clear and comprehensive academic regulations and frameworks prepared to support the setting and maintenance of academic standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers. The review team is satisfied that procedures for assessment and classification, marking and moderation, and external examining provide evidence that the provider's plans for setting and maintaining comparable standards over time are credible.

20   The Learning and Teaching Strategy states the provider's approach to design and delivery of programmes is through problem-based curriculum design, project-based learning and teaching methods and formative and summative assessment tasks. The provider has produced programme specifications and the majority of modules in draft form for its programmes in Global Design Engineering. These are yet to progress through the provider's Academic Board internal approval processes, but they gave the team an opportunity to assess how the provider will ensure that sector-recognised standards described in programme documentation will be consistent with the relevant sector recognised standards.

21   The team reviewed the Programme Plan which outlines the overall structure of a programme of study for each year of study for the standard and accelerated programme delivery (see About TEDI - London). The Programme Plan is clear and comprehensive because the plan details when all the modules will be available by term dates for each level for each programme of study and catalogues module codes, titles, level and credits. The Programme Plan also highlights which modules involve online learning, which modules have individual or group projects, and also includes the number of weeks and learning hours for each module of study with clearly detailed timescales for standard and accelerated programme delivery for the BEng and MEng awards. The Programme Plan will be effective if implemented as stated to achieve the intended outcomes giving the team confidence in the provider's plans for delivery. Module handbook templates detail the aims and content of the modules, intended learning outcomes, the teaching and learning, and assessment strategy

and the syllabus content timetable for delivery and includes changes made to the module compared to the previous delivery. Assessment brief templates contain detail of what is required of students, the learning outcomes, assessment and marking criteria, and referencing guidelines. These templates set out the provider's plans for the setting and assessment of the intended learning outcomes for each of the modules within the programmes. Although all the modules have yet to be fully drafted, the module learning outcomes are all mapped against the programme learning outcomes within the programme specifications. While full testing of this mapping can only be achieved when the modules have been fully detailed, on balance, the review team's assessment of the provider's plans to complete the programme planning and documentation are adequate and capable of delivering the stated objectives.

22   The provider's academic regulations and frameworks including the Learning and Teaching Strategy, Quality Manual, Academic Regulations, Assessment Handbook, Programme Monitoring and Review Policy and External Examining Policy identify the provider's approach to setting and maintaining academic standards, promoting transparency and consistency across all programmes, ensuring that students are treated fairly and equally and provide a clear set of expectations for students in relation to conduct and achievement. These frameworks, policies and procedures provide evidence of the provider's approach to programme and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for standards of awards.

23   The provider's Academic Regulations, Assessment Handbook, assessment brief template and module handbook template detail the assessment setting arrangements including the use of external expertise as set out in the External Examining Policy, marking and grading criteria, and internal verification and moderation arrangements. These policies also detail the approach to the provision of feedback to students on assessed work within 21 days, internal and external verification of assessment instruments, internal moderation and external moderation of student work by external examiners, and examination board arrangements. The Assessment Board is responsible for ensuring that the examination and assessment procedures for its awards will be carried out in accordance with the regulations governing the programmes in a fair and impartial manner. The Assessment Board terms of reference further state that the board will consider results anonymously, consider and agree marks achieved by students and credit to be awarded, and take into account any mitigating circumstances or academic misconduct as applicable. The Assessment Board has the function and responsibility to report any matters about the content, operation and assessment of a programme to Academic Board and/or any matters of significant risk regarding a programme or student as appropriate. The academic regulations, and procedures and objectives are clearly articulated and provide adequate evidence of the provider's approach to the setting and maintenance of academic standards at the relevant sector-recognised level.

24   The External Examining Policy outlines the provider's policy and procedures relating to external examining, including the appointment and induction of external examiners and their role and responsibilities. External examining is one of the key mechanisms through which the provider will ensure that academic standards, assessment processes and practices are appropriate and are comparable and consistent with national standards and with higher education institutions elsewhere in the sector. The External Examining Policy states the role and responsibility of the external examiner is to 'provide independent verification to help ensure that the academic standards of awards are appropriately set and maintained and align with national qualification frameworks'. As a part of their role and responsibility for monitoring standards of performance, the external examiner may report to Academic Board on assessment data, including award data, over time to contribute to providing assurances in respect of consistency of standards and avoiding grade inflation. Academic Board will approve the appointment of external examiners and will receive an

annual report from the external examiner commenting on academic standards. An external examiner for the BEng and MEng is an ex-officio member of the Assessment Board, a standing committee of Academic Board, which considers initial reports from external examiners in advance of their written reports being forwarded to Academic Board.

25   The Programme Developers Manual sets out the processes that staff need to follow when developing new programmes, modifying existing programmes or closing programmes, as well as ongoing maintenance of sector-recognised standards. The provider's approach to programme development is detailed in the Programme Developers Manual with references made to sector requirements, programme specifications, module design and assessment. Academic Board will review programme approval documentation based on explicit criteria as set out in the Threshold Criteria for Programme Approval. This document outlines the merit, expectations and evidence required for programmes in relation to programme aims and learning outcomes, curriculum content and design, assessment, learning and teaching, student support, student progression and quality management and enhancement for consideration so that Academic Board can assure itself that programmes are able to operate at relevant sector-recognised standards.

26   The Programme Monitoring and Review Policy states that all programmes are subject to annual monitoring and five-year periodic review to ensure a continued high-quality student experience, the maintenance of academic standards and that students are supported to achieve positive outcomes. Annual Programme Monitoring (APM) enables programme teams to reflect on standards, performance and drive improvements. Academic Board considers the APM reports twice a year to assure standards and monitor student outcomes and the student experience. Academic Board will consider the progress in achieving actions within the APM action plan. APM will feed into the five-year periodic review of programmes. The process is conducted by members of Academic Board with external adviser and industry representative input. The panel will either confirm, or not as applicable, whether confidence can be placed in the academic standards of the reviewed provision and the quality of the learning opportunities available to students. Outcomes of the periodic review process and action plans are reported to Academic Board and the Board of Trustee Directors.

27   Senior staff informed the team (as noted in paragraph 14) that the provider will be seeking degree awarding powers following the successful outcome of the provider's application to be on the OfS Register. The provider confirmed that, in parallel, it has commenced the application process for securing an external awarding body (the OU) with timelines acknowledged for the next stage, which is a preliminary admin audit and facilitation visit in early November 2020. Senior staff clearly stated to the review team that the application with the OU will be a backstop to enable the provider to admit students in 2021 if they have not, by then, secured probationary degree awarding powers.

28   The review team met with senior staff and staff responsible for educational provision who demonstrated familiarity with the FHEQ and thorough knowledge of the provider's approach to the setting and maintaining of sector-recognised standards with full commitment to oversight of academic standards by approval, annual and periodic monitoring through Academic Board. Staff responsible for educational provision articulated the use of external examiners and described plans for the external validation of the provider's awards and their intention to seek degree awarding powers. Senior staff competently articulated the effectiveness of their approach to programme design including a comprehensive review of modules, to ascertain their alignment to the programme aims, to enable students to achieve sector-recognised standards. The review team found that senior and academic staff showed a very good understanding of the provider's approach to setting and maintaining threshold standards and that they are fully committed to continuing to apply this once programme delivery has commenced.

Conclusions

29   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

30   From the evidence provided, the review team considers that the standards the provider has set are in line with the sector-recognised standards defined in paragraph 342 of the OfS regulatory framework. The evidence scrutinised by the team demonstrates that the standards described in the draft programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies should ensure that standards are set appropriately.

31   The review team considers that 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 regulatory framework, based on evidence provided as part of this review. The review team considers that the evidence seen demonstrates that the provider's academic regulations and policies should ensure that these standards are maintained. The team considers that staff fully understand the provider's approach to maintaining these standards and are committed to implementing this approach. Therefore, the review team concludes that this Core practice is met.

32   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 review team considers that the provider's approaches and plans that include annual internal monitoring and review and periodic review of programmes, the design and approval of assessment instruments that includes external review, regulations on marking, and scrutiny of assessed student work are credible and robust, and that implementation of these plans will maintain the intended academic standards. The review team therefore has a high degree of confidence in its judgement.

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

33   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.

34   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

35   The QAA review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Quality Manual
b   Assessment handbook
c   External Examining Policy
d   Programme Monitoring and Review Policy
e   Assessment Board TORs
f   Academic Regulations
g   Programme Developers Manual
h   Programme specification
i   Programme Plan
j   Academic Integrity Policy
k   Verification forms
l   External Examiner Reporting template
m   Academic Board subcommittee Terms of Reference
n   Assessment Brief template
o   Module Handbook template
p   Moderation form template
q   Learning and Teaching Strategy
r   Module descriptors
s   Learning Tree demonstration
t   Meetings with senior staff
u   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the summer school activities).

36   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

37   As the provider has yet to commence delivery it was not possible for the team to scrutinise external examiner reports, third party endorsements (such as PSRB reports) or assessed student work.

How any samples of evidence were constructed

38   As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

39   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

40   To identify institutional approach to programme and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards, the review team considered the provider's Academic Regulations, Assessment Handbook, Learning and Teaching Strategy, Programme Developers Manual, Programme Plan, Assessment Board Terms of Reference, External Examining Policy, External Examiner Reporting template, Verification forms, Assessment Brief template, Module Handbook template, Moderation form template and Academic Integrity Policy.

41   To interrogate the robustness of the provider's plans for setting and maintaining comparable standards and to ensure that plans are credible and evidence-based, the review team considered the provider's Quality Manual, Assessment Handbook, Programme Developers Manual, the Programme Monitoring and Review Policy, and Academic Committee structures.

42   To test that specified standards beyond the threshold for programmes sampled are reasonably comparable with those achieved in other UK providers, the review team considered the provider's draft programme specifications, draft module descriptors, assessment brief template and module handbook template, and a demonstration of the Learning Tree.

43   To test that staff understand and apply the provider's approach to setting and maintaining comparable standards, the review team met with senior staff and staff responsible for educational provision who are involved in setting programme and assessment design.

What the evidence shows

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

45   The provider has developed an institutional approach to programme and assessment design through its Learning and Teaching strategy, Academic Regulations, Programme Developers Manual, and its approach to marking, verification and moderation in the Assessment Handbook. The Academic Regulations and Assessment Handbook through grading bands, the use of anonymised marking, external verification, moderation (internal and external), and academic integrity policy and procedures fully support the provider's approach to programme and assessment design, marking and moderation, and setting of academic standards beyond the threshold level.

46   There are mechanisms designed to support the development of students to achieve standards beyond the threshold level including the academic regulations, Quality Manual, Academic Integrity Policy, Assessment Handbook and Programme Monitoring and Review Policy that fully support the maintenance of academic standards beyond the threshold level through their requirement for anonymised marking, which is internally moderated and externally verified. All programmes are subject to annual programme monitoring and periodic review coordinated by the Registry. Programme leaders, in conjunction with their programme team members, are responsible for completing the necessary paperwork and compiling supporting information, and for submitting to Registry for inclusion on Academic Board meeting agenda. The Programme Developers Manual sets out the processes that staff need to follow when developing new programmes, modifying existing programmes or closing programmes, as well as ongoing quality assurance for the maintenance of threshold standards.

47   Marks and grading bands with associated criteria for each band are detailed in the Assessment Handbook. The criteria for the minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic award is clearly set out within the Assessment Handbook, with a minimum pass mark of 40% for undergraduate modules and 50% for postgraduate modules, which is comparable with the UK sector practice for any proposed programmes. The marking scale contains a fixed number of percentage points in each classification band, from fail to third class, up to second class and first class, which can be assigned by a marker for a piece of assessed work in relation to which band it most appropriately belongs. The review team found that this type of grading scale should encourage markers to use the full range of the marking scale that allows students to demonstrate achievement beyond threshold standards. The review team was satisfied that procedures for assessment and classification, marking and moderation, and external examining provide evidence that the provider's plans for setting and maintaining comparable standards are credible.

48   The provider has established credible plans for the setting and maintenance of academic standards through its assessment principles as described in the Academic Regulations and Assessment Handbook, which also include the use of external examiners. Oversight of the setting and maintenance of standards will be the responsibility of Academic Board through annual programme monitoring and review of its programmes. The Assessment Board, which reports to and is overseen by Academic Board, is responsible for ensuring that the examination and assessment procedures for its awards are carried out in accordance with the regulations governing the programmes in a fair and impartial manner. The Assessment Board terms of reference include to consider and agree marks achieved by students and credit to be awarded. Academic Board has oversight of decisions relating to students who meet all requirements, pass and progress, fail to meet requirements, or are eligible for resits or fail to meet requirements and are withdrawn from the programme.

49   The provider has developed a Verification Form which outlines the assessment strategy and brief, design of the assessment and marking scheme which is verified by external examiners. Feedback on all elements of assessment that contribute to a module will be returned to students within seven days of the scheduled submission or examination date with feedback on major projects returned within 21 days. Internal verification includes the checking of all assessment briefs including examination papers and programme work/project assignments that form part of summative assessment. All assessment briefs are also externally verified by external examiners prior to students receiving the assessment instruments. As detailed in the External Examining Policy, samples of assessed work that have been moderated are reviewed to determine whether the assessment processes are robust, and the students have fulfilled the learning outcomes of the programme and reached the required standard. Student marks are reported to and verified by the Assessment Board, which the external examiners attend. Following the Assessment Board meeting, external

examiners then confirm that standards beyond the threshold level are reasonably comparable with those in other UK providers in their annual reports to Academic Board for consideration as an important element of annual programme monitoring and the periodic review process. The review team concludes that the provider has clear and comprehensive academic regulations and frameworks in place to support the setting and maintenance of academic standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.

50   The Assessment Handbook outlines the role and process of moderation in ensuring that marks or grades are fair, valid and reliable, and that assessment criteria have been applied consistently. Each module will have an identified internal moderator, who is not the module leader, responsible for checking a representative sample of work and confirming that the assessment criteria for all elements of the assessment have been correctly and accurately applied. The Assessment Handbook states that in the case of concern about accuracy or consistency of marking during the moderation process, changes must not be made to the moderated sample but that the assessment (or relevant element) for the entire cohort will be reviewed. The Moderation Form template provides a mechanism for evidencing the moderation process, separate from the marking of assessments, to ensure that assessment outcomes are fair, valid and reliable, and that assessment criteria have been applied consistently. Moderators are required to review both the assessment and the academic marker's feedback providing information of the number moderated in each grade band and reporting on the alignment to the marking criteria.

51   The programme specifications provide a concise summary of the main features of the programme and the learning outcomes students might reasonably be expected to achieve and demonstrate. The Programme Plan outlines the overall structure of an entire programme of study. Draft module specifications set out the academic standards required and the draft Module Handbook template includes details of the learning outcomes, the intended approaches to assessment and assessment criteria. These documents, which are clearly designed for FHEQ Levels 4, 5 and 6 in the Assessment Handbook, detail the criteria for achievement at each level and form part of the definitive record for each programme and qualification. This constitutes the reference point for delivery, assessment, monitoring and review of the programme and for the provision of records of study.

52   The team reviewed the provider's planned assessment practices for students studying online through their bespoke VLE - Learning Tree, which will have 500 three-hour learning sessions called 'nodes'. These nodes are in development and the review team was given a demonstration of the Learning Tree and several of the nodes developed. The nodes are studied online and students will receive formative feedback to help them understand how to improve their performance on the final assessment of the node, which is Pass/Fail in accordance with the Assessment Handbook, Assessment Brief template and Module Handbook. To progress, students have to pass the end of node assessments to proceed to the individual and group project work having gained all the required competences. These nodes allow students to achieve threshold understanding of key engineering principles, design concepts and related topics. The draft module specifications and staff responsible for educational provision confirm that in addition to the Learning Tree node formative assessment, once these are passed, students will study their modules using the flexible spaces for problem and project-based learning known as Maker Spaces, where students can, for example, design and make prototype artefacts. The students undertake this experiential project-based learning on tasks sponsored by industrial partners, and which contain a mix of group and individual summative assessment that uses the knowledge and competencies developed through previous online learning as documented in the draft module specifications. The assessment approach specifies that summative assessment will formally evaluate the extent to which a student has achieved the programme's learning outcomes. These mechanisms are designed to support the development of students to

achieve standards beyond the threshold level. The review team found this blended learning approach to be innovative and that students have the opportunity to achieve beyond threshold standards.

53   The draft programme specifications for the BEng and MEng in Global Design Engineering and draft module descriptors clearly articulate the aims and intended learning outcomes at all levels for the proposed awards. Each programme specification details the aims of the programmes, the learning outcomes relating to knowledge and understanding, subject-specific learning outcomes, subject-specific cognitive skills and key transferable skills for the main awards and each intermediate award such as Diploma, and Certificate of Higher Education. For each programme module, learning outcomes are mapped against these programme-level learning outcomes to show how they are met during programme delivery. Although the review team did not have access to all module descriptors and module assessment criteria as several are yet to be written, module specifications and assessment brief templates provide a framework for the completion of all module specifications. The review team found that the programme specifications and draft module descriptors describe an innovative set of programmes where standards set for students to achieve beyond the threshold are reasonably comparable with those set by other UK providers. Although the programme specifications are yet to be approved, the review team found the provider, on balance, to have credible plans capable of delivering its objectives of developing the programmes to full validation and are likely to achieve its stated outcomes.

54   In meetings with senior staff and staff responsible for educational provision, the review team is able to confirm that those staff understand the provider's approach to setting and maintaining comparable standards, are fully aware of the plans for maintaining academic standards and are able to clearly articulate how the assessment process, marking criteria and grade boundaries would be communicated to students through the VLE and module specifications. Senior staff demonstrated their commitment to maintaining standards through application of the Academic Regulations and External Examining Policy, oversight by Academic Board and its subcommittees, including through annual monitoring and review as stated in the Programme Monitoring and Review Policy. Senior staff and staff responsible for educational provision asserted that the use of external examiners from both industry and academia to provide impartial and independent advice and informative comment on academic standards and student achievement in relation to those standards will contribute to ensuring that the standards are reasonably comparable with those achieved in other UK providers. Senior staff and staff responsible for educational provision affirmed that assessment tasks and rubrics would be introduced with explanations for students at the beginning of each module and that the degree classification process would be overseen by external examiners to ensure comparability. The review team found that senior staff and staff responsible for educational provision demonstrated a good understanding of, and commitment to applying, the provider's approach to setting and maintaining standards, including those beyond the threshold level that are reasonably comparable with those achieved in other UK providers.

Conclusions

55   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

56   The review team, based on the evidence presented, determined that the standards set for students to achieve beyond the threshold on the provider's programmes are reasonably comparable with those set by other UK providers. The review team considers that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately.

57   The review team determined that, based on the evidence seen, 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 team considers that the provider's academic regulations and policies should ensure that standards beyond the threshold are maintained. Based on the detailed scrutiny of the evidence, the review team considers that 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 review team considers the provider's plans for maintaining comparable standards appropriate, well documented and understood by staff members.

58   Therefore, the review team concludes, based on the evidence described above, that students who are awarded qualifications should have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and this Core practice is met.

59   Since assessed student work and external examiner reports are unavailable, reflecting the provider's current stage in module development, internal programme approval and external validation, the effectiveness of the provider's plans for providing students with opportunities to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers cannot yet be fully tested. The provider's plans for the setting and maintenance of comparable standards, which includes the use of external examiners, are credible and well understood by staff. The review team considers that the provider has developed a clear approach and comprehensive academic regulations and framework including an assessment handbook, external examiners policy, programme development, monitoring and review to support the setting and maintenance of academic standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers that will be effective if implemented as stated. Therefore, the review team has a high degree of confidence in this 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

60 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 programmes are delivered or who delivers them.

61 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers (March 2019).

The evidence the team considered

62 The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Organisational structure
b   OU process confirmation letter
c   Partnership Manager job description
d   Initial Business Plan
e   Academic Board minutes
f   Meeting with senior staff
g   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the summer school activities).

63 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

64 Because the provider has yet to commence delivery it was not possible for the team to scrutinise external examiner reports, third party endorsements (such as PSRB reports) or assessed student work. There were no formal partnership agreements in place for review by the team.

How any samples of evidence were constructed

65 The review team did not sample any further evidence as the provider has yet to commence delivery and exhaustive consideration could be given to the evidence provided.

Why and how the team considered this evidence

66 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence

will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

67   To determine whether the provider's approach to work towards applying for degree awarding powers following the successful outcome of QSR, or, in the event that this does not take place applying to the Open University to validate its awards, the team considered evidence that the provider has prepared. This included the OU process confirmation letter, minutes of Academic Board at which pursuing validation through the OU as a back-up option until degree awarding powers is achieved was discussed, the Initial Business Plan, the position of Partnership Manager in the organisational structure and job description.

68   To test that staff understand and will discharge effectively their responsibilities to the prospective awarding body, the review team met with senior staff and staff responsible for educational provision (which include the Deputy Dean, an academic consultant and a consultant leading the summer school activities).

What the evidence shows

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

70   The provider plans to apply for degree awarding powers following a successful outcome of the QSR with a view to having responsibility for the standards of its own provision by the time that it first admits students. In the event that this does not take place, the provider is in the process of applying to the OU to validate its awards and as a final, fall-back position it is in discussions with one of its founding universities, KCL, to be validator of last resort. The OU has agreed that the next stage in the validation process will be a preliminary administrative audit and facilitation visit, which has been delayed due to the COVID-19 pandemic, but which is currently scheduled for the week commencing 2 November 2020. This will be the first opportunity for the OU to review and test whether the provider can meet the requirements for validation with the OU.

71   Academic Board minutes confirm the provider's intent to proceed with the validation process with the OU and demonstrate that the provider is fully engaged in this process. In particular, Academic Board minutes, when approving the provider's own Academic Regulations, noted the caveat that should OU approval be necessary, that the regulations of the OU would be applied. The Academic Board minutes include a detailed mapping of the differences in the two sets of regulations to identify what the key implications of this would be. The notable differences outlined included late submission of assessment, assessment scores, compensation, recognition of prior learning, direct entry via stage exemption, academic misconduct, extenuating circumstances and Board of Examiners all of which Academic Board considered not to be insurmountable.

72   Staff who will manage the partnership with any prospective awarding body credibly articulated and gave confidence to the review team that they understand their responsibilities to an awarding body, stating that the awarding body will have overall responsibility for the setting and maintenance of standards. The Academic Board meeting approved the provider's academic regulations with the caveat that if the provider were validated by the OU, the OU Academic Regulations would apply.

73   Senior staff explained that the provider plans to operate autonomously to deliver all elements of its awards and has no plans to sub-contract/franchise its provision to any partners.

74   The organisational structure identifies the post of Partnerships Manager. The Partnership Manager's job description states this position is expected to build and grow strategic partnerships with international, corporate, government, education and community partners. Industry partnership relationships will be managed and monitored by the Partnerships Manager working under the Dean. Senior staff clearly articulated to the review team the strategy related to identifying and then working with industry partners to provide high-quality academic experiences. Part of that strategy is working with the provider's academics in developing appropriate projects that would meet the programme learning outcomes within the relevant modules. Staff responsible for educational provision who met the review team asserted that these relationships will be developed with a primary objective to deliver the industry-facing element of the programme. The Initial Business Plan states that the provider will be 'highly responsive to industry needs and will engage with industry from the outset to design the curriculum'. The team considers this to be an accurate reflection of the way in which the provider has begun to work with industry and the plans in place for the innovative delivery of project-based learning. Where the provider may engage individuals from industry in supporting the delivery of aspects of provision, all such individuals will be provided with training and given formal status within TEDI - London.

Conclusions

75   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

76   The provider plans to apply for degree awarding powers following a successful outcome of QSR. If successful, the provider plans to operate autonomously to deliver all elements of its awards and has no plans to sub-contract/franchise its provision to any partners. However, should it need to work in partnership with an awarding body, it has in place a strategy to ensure that the standards of the awards made by the awarding body will be credible and secure. This is because the provider has a clear plan for the development of the partnership with the proposed awarding body. From meeting with the provider's staff, the team is satisfied that staff understand their responsibilities to any potential awarding body. Therefore, the review team concludes that this Core practice is met.

77   The lack of evidence relating to external examiners' reports, assessed student work and third-party endorsements concerning the operation of partnerships, and given the current developmental stage of the provider's validation strategy, means that the effectiveness of the arrangements could not be fully tested. The provider's plans are based on achieving degree awarding powers and it has stated that it has no intention of working in partnership with other organisations to deliver awards on its behalf. It has a strategy in place to work with an awarding body should the need arise. However, the implementation of the strategy is at a very early stage and therefore the team has a moderate degree of confidence in this judgement.

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

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

79   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

80   The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Quality Manual
b   Programme Developers Manual
c   Assessment handbook
d   External Examining Policy
e   Curriculum workshops output
f   Programme Monitoring and Review Policy
g   Assessment Board Terms of Reference
h   Academic Regulations
i   Programme specification
j   Programme Plan
k   External examiner reporting template
l   Academic Board Subcommittee Terms of Reference
m   Moderation Form template
n   Learning and Teaching Strategy
o   Draft module specifications
p   Meeting with senior staff
q   Meeting with staff responsible for resourcing
r   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the summer school activities).

81   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

82   As the provider has yet to commence delivery it was not possible for the team to scrutinise external examiner reports, third party endorsements or assessed student work.

How any samples of evidence were constructed

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

Why and how the team considered this evidence

84   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

85   To identify how external experts are used in setting and maintaining academic standards, and how the provider's assessment and classification processes operate, the review team considered the Academic Regulations, Quality Manual, Assessment Handbook, Moderation Form template, External Examining Policy, Assessment Board Terms of Reference, External Examiner Reporting template, Academic Board Subcommittee Terms of Reference, the Programme Monitoring and Review Policy, Programme Developers Manual, Learning and Teaching Strategy and curriculum workshops output.

86   To assess the reliability, fairness and transparency of assessment and classification processes for the programmes to be offered, the review team considered the Assessment Handbook, the Programme Monitoring and Review Policy, programme specification, Programme Plans and draft module specifications.

87   To assess whether plans for using external expertise in setting and maintaining academic standards are credible, robust and evidence-based, the review team considered the External Examining Policy, External Examiner Reporting template and Programme Monitoring and Review Policy.

88   To test that staff understand the requirements for the use of external expertise and the provider's assessment and classification processes, the review team met with the senior management team, individuals involved in the development of the educational provision and staff responsible for resourcing.

What the evidence shows

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

90   The provider has clear and comprehensive plans describing its requirements for using external expertise in setting and maintaining academic standards as outlined in the Academic Regulations, Quality Manual, Assessment Handbook, External Examining Policy, Programme Monitoring and Review Policy, and programme specification. These plans are credible and robust because the External Examining Policy contains clear protocols with regard to the appointment of, and consultation with, external examiners.

91   The External Examining Policy outlines the responsibilities of external examiners including the review of assessment briefs and marking criteria, review and moderation of assessed work and advising when appropriate on the adjustment of whole sets of marks. There is clear guidance on the role of the external examiner in the case of disagreements between assessors detailed in the Assessment Handbook. The External Examining Policy describes a comprehensive approach to the induction of external examiners, with additional support outlined for inexperienced external examiners. No degrees may be awarded without participation in the assessment process by at least one external examiner, who is an ex-officio member of the relevant Assessment Board. External examiners will participate in the decision-making process of the Assessment Board and their reports will be considered by Academic Board and used to inform annual programme monitoring and review.

92	External examiners for the BEng and MEng programmes are ex-officio members of the Assessment Board but are not directly involved in assessing students or marking. External examiners are responsible to Academic Board where they submit an annual report as an important element in monitoring the standards and quality of provision. The external examiners report on academic standards of awards and student achievement, assessment methods and process, application of procedures relating to mitigating circumstance and academic integrity, curriculum, learning teaching methods and resources, PSRB requirements and good practice. The External Examining Policy and the Assessment Handbook state that the external examiner reports will be given consideration by the Registrar, programme teams and Academic Board and used to inform programme monitoring and enhancement. External examiners' reports will be submitted using the External Examiner Reporting template, which is completed no later than two weeks following assessment board. External examining reports and the provider's initial responses will be considered at the earliest opportunity at programme team meetings and addressed in the relevant annual programme monitoring report. The team concludes that the provider has credible plans for the use of external examiner reports, and the provider's responses to them confirm the proposed use of external expertise and that the provider should give that expertise due consideration.

93	The programmes have yet to be approved through internal governance processes or externally validated by an awarding body, so the review team was unable to confirm that appropriate external expertise was used in programme approval according to the provider's policies and procedures. However, there is evidence of the provider's plans to use academic and industry experts, to assure academic standards, assessment processes and practices, and in an advisory capacity during programme development and approval and in the periodic review of programmes process. Curriculum workshops held with the PLuS Alliance founding partners and sector experts, with another workshop with industry experts held during May 2020, demonstrate the inclusion of external specialists in the programme development. The team concludes that plans for using external expertise in both setting and maintaining academic standards and assessment are credible.

94	Reflecting the vision outlined in the Learning and Teaching Strategy, senior staff and staff responsible for resourcing and education provision articulated plans to involve academic and industry external expertise in the development and delivery of provision. They spoke in particular of the need to engage with external subject expertise, including employer and industry experts and professional bodies, in all stages of programme development and delivery. They were able to describe how external experts were involved in the development of the programme proposals to date, for example the multi-stakeholder curriculum workshops, and how external examiners would be involved in reviewing the project briefs that would be co-developed with industry to ensure academic standards were maintained.

95	The provider has clear and comprehensive regulations and policies for assessment and classification, as outlined in the Academic Regulations, Quality Manual and the Assessment Handbook. This is evidenced through the programme specifications, Programme Plan and draft module specifications, which detail the learning outcomes, the intended approaches to assessment and the criteria which are clearly presented for FHEQ Levels 4, 5 and 6, highlighting the criteria for achievement at each level. The Programme Monitoring and Review Policy process will be informed by supporting evidence that will underpin the development and completion of focused actions through identification of issues or good practice. It will enable the identification of initiatives that have a positive impact on student outcomes and the student experience. The review team considers that the provider has clear and comprehensive regulations and/or policies for assessment and classification, and these processes are reliable, fair and transparent.

96	Senior management and staff responsible for educational provision competently

articulated the requirements for the use of external expertise and how feedback from externals will be considered and responded to at different levels of the institution through the internal governance processes for annual programme monitoring and review. Individuals involved in the development of the educational provision demonstrated a comprehensive understanding of the ways in which feedback from externals will be gathered, analysed and responded to by the programme leader as part of the APM process and how the APM report and progress against actions in the APM action plan would be considered by Academic Board.

97   All staff conveyed an unambiguous understanding of the requirements for the use of external expertise and of the provider's assessment and classification processes. Staff also articulated the use of external expertise in assessment and moderation. They communicated how industry partners had been approached early in the curriculum design stage to ensure that the range of subjects within the proposed programme reflected the needs of employers. The review team concludes that staff understand the requirement for the use of external expertise and the provider's assessment and classification processes.

Conclusions

98   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

99   The provider plans to use external expertise, assessment and classification processes that are reliable, fair and transparent. This is because the provider has clear and comprehensive regulations and policies describing its requirements for using external expertise in setting and maintaining academic standards and these requirements are credible and capable of delivering the stated objectives. The processes for assessment and classification as outlined in these documents are clear and transparent and likely to be effective when implemented. There are credible plans for using appropriate external expertise during programme delivery to support the curriculum. There is a clear approach for engaging appropriate external expertise in programme approval and annual programme monitoring and periodic review processes. Staff understand the requirements for the use of external expertise in all aspects of delivering high-quality academic experiences. They are also fully aware of the planned assessment and classification processes for the planned programmes. The review team concludes, therefore, that the Core practice is met.

100   The lack of evidence from assessed student work and external examiner reports, while reflecting the provider's current stage in the programme development and approval process, 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. The provider has sufficient evidence of plans to use external expertise and an understanding of assessment and classification processes as stipulated in the Academic Regulations, Quality Manual, Assessment Handbook, module specification and handbook templates, Guidance Module Assessment Workload Equivalences and External Examining Policy. These are deemed by the team to be robust and credible as they are embedded in the provider's planned processes for annual and periodic review as outlined in the Programme Monitoring and Review Policy. The review team considers that the implementation of those plans will result in the intended outcome; therefore, the review team has a high degree of confidence in this judgement.

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

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

102 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

103 The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Academic Regulations
b   Student Fees Policy
c   Admissions Policy
d   Admissions with Credit Policy
e   Admissions Appeals Policy
f   Planning Consent Forms
g   Programme specifications
h   Academic Board subcommittee Terms of Reference
i   Director of Recruitment and Admissions job description
j   Assessment Centre Proposal
k   Student Terms and Conditions
l   Student Charter
m   Equality Diversity and Inclusion Policy Statement
n   Initial Business Plan
o   Draft Access and Participation Plan
p   Academic Board minutes
q   Summer school feedback and changes
r   Meeting with senior staff
s   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the summer school activities)
t   Meeting with professional support staff
u   Final meeting with senior staff
v   Learning Tree demonstration.

104 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

105 The review team did not consider any evidence of the views of students concerning admissions processes or view admissions records because the provider had not, at the time of the review visit, started delivering their programme.

How any samples of evidence were constructed

106   As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

107   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

108   In order to consider whether the provider has developed a clear policy for the recruitment, selection and admission of students which is reliable, fair and inclusive and has a process for dealing with complaints and appeals related to admissions, the team considered the Admissions Policy, Admissions Appeals Policy, Admissions with Credit Policy, Initial Business Plan, draft Access and Participation Policy and its Equality and Diversity Inclusion Policy Statement.

109   To assess whether the provider has credible and robust plans for ensuring that admissions systems are reliable, fair and inclusive and that applicants receive appropriate support, the team considered the Academic Regulations, Academic Board subcommittee terms of reference, the Admissions Policy, the Admissions with Credit Policy, Academic Board minutes, and the provider's draft. Assessment Centre Proposal.

110   To test whether the admissions requirements in programme documentation are consistent with the stated policies, the review team considered the Planning Consent forms and draft programme specifications.

111   To establish how the provider's plans for the use of recruitment agents ensures that third parties will understand and implement the provider's admissions policy and process effectively, the review team considered the admissions policies and procedures are adhered to, considered the initial Business Plan, and met with senior staff and professional support staff.

112   To test whether the information given to applicants is transparent, inclusive and fit for purpose, the team looked at the Admissions Policy, Student Terms and Conditions, Student Charter, Student Fees Policy and summer school feedback and changes.

113   To test whether staff understand their responsibilities, are appropriately skilled and supported and can articulate how the provider's approach to inclusivity is manifest in the admissions process, the team viewed the job descriptions for the Head of Student Recruitment and Admissions. The team also met with senior staff, staff responsible for educational provision including the Deputy Dean, an academic consultant and a consultant leading the summer school activities and professional support staff, and observed a demonstration of the Learning Tree.

What the evidence shows

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

115   The provider's Initial Business Plan sets out the rationale for the provider's establishment: 'the need to address the shortage of qualified engineers and the intention to draw these from diverse backgrounds'. In order to be inclusive and facilitate the admission of

non-traditional applicants, the provider, in its Admissions Policy, states that it will base its selection process on assessing the 'Attitude, Aptitude and Ability' of potential students.

116   The team heard from senior staff, and from its reading of the provider's draft Access and Participation Plan (APP), that the provider plans to work with university technical colleges, institutes of technology and other specific organisations, such as further education colleges, to achieve their widening participation objectives, in particular targeting low participation neighbourhoods, BAME, disabled and female applicants. Although their Equality, Diversity and Inclusion Policy Statement aspires to a 50/50 gender split in the student cohort, the APP identifies a more cautious target of 20% female in the first year rising to 32% by 2025-26. Professional staff informed the team that these targets are realistic based on the gender balance of participants in summer schools and enquiries, which if converted, will achieve the higher end of the APP target. The provider is delivering an online global summer school from 1 June to 10 July, with an additional four weeks from 13 July - 7 August. This is a project-based learning experience, delivered by a global team of academic mentors, industry leads and dementia-related stakeholders, including people with dementia. The processes, systems and curriculum of the summer school are being used to create material for prospective students as a prototype project for outreach in secondary schools and for the recruitment of prospective students.

117   The Academic Board terms of reference states that it is responsible for the oversight and development of all academic activities including admissions. The provider has a clear and comprehensive Admissions Policy which outlines the procedures used to attract, recruit and admit students. It describes the principles and processes followed to select and admit new students to ensure the process is transparent and consistently applied. The admissions policies and procedures will be freely available on the provider's website with links to this provided in other promotional literature as appropriate. The Admissions Policy contains reference to relevant external guiding principles such as the requirement for international offers to be made in accordance with UK National Recognition Centre guidance and the use of UK Visa and Immigration service guidance on English language proficiency criteria. Reference is also made to the use of 'assessment centres' in student selection based on the criteria of 'attitude, aptitude and ability' the emphasis of which can be varied between candidates. The Admissions Policy states that the policy will be reviewed formally by the Head of Recruitment and Admissions on an annual basis with any findings reported to Academic Board.

118   The Academic Regulations make reference to admission with credit and cross reference to the Admissions Policy for more detail. However, admission with credit is not mentioned in the Admissions Policy but is covered by a separate draft Admissions with Credit Policy and application form. The draft Admissions with Credit Policy states that Recognition of Prior Learning can be given for entry into year two of a full-time undergraduate programme based on evidence of attainment of 120 credits at Level 4 in a relevant discipline at another UK higher education institution. Responsibility for the development and implementation of the policy sits with the Head of Recruitment and Admissions. Decisions are based on the equivalence of the prior qualification and the ability of the applicant to meet the learning outcomes of the programme and succeed on the programme, with the ultimate decision the responsibility of the Deputy Dean. Professional support staff met by the team confirmed that they are not currently planning to admit students with Accreditation of Prior Experiential Learning. This is due to the innovative pedagogical approach that underpins the planned blended learning involving the use of online learning technology through the provider's bespoke VLE (Learning Tree).

119   The Admissions Policy contains a section on appeals and complaints with a reference to the Admissions Appeals Policy. The formal submission of an appeal or complaint will not prejudice any opinion of the applicant or be used to adversely affect any

later dealings with the applicant, including any future applications. This policy sets out a three-stage process for appeals (and complaints) against admissions decisions. Stage 1: the provider will attempt, wherever possible, to resolve application queries quickly and informally. Stage 2: The Head of Recruitment and Admissions will investigate an appeal. Additional information may be required either from the applicant or relevant staff and in some cases a meeting may be convened to discuss the appeal. The provider will respond within 14 calendar days of receipt of the complaint stating either that the appeal is upheld or not upheld and the reasons for this decision. Stage 3: If the applicant remains dissatisfied with the outcome, they may request a review of the decision. The Deputy Dean will consider the review request within 14 days of receipt. If the appeal is upheld, in all circumstances, admissions will work with the applicant to find a suitable remedy, wherever possible. The outcome of the Stage 3 appeal review is final. The admissions complaints and appeals process follows a logical sequence, proceeding from an informal stage, through a formal stage to a potential review stage and is designed in such a way as to have the capacity to be fair.

120   While the provider plans to make admissions decisions based upon an applicant's potential to succeed determined through an Assessment Centre Event (ACE), senior staff explained to the team that the details of the ACE process were still being developed, as noted by Academic Board in the minutes of its inaugural meeting. Prospective students will be invited to attend an ACE based upon their initial application, and the outcomes of an online literacy and numeracy test, the exact level and nature of which had not yet been agreed, and submission of a BLOG/VLOG. The provider's draft Assessment Centre Proposal indicates that those attending an ACE will be asked to bring with them an object that represents their interest in engineering. This item will be used in an ice-breaker activity at the event itself, which will be followed by a group exercise to assess an applicant's ability to communicate and work as a team, a role-play exercise to assess their willingness to take responsibility for their own learning and an individual interview. Senior staff explained that successful applicants would be given an unconditional offer at this stage. The admissions process, including ACE, enables consideration of the applicant's fit with the provider's planned pedagogical approach and gives applicants an opportunity to reflect and decide whether the approach and programme is the right choice for them. Senior and professional support staff explained that performance at the ACE would be evaluated and an admission decision would be made by a panel of academics involved in the process. The admission evaluation and decision would be carefully moderated by another member of the team. The range of evidence called upon within the process and the emphasis on a holistic view of the applicant taking into consideration attitude, aptitude and ability rather than just the achievement of, for example A-level grades, has the potential if implemented as intended to be reliable, fair and inclusive. The team concludes that the provider's approach for ensuring that admissions systems are reliable, fair and inclusive are credible and capable of delivering the objective.

121   The Assessment Centre Proposal states that for international applicants, the ACE process will be replicated in an online environment, and admissions decisions will be made in the same way as for domestic students. Professional support staff and senior staff confirmed that the provider was planning to use agents as part of its process for recruiting international students. Senior staff explained that they intend to work only with a small number of high-quality agents who have the integrity to direct students elsewhere if they do not have the attributes needed to engage fully with the provider's particular pedagogic approach and recruitment processes. The Initial Business Plan outlines the financial assumptions, targets and risk assessment relating to the recruitment of international students and the use of recruitment agents. Senior staff informed the team that while the Initial Business Plan states an international student recruitment target of 40%, the provider will not recruit international students during 2021, as a direct impact due to the current context of the COVID-19 pandemic. Senior staff credibly articulated to the team that, based

on the risk assessment and once the policies and processes of how it intends to manage any arrangements with recruitment agents effectively are fully developed and approved, it will carefully select the number of agents that it will work with. International recruitment agents will be appointed following a due diligence process, background checks and based on their association with other universities. Detailed processes for this will be put in place by the Head of Student Recruitment and Admissions upon appointment. The team is of the view that the provider will manage any arrangement with recruitment agents effectively to ensure that its policies and requirements are strictly adhered to.

122   The provider seeks to attract students with the appropriate attitude, aptitude and ability. Therefore, admissions criteria within the programme specifications do not specify entry requirements based on high school leaving qualifications but will make use of the detailed evidence garnered during an Assessment Centre Event (ACE). Applicants may come from a wide range of educational backgrounds including: A-levels, International Baccalaureate Diploma Programme (IBDP), Bachelor of Technology Nationals (BTec), International Baccalaureate Career-related Programme (IBCP) and T-Levels. The programme specification includes that the provider will also consider applications from those in employment looking to up-skill or cross-train into the engineering and design field. In the interests of comparability, through the ACE, the provider expects applicants to be able to demonstrate achievement of 120 UCAS points or have the equivalent knowledge and experience. The completed (programme) Planning Consent form identifies that 'non-traditional entry requirements' are intended to be a unique selling point of the planned programmes, and that the target market includes school-leavers with non-traditional backgrounds, career-changers and returners to study as well as traditional school leavers. The admissions requirements set out in programme documentation are consistent with the provider's policy.

123   The Student Terms and Conditions have been developed to form, alongside the Academic Regulations, the contract between the provider and the student, that comes into place when an applicant accepts an offer of a place. The Student Terms and Conditions covers a range of considerations including expectations of a student's engagement with their studies, complaints and appeals and legal obligations, such as immigration requirements and data protection. Although not a legal document, the Student Charter also sets out the expectations and commitment that the student and the provider should have of one another regarding the promotion of ethos and community, academic and learning experience, health and well-being and creating opportunities for personal development and growth. The Student Fees Policy for applicants and students explains how fees are determined, what happens if they are not paid and what sources of support are available to students if facing financial difficulty. Together these documents provide a clear and transparent basis for the planned relationship between the provider and its students.

124   Senior and professional support staff confirmed to the team that staff who will be involved in the admissions and recruitment process will be appropriately skilled, and that the planned training of relevant staff in the ACE selection process would be critical to the success of the admissions process. Admissions decisions will ultimately be made by the Deputy Dean with administrative support provided by the Registrar.

Conclusions

125   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

126   The provider is developing an admissions system that is capable of being reliable, fair and inclusive. This is because the documentary evidence including the admissions policy provided to the review team is credible and the discussions with staff regarding the provider's plans for recruitment and admissions are realistic and provide a very strong and consistent account of their planned objective. The provider's approach to recruiting students based upon their attitude, aptitude and ability is consistently articulated throughout the provider's policies, procedures and in the information that has so far been produced for potential applicants. The admissions requirements set out in the provider's programme documentation are consistent with their stated policies. The review team is satisfied that the provider's approach and plans for the staffing of recruitment and admissions activities are clear and comprehensive and that the staff who will be involved in the recruitment and in admission of students will be appropriately qualified, experienced and skilled. Therefore, the review team concludes that this Core practice is met.

127   The evidence underpinning the judgement reflects, with the exception of admissions records and the opportunity to hear the views of students, the evidence described in the QSR evidence matrix. These exceptions are due to the provider's current stage of development. In the absence of these forms of evidence, the effectiveness of the approach to ensuring a reliable, fair and inclusive admissions system could not be fully tested. The Admissions Policy includes a commitment to review annually the effectiveness of the policy and the team has concluded that the provider has in place credible plans for the recruitment and admission of students. However, the provider has acknowledged that it needs to further develop the proposed Assessment Centre Event and its plans to work with recruitment agents thus the review team has a moderate degree of confidence in this judgement.

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

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

129   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

130   The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Quality Manual
b   Assessment Handbook
c   Programme Monitoring and Review Policy
d   Curriculum Workshop Outputs
e   Campus Plans
f   Student Support and Services Information
g   Academic Regulations
h   TEDI-London Joint Venture Agreement
i   Programme Developers Manual
j   Programme specification
k   Programme Plans
l   OU Process Confirmation Letter
m   Academic Board subcommittee Terms of Reference
n   Assessment Brief template
o   Module Handbook templates
p   Learning and Teaching Strategy
q   Draft module specifications
r   Think Radio Project
s   Summer school project aims
t   Output from industry projects workshop
u   Summer school feedback
v   Meeting with senior staff
w   Meeting with staff responsible for resourcing
x   Meeting with staff responsible for educational provision (including the Deputy Dean, an academic consultant and a consultant leading the summer school activities)
y   Meeting with professional support staff
z   Final meeting with senior staff
aa   Learning Tree demonstration.

131   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

132   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 started. For the same reason the review team did not meet with third parties.

How any samples of evidence were constructed

133   In this review, the team did not consider any external examiner reports, views of students or undertake any observations of teaching as programme delivery has yet to begin.

Why and how the team considered this evidence

134   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

135   To identify the provider's approach to designing and delivering high-quality programmes, the review team considered the academic regulations, the Quality Manual, the Programme Developers Manual, the Assessment Handbook, and Student Support and Services Information.

136   To assess whether the provider has credible, robust and evidence-based plans for designing high-quality programmes, the team considered the Provider's Learning, Teaching and Assessment Strategy, Programme Developers Manual, the Assessment Handbook, the Curriculum Workshop Outputs, output from a workshop involving industry and Campus Plans.

137   To test that all elements of the programmes are high quality (curriculum design, content and organisation; learning, teaching and assessment approaches) and that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes, the review team examined the Programme Monitoring and Review Policy, Programme Developers Manual and the Assessment Handbook, draft programme specifications, draft module descriptors, Programme Plans, awarding body confirmation plans, Academic Board terms of reference, Curriculum Workshop Outputs, summer school projects and feedback, the PLuS Alliance joint venture agreement, Assessment Brief and Module Handbook templates, and a demonstration of the Learning Tree.

138   To assess how staff ensure programmes are high quality, the team met with senior staff, with staff responsible for resourcing, staff responsible for educational provision, and professional support staff.

What the evidence shows

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

140   The academic regulations and the policies underpinning programme development, assessment and student support show that the provider has planned a coherent approach to the design and delivery of high-quality programmes. The guidelines on programme development are written to ensure that the overall portfolio of programmes offered by the provider is relevant to market needs, reflects the provider's mission, strategic goals, current academic priorities and resources. Academic Board will consider proposals for the development of new academic programmes which should be informed by market intelligence. The programme development process commences at least two years prior to

the planned commencement of a new programme to allow sufficient time for consultation with stakeholders to ensure that the curriculum development phase is informed by the latest pedagogic research and undertake a programme resource requirements audit. The provider's regulations and policies for programme design and delivery will facilitate the design and delivery of high-quality programmes.

141 The Programme Developers Manual includes guidance on programme development and the preparation of a constructively aligned curriculum that is also inclusive in approach, taking into account relevant Subject Benchmark Statements, the needs of employers and industry in general. The Curriculum Workshop Outputs and a recent workshop with employers demonstrate the collaborative nature of the provider's strategy to design and deliver a high-quality innovative curriculum. The Programme Plan outlines comprehensive timetables and module delivery plans that indicate when modules will run, in which term for all years, both for standard (over a period of three years) and accelerated (over a period of two years) delivery of the programmes. It also includes which modules will be studied online and which ones will be group and individual projects.

142 The provider's Learning and Teaching Strategy, Programme Developer's Manual and Assessment Handbook set out its approach through project and problem-based learning underpinned by a learning tree of knowledge to designing and delivering high-quality programmes. The provider has coherent principles for the assessment of students to enable students to demonstrate the intended learning outcomes of each programme. Assessment brief and module specification templates indicate that modules will have a coherent assessment strategy that will enable students to demonstrate intended learning outcomes. Formative assessment will be given to students after studying online learning modules, known as Learning Tree nodes. As outlined in the Assessment Handbook, Programme Developers Manual, Learning and Teaching Strategy and draft module specifications and confirmed in meetings with senior staff and staff responsible for academic provision, the successful completion of these modules allows students to undertake individual and group-based projects within Maker Spaces as part of their modules, with summative assessment consisting of one or two components, which may be programme work, examinations, design projects, presentations, or a single integrated examination. All of this evidence contributes to the review team's view that the provider's plans for designing and delivering high-quality programmes are credible and effective if they are operated as documented.

143 The planned blended learning, involving the use of online learning technology through the provider's bespoke VLE (Learning Tree) for key technical modules, and innovative problem-based learning delivery through real-world design projects in collaboration with industry within the Maker Spaces, provide opportunities for students to engage in an interactive learning experience. The provider's Learning Tree will have 500 three-hour learning sessions called nodes. These nodes are in development and the review team was given a demonstration of the Learning Tree and several of the nodes developed. The nodes are studied online with Pass/ Fail assessment and feedback is given. Students have to resit the assessment until they pass all the required competencies. These nodes allow students to achieve threshold understanding of key engineering principles, design concepts and related topics. Staff responsible for educational provision informed the team that once students complete and pass the online Learning Tree nodes they will study their modules using the flexible Maker Spaces for problem and project-based learning, where students can, for example, design and make prototype artefacts. The students undertake this experiential project-based learning on tasks sponsored by industry partners, and which contain a mix of group and individual summative assessment that utilise the knowledge and competencies developed through previous online learning. The review team found this blended learning approach as articulated to the team in meetings with senior staff and staff responsible for educational provision to be innovative and that students will have the opportunity to demonstrate the intended learning outcomes.

144   The provider's strategic approach to learning and teaching is to develop and deliver accessible, high quality and industry-relevant engineering programmes. The provider's Learning and Teaching Strategy further states that 'industry partners will be involved in setting projects and problems, as well as acting as mentors for these', that the curriculum will be '…co-designed and co-delivered by industry experts' and that '… engagement with industry partners is a fundamental aspect of TEDI-London'. The Learning and Teaching Strategy further explains that 'industry will propose and inspire projects that students may engage with as part of the programme'; however, all projects will take place under the supervision of the provider's academic staff. MEng Global Design Engineering students will undertake a credit-bearing work placement at Level 7. This means that in practice the Engineering Placement module identified in the programme specification will not be delivered until 2023. In response to evidence requested by the team, the provider indicated that the placement guidance referred to in the Programme Developers Manual is to be developed and is expected to be made available in Spring 2021 prior to commencement of delivery.

145   The programme specifications and draft module descriptors for the BEng and MEng in Global Design Engineering detail programme structures and intended learning outcomes. Internal approval by Academic Board and, if necessary, the external validation by the OU of the proposed programmes is planned for later in 2020. Each programme specification details the aims of the programmes, knowledge and understanding, learning outcomes, module subject-specific learning outcomes, subject-specific cognitive skills and key transferable skills for the main awards and each intermediate award such as Diploma, and Certificate of Higher Education. For each programme specification, module learning outcomes are mapped against these programme-level learning outcomes to show how they will be met during programme delivery. Although the review team did not have access to all module descriptors and module assessment criteria, the draft module specifications and assessment brief templates provide a framework for completion of the module handbook for students. The provider is also considering the use of integrated assessment whereby learning outcomes across more than one module would be assessed by one exam, enabling a holistic assessment of students. The review team found that the programme specifications and draft module descriptors describe an innovative set of high-quality programmes that will enable students to demonstrate the intended learning outcomes and should produce graduates who are highly employable due to their experience of real-world projects.

146   Annual programme monitoring provides a mechanism for programme teams to review their programme at the end of each academic year and to capture actions designed to enhance that programme. To ensure programmes continue to meet these standards, all programmes are subject to a five-year periodic review. Annual programme monitoring and periodic review reports and action plans are submitted for consideration by Academic Board. All of this evidence contributes to the review team's view that the provider's plans for designing and delivering high-quality programmes are credible and capable of delivering the intended outcomes.

147   The provider has been trialling its teaching and learning strategies through summer schools in 2019 and 2020. In 2019 the summer school recruited participants from the founding partners of the PLuS Alliance who spent time individually and in groups writing and developing Learning Tree nodes and undertaking group design projects, such as working on supporting people with dementia. The review team considered the feedback from this group of participants which was positive but also highlighted from the students what could be improved for further summer schools. The provider has used this feedback to design the 2020 summer school which was delivered online with 147 students from 21 countries across 20 time zones, with aims to create product and service solutions in dementia-friendly environments. This gave the provider an opportunity to pilot and enhance further ways of working, its systems and curriculum.

148   Professional support staff explained the provider's approach to working with employers in curriculum development and industrial projects and how they had used feedback from the summer schools to improve online collaboration for students. Staff responsible for resourcing clearly articulated the provider's approach to their teaching and learning philosophy and programme design and delivery using a blended learning approach. Staff responsible for educational provision explained their approach to programme design and assessment, partnership working with industry to co-design the curriculum, and how industry partners would be involved in student projects. They explained the provider's plan for annual monitoring and review and how they would monitor student support and achievement. They articulated the use of feedback from the summer schools and how the provider would enhance their learning and teaching offer to students. Resource and educational staff also explained how they were developing a toolkit for staff to support them in teaching and learning to ensure they understood the teaching and learning pedagogy of the provider to ensure high-quality programmes.

149   Senior staff explained the institutional approach to programme design in collaboration with industry partners to co-create programmes to meet the needs of industry and produce high-quality employable graduates to meet the predicted national shortage of engineers. Senior staff explained their approach to assessment, programme monitoring and review and the use of learner analytics to improve student support and the student experience. In meetings with the review team, senior staff and staff responsible for educational provision were able to articulate what 'high quality' means and to show how the provision meets that definition as it relates to curriculum design, content and organisation, as well as learning, teaching and assessment approaches and that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes.

Conclusions

150   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

151   The provider has credible plans for designing and delivering high-quality courses and has in place a regulatory framework that facilitates this. The provider's underlying aims and purpose in designing and delivering its provision through problem-based curriculum design and project-based learning is underpinned by a learning tree of knowledge. The programme documentation indicates that the teaching, learning and assessment design will enable students to meet and demonstrate the intended learning outcomes. Monitoring of quality is ensured through the provision of adequate policies and procedures for annual monitoring, periodic and external review capable of delivering the stated objectives. Staff are able to articulate what 'high quality' means in the context of their planned provision. The review team concludes, therefore, that the Core practice is met.

152   The evidence underpinning this judgement reflects, with the exception of external examiners' reports, students' views, and observations of teaching and learning, the evidence described in the QSR matrix. The provider has sufficient evidence of plans which are deemed by the team to be adequate and credible and the team considers that the implementation of those plans will result in the intended outcome. Therefore, the review team has 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

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

154   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

155   The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Example academic job description person specification
b   Staffing structure
c   Staff Recruitment Plans
d   Dean and CEO Curriculum Vitae
e   Deputy Dean Curriculum Vitae
f   Job Description Assistant Registrar Student Experience
g   Job Description Assistant Registrar Education
h   Director Recruitment Admissions Job Description
i   Student Recruitment Admissions Manager Job Description
j   Learning Tree Curriculum Vitae
k   Projects Lead Curriculum Vitae
l   Learning Tree Projects Curriculum Vitae
m   Academic Consultant Curriculum Vitae
n   Deputy Dean Job Description
o   Academic Content Developers Job Description
p   Project Programme Leader Job Description
q   Curriculum Lead Technology Enhanced Learning Job Description
r   Induction Welcome to TEDI
s   Probation information
t   Programme Tutor Job Description draft
u   Registrar Job Description
v   Initial Business Pan May 2019
w   Meeting with senior staff
x   Meeting with staff responsible for resourcing
y   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the Summer School activities)
z   Meeting with professional support staff
aa   Learning Tree Node Observation
bb   The provider's website https://tedi-london.ac.uk accessed 24 June 2020
cc   International recruitment website www.jobs.ac.uk accessed 24 June 2020.

156   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

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

How any samples of evidence were constructed

158   The review team considered the CVs of 22 currently appointed staff, and available job descriptions were reviewed to gain a full understanding of specific roles in the organisation's structure of a cohort of 50 positions and the qualifications and skills of existing staff.

Why and how the team considered this evidence

159   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

160   To identify how the provider recruits, appoints, inducts and supports staff, the review team considered the Staff Recruitment Plans, staffing structure, Induction Welcome to TEDI, probation information, job descriptions for both academic and professional support staff, CVs and the Initial Business Plan May 2019.

161   To assess whether the provider has credible, robust and evidence-based plans for ensuring that they have sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience, the review team considered the Staff Recruitment Plans, staffing structure, Induction Welcome to TEDI, probation information, job descriptions for both academic and professional support staff, CVs and the Initial Business Plan May 2019.

162   To assess that the staff were or will be recruited according to the provider's policies and procedures (for example, that post-holders' prior qualifications and experience were properly checked), job descriptions and CVs were examined.

163   To identify how the provider recruits, appoints, inducts and supports staff and to test that staff are appropriately qualified and skilled to perform their roles effectively, the review team met with the senior management team, individuals involved in the development of the educational provision including the Deputy Dean, an academic consultant and a consultant leading the summer school activities, professional support staff and the Learning Tree Node Development.

What the evidence shows

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

165   To date the provider has focused on the recruitment and appointment of senior academic leadership roles including that of Dean (January 2019) and Deputy Dean (February 2020). The Staff Recruitment Plans and staffing structure detail the provider's

plans for a number of academic appointments in line with anticipated student recruitment with a planned 25:1 student to academic staff ratio by the 2026-27 academic year.

166   The provider's staffing structure includes the Dean and CEO, Deputy Dean, Director of Resources, Strategy, Planning and Risk Manager (yet to be appointed) and nine senior roles leading on academic provision (yet to be appointed), partnerships, student recruitment and admissions, quality assurance and student experience (registry), information systems and technology, marketing, finance and facilities with appropriate staff in post (or planned) within each of these functions. The staffing structure shows the 22 currently appointed roles and the 26 roles that have yet to be recruited.

167   The provider's approach to staff recruitment and selection is described in the Staff Recruitment Plans. It is the provider's intention to appoint the best candidate for any vacancy as defined by a set of objective criteria, dependent on role, regardless of the candidate's background. The Staff Recruitment Plans outline the 12-month recruitment schedule, to March 2021, for professional support staff and the five-year schedule for the recruitment of academic staff to maintain a student to academic staff ratio of 25:1. At the time of the review, recruitment is in progress for two academic and five professional staff positions, with plans to continue to recruit a further eight academics before the start of 2021. A total of about 20 FTE will be in place by the end of the first year of delivery. The proposed timeline for recruitment of posts is appropriate.

168   It was confirmed during the meeting with senior staff that some appointments have been delayed due to the current context of the COVID-19 pandemic. However, the provider confirmed that it continues to recruit and appoint at this time and the team saw evidence of its continuing efforts on both the provider's website (https://tedi-london.ac.uk) and that of a major recruitment website for the sector (www.jobs.ac.uk); an example being the role of Programme Lead which will now be appointed in September 2020. In the interim period, the Deputy Dean has assumed responsibility for this portfolio until anticipated appointment in September 2020.

169   Furthermore, the Staff Recruitment Plans provide an overview of the planned approaches for recruitment, selection and pre-employment checks for eligibility to work in the UK. In addition to the interview process, candidates are required to complete an online Harrison Suitability Assessment with job-specific behavioural and personality testing which effectively predicts job success, engagement, and retention that will be followed up at interview and evaluated in tasks relevant to the nature of each position. For student-based roles, candidates will be required, subject to student availability, to deliver an observed session to demonstrate how the individual interacts with students. The review team is satisfied that the provider's recruitment, selection and appointment practices are adequate and effective for the recruitment, appointment, induction and support for staff that will provide for a sufficient number of appropriately qualified and skilled staff to deliver a high-quality academic experience.

170   Job descriptions for academic and professional support seen by the team are appropriate to the level and requirements of the post. The provider's approach to staff recruitment and selection and the clear job descriptions for staff give confidence that the remaining vacancies will be filled with high-quality candidates. Both the academic and professional staff job descriptions are appropriate for the delivery and support of the programmes to deliver a high-quality academic experience. Furthermore, the provider has plans in place to help mitigate potential recruitment challenges that may be faced as a new provider and presents strategies to overcome these in the Initial Business Plan May 2019, including attractive terms and conditions and fractional contracts.

171   The team is satisfied that the current staffing structure and plans for further

recruitment and appointment are robust and credible to support the provider in delivering a high-quality academic experience for students. This is because through reference to CVs for Executive, Leadership Team and consultants, job descriptions for academic and professional support staff, meetings with senior staff, staff responsible for resourcing, staff responsible for educational provision and professional support staff, the team was able to verify that the programme will be delivered by a cohort of experienced and qualified higher education professionals with appropriate experience in their respective areas of expertise. The job descriptions for Deputy Dean, Project Programme Leader, Programme Tutors, Curriculum Lead Technology Enhanced Learning and Academic Content Developers demonstrate that the skills and qualifications match the tasks and responsibilities expected from the roles. For example, the job description for programme tutors requires relevant academic qualifications, senior management experience in a higher education setting and experience of providing academic and pastoral support. By contrast, the Project Programme Leader, besides having academic and curriculum experience, is expected to have the ability to lead and manage programmes and programme teams with the potential to be eligible for registration with Professional, Statutory and Regulatory Bodies. Appointees' qualifications, experience and references are checked by the Human Resources team prior to confirmation of appointment and the CVs of current staff demonstrate that staff are appropriately qualified and skilled to perform their roles effectively and to deliver a high-quality academic experience. The review team found that the provider's proposals for academic and support staff and the skills, experience and attributes required for each role are appropriate for delivery of a high-quality academic experience.

172   The Induction Welcome to TEDI document provides appointed staff with comprehensive and practical information. This information includes working environment and housekeeping, health, safety and security protocols, coverage of staff leave, flexible working, grievance procedures, performance review and training and states a commitment to supporting personal development. The review team heard that all staff are required to undertake mandatory training sessions on values and behaviours, dignity at work and unconscious bias. TEDI - London will provide all staff with opportunities for professional development, including an expectation that staff will achieve Fellowship with the Higher Education Academy that will be supported by the provider. The provider is in the process of developing a learning and teaching toolkit to support staff in delivering a high-quality academic experience that aligns with institutional values, policies and processes. It is anticipated that this will be in place by the end of 2020. Staff will be supported by fortnightly one-to-one meetings with their line managers which will focus on development and ongoing review of individual development needs. This will be captured in personal development plans to support staff to develop their skills and contribute to the ongoing development of high-quality academic provision. Peer observations are planned but no policy or process is in place at the time of this review.

173   Senior staff in meetings updated the review team on the ongoing recruitment plans and confirmed plans for future appointments. Senior staff also confirmed plans for fractional appointments of academic contributors from the founding partner institutions. Senior staff explained that they plan to have an appropriate balance of teaching and professional support staff across the organisation to ensure a high-quality academic experience for students. Staff responsible for academic provision and staff responsible for resourcing confirm the institutional practices for induction and the planned approaches for supporting staff development. The review team was able to test staff knowledge on staff recruitment and induction processes in place, to assess staff qualifications, skills and experiences, and concludes that those met are appropriately qualified and skilled to perform their roles effectively. The review team is of the opinion that there will be sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience.

Conclusions

174   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

175   The provider will have sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. The provider's recruitment plans allow for an appropriate balance between teaching and professional support. The provider has appointed key staff, and those appointed to date form a cohort of experienced and qualified higher education professionals with current appropriate experience. The provider's approach to recruitment will be effective to support the recruitment of appropriately qualified and skilled academic, management and professional support staff to deliver a high-quality academic experience. There are detailed plans for the staff induction process and work is in progress specifically related to a learning and teaching toolkit that will support staff in delivering a high-quality academic experience and ensure that staff are supported to undertake their roles in line with the provider's values, policies and processes. There are plans in place to support professional development including achieving Fellowship with the Higher Education Academy. At the time of the review, the team met with key academic and professional support staff already in post, who confirmed the relevance and appropriateness of their qualifications and experience to their roles, and the planned opportunities for further professional development. The review team concludes, therefore, that this Core practice is met.

176   The evidence underpinning this judgement reflects, with the exception of students' views, and observations of teaching and learning, the evidence described in the QSR evidence matrix. While the provider has plans for the recruitment, selection and appointment of appropriately qualified and skilled staff to deliver a high-quality academic experience, at the time of review there were still 26 vacancies and therefore the team has 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

177   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.

178   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

179   The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   List of equipment
b   Example academic job description
c   Staffing structure
d   Staff Recruitment Plan
e   Dean and CEO Curriculum Vitae
f   Deputy Dean Curriculum Vitae
g   Campus 2.0 Plans
h   Student support and services
i   Job Descriptions Assistant Registrar (Education)
j   Programme Developers manual
k   Programme Resources Audit Form
l   Academic Board - Terms of Reference
m   Job Description Director Recruitment and Admissions
n   Job Description Student Recruitment and Admissions Manager
o   Learning Tree Curriculum Vitae
p   Projects Lead Curriculum Vitae
q   Learning Tree Projects Curriculum Vitae
r   Job description Programme Tutors
s   Learning and Teaching Strategy
t   British Land letter of support
u   Initial Business Plan May 2019
v   Student Services Proposal
w   King's College London Students' Union TEDI - London affiliation agreement
x   Observation of Learning Tree
y   Meeting with senior staff
z   Meeting with staff responsible for resourcing
aa   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the summer school activities)

bb   Meeting with professional support staff.

180   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

181   The review team did not consider students' views on suitability of the facilities and support staff as the programme has not commenced. The review team did not consider third-party endorsements commenting on the suitability of facilities and support staff because they did not exist.

How any samples of evidence were constructed

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

Why and how the team considered this evidence

183   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

184   To identify how the provider's facilities, learning resources and student support services contribute to delivering a high-quality academic experience, the review team considered the Programme Resources Audit Form, a demonstration of the Learning Tree and Student Support and Services documentation.

185   To assess whether the provider has credible, robust and evidence-based plans for ensuring that they have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience, the review team considered the provider's Business Plan, Learning and Teaching Strategy, Academic Board Terms of Reference, Programme Developers Manual, Campus 2.0 Plans, and a list of equipment.

186   To identify how the provider's facilities, learning resources and student support services contribute to delivering a high-quality academic experience, the review team considered the provider's Campus Plans and Student Support plans, as well as a demonstration of the Learning Tree.

187   To determine whether the roles are consistent with the delivery of a high-quality learning experience, the review team considered the provider's staff recruitment plans, job roles and structures through their Structure Chart, their Business Plan, academic job descriptions, professional staff job descriptions, as well as CVs of the Dean, Deputy Dean and support staff.

188   To test whether staff are appropriately qualified and skilled and understand their roles and responsibilities, the review team held meetings with senior staff, staff responsible for resourcing, staff responsible for educational provision and professional support staff.

What the evidence shows

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

190   The provider's approach for the development of facilities, learning resources, staffing and student support services are articulated in the provider's Learning and Teaching Strategy, Academic Board Terms of Reference, Business Plan, Campus 2.0 Plans and Student Support and Services plans. The provider has temporary leasehold premises and expects to relocate to a purpose-built campus at Canada Water in May 2021 ready for their first cohort of students in September 2021. The provider is currently negotiating an agreement with a major developer for a lease providing for the construction, fit-out and occupation of a modular campus and expects to agree final terms in August 2020.

191   The Learning and Teaching Strategy confirms the provider's approach to creating contemporary physical and digital learning spaces that promote innovation in collaboration with industry. The provider is planning to utilise an online resource for books and journals, and at the time of the review was trialling an online library resource in preparation for programme delivery. The new site at Canada Water will also have a library that students will be able to access. The Academic Board Terms of Reference include oversight for the implementation of developments in learning and teaching technology and the acquisition, distribution and allocation of teaching and learning resources. The Business Plan also sets out the vision for the provider and its intention to set up a Global Design Centre through its Campus 2.0 plans that will house four Maker Spaces for students to undertake project-based learning. The Campus 2.0 plans for the new building show that it will deliver the provider's programmes over three floors and will contain several Maker Spaces including for metalworking, woodworking, casting and 3D printer facilities, which should adequately provide high-quality facilities for students on the proposed programmes to make 3D prototypes of their engineering designs.

192   The provider's self-paced and personalised learning experience through its bespoke VLE offers an online matrix of topics in the 'Learning Tree' of knowledge which is in development with plans to produce 500 three-hour learning sessions, or 'nodes' that build up to modules. From the demonstration of the Learning Tree it was evident that appropriate effort and investment is being made to create an interactive and engaging academic experience.

193   The provider is not planning to have any desktop PCs and all students will be supported to use a laptop, with a specification detailed by the provider, with Wi-Fi 6 internet access on the campus onsite facility regardless of home facilities. For students who cannot access the internet at home, the provider will look at a range of support that can be negotiated between the provider and the student. For those students who do not have a laptop the provider will offer a bursary, a laptop loan service or offer an interest-free loan paid by monthly instalments.

194   The review team saw a tentative list of equipment that has been provided but a final inventory has not yet been produced as programme planning is not yet fully complete and a review of the final curriculum is necessary to identify needs. The Maker Space provision to be used for project-based learning has been designed to be agile offering a flexible space to support several modules through multi-disciplinary learning. Senior staff, staff responsible for resourcing and staff responsible for academic provision confirmed that a budget is set aside for equipment, development and fit-out of its new facilities. The provider's strategy for accessing appropriate facilities was articulated in meetings with senior staff and staff responsible for resourcing. The provider is in the process of developing partnerships with London-based universities and equipment manufacturers to source equipment that students can access when necessary for their project work.

195   The review team concludes that the provider is making progress to create well-resourced, contemporary teaching and learning spaces, social areas and teaching facilities. Plans for facilities, learning resources, staffing and student support services are

comprehensive and credible because the design and implementation will encompass the physical, virtual and social learning environments which will be accessible and suitable for the planned learning activities. The overall planned resources would be sufficient to meet the programme's needs once it is operational at full capacity. The plans, if realised, would provide sufficient and appropriate facilities, learning and student support services to deliver a high-quality academic experience.

196   The Programme Developers Manual requires programme planners to consider staffing and specialist resource requirements and to undertake a resource audit to ensure that there are enough resources in place for the delivery of both new and existing modules. Once the programmes are running, oversight of programme development and resources will be overseen by Academic Board. For any future amendments to programmes or for new modules to be delivered, the provider will use a Programme Resource Audit Form, which will be approved by the Deputy Dean, in order to assess any consumables, equipment and other resource issues arising from the programme and how they are being addressed. The provider's plans for facilities are credible, realistic and demonstrably linked to the delivery of successful academic and professional outcomes for students.

197   The plans for student support detail arrangements for facilities, learning resources and services. The Student Hub, both physical and online will be a one-stop shop for student support and guidance. Each student will be allocated a personal tutor from commencement of study and for the duration of their programme. The personal tutor is responsible for giving academic advice, supporting personal and professional development, and directing students to sources of academic-related and non-academic support. The Student Support and Services information outlines for students an overview of the services available from the Educational Support Team and IT Support Desk. Students will be offered study skills support through workshops, tutorials and through the Learning Tree, with Academic Skills Tutors offering specialist academic support and educational guidance through bookable timetabled slots. Registered students will also obtain associate membership of King's College London Students' Union (KCLSU) enabling them to access further support, guidance and advocacy services. The provider will offer wellbeing services that will include counselling, therapy and mental health mentoring, as well as further self-help resources through online support via the Student Hub.

198   The provider's Campus 2.0 Plans, Student Support Services Information and Initial Business Plan for the further development and maintenance of physical facilities, learning resources and student support services seen by the team and credibly articulated in meetings with senior, resourcing, professional services support staff and those responsible for academic provision are credible and realistic. The plans illustrate that the teaching and flexible Maker Space facilities that will be available to the provider at Canada Water along with the Student Hub will facilitate and provide the delivery of successful academic and professional outcomes for students.

199   The provider is led by a Dean and Deputy Dean of considerable relevant experience in engineering education. The provider has detailed its staff recruitment plans over the next six years and provided a clear proposed staffing structure chart. Growth in staff numbers is matched to student numbers with a proposed student to academic staff ratio of 25:1. Job descriptions and support staff CVs demonstrate that staff are appropriately qualified and experienced for their prospective roles in supporting students and learning. All professional support staff are appropriately qualified and have previous experience of working in support and management roles.

200   Support staff and staff responsible for the education provision demonstrate a sound understanding of their roles and responsibilities with respect to student support, in particular the planned use of learner analytics monitored by registry who will flag any lack of student

engagement issues to their personal tutor to develop a support plan. Staff are familiar with support plans in place and can clearly articulate the role and purpose of the Personal Tutor, Academic Skills Tutor, the Student Hub, KCLSU and external support organisations to which the provider may refer students for specialist services.

201   Senior staff clearly articulated their vision for a high-quality student academic experience in a purpose-built campus. They explained their development plans for the new campus, with a clear strategy for staff recruitment and induction, with planned recruitment of eight FTE staff by the end of 2020 and about 20 FTE by the end of the year of the first cohort of students. They clearly articulated their plans for resources in the new campus development to be flexible and agile with access to resources through agreements with other universities and educational products companies.

Conclusions

202   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

203   The provider's strategies and approaches for the development of facilities, learning resources and student support services to deliver a high-quality academic experience are closely linked to the delivery of successful academic and professional outcomes for students. There are comprehensive plans for the provision of high-quality learning resources and teaching facilities, and evidence-based plans are in place to fully develop the VLE Learning Tree and student support services in time for the start of programme delivery. Plans for the development of facilities, learning resources and student support services are credible and realistic, and staff understand their roles and responsibilities for student support. The review team concludes, therefore, that the Core practice is met.

204   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. The provider fully articulated its staff recruitment plans, monitoring of progress of development of the VLE, together with the comprehensive plans for the provision of physical teaching facilities and online resources, and student support. However, at the time of review a tentative list of equipment was provided and a final inventory had not yet been produced as programme planning is not yet fully complete and the provider is currently negotiating an agreement with a major developer for a lease providing for the construction, fit-out and occupation of a modular campus. Therefore, the team could only have a moderate degree of confidence in this judgement.

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

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

206   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

207   The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Quality Manual
b   Programme Developers Manual
c   External Examining Policy
d   Programme Monitoring and Review Policy
e   Staffing structure
f   Staff Recruitment Plans
g   Job description of the Assistant Registrar Student Experience
h   Student Engagement Policy
i   Student Experience Committee Terms of Reference
j   Job Description for the Assistant Registrar Student Education
k   Academic Board Subcommittee Terms of Reference
l   Student Charter
m   KCLSU letter TEDI London affiliation agreement
n   Summer school Feedback and Changes
o   Meeting with senior staff
p   Meeting with staff responsible for resourcing
q   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the Summer School activities)
r   Meeting with professional support staff.

208   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

209   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

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

Why and how the team considered this evidence

211   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

212   To identify and assess how the provider will actively engage students in the quality of their educational experience and monitor the outcomes. of that engagement, the review team considered the policies, including the Quality Manual, Student Engagement Policy, Academic Board Subcommittee Terms of Reference, Student Experience Committee Terms of Reference, KCLSU affiliation agreement letter and Student Charter.

213   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, the team considered the Student Engagement Policy, Student Experience Committee Terms of Reference, Programme Developers Manual, Programme Monitoring and Review Policy, External Examining Policy, Staffing Structure and Staffing Plans, job descriptions for the Assistant Registrar Student Experience and the Assistant Registrar Student Education, and the summer school feedback and changes.

214   To illustrate the impact of the provider's approach to changes made as a result of student engagement, the review team considered the summer school feedback and changes.

215   To seek assurance that they understand their role in relation to actively engaging students, individually and collectively, in the quality of their educational experience, the review team met with the senior management team and professional support staff.

What the evidence shows

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

217   The Student Charter and Student Engagement Policy outline the opportunities for, and expectations of, students to engage and participate individually and collectively in the quality of their educational experience. This includes gathering student feedback through student representation on academic committees, including the Academic Board and Student Experience Committee, individual student feedback through satisfaction surveys, module evaluation, mid-module temperature checks on the VLE, and through participation in quality and enhancement activities such as student input into the annual programme review and the development of new programmes as stated in the Programme Developers Manual and the Student Engagement Policy. The Student Experience Committee terms of reference, a standing committee of Academic Board, provides a clearly identified opportunity for interaction between student representatives and academic and operations managers. The mechanisms outlined indicate that the provider has a clear and effective approach to engage students, individually and collectively in the quality of their educational experience.

218   The Student Engagement Policy demonstrates that the provider has clear plans for

student engagement, and information for students on engagement opportunities is available in the Student Engagement Policy, Student Experience Committee Terms of Reference, and Academic Board Subcommittee Terms of Reference document, which describes the operation of the student representation system, including how students will be represented on key academic committees.

219   The Student Engagement Policy explains how the provider will collectively engage with students in the quality of their educational experience through student representation. Student representative election processes are set out in the Student Engagement Policy and this provides for an annual election process coordinated by the Registry. Student representatives will be provided with briefings and training to support them in their roles on deliberative committees by the Registry and King's College London Students' Union (KCLSU). The provider has a written agreement with KCLSU regarding students becoming associate members of KCLSU, whereby the provider's students can access KCLSU advice services and that KCLSU will provide support for the development of the student representation system. The provider plans to appoint an Assistant Registrar (Student Experience) who will be responsible for working with KCLSU to maintain relationships and establish a robust mechanism for sharing services and for student representation. The provider's staff articulated to the review team plans to establish their own students' union within three to five years of the programme launch.

220   The Student Engagement Policy states that the provider will actively engage students individually in the quality of their educational experience through formal and informal processes, recognising the students' perspective is essential for the provider to improve the relevance, structure and delivery of programmes and enhance the learning opportunities. Individual feedback will be facilitated through mid-module surveys to enable quick resolution of issues and students will be encouraged to feed back pastoral or academic issues through the Student Hub. The Student Engagement Policy also refers to active engagement of students, individually, through national and internal feedback surveys at module and programme level to seek information about the quality of students' educational experiences. This feedback will be used to ensure that the provider can maintain consistent standards and enhance the student experience and quality of learning opportunities.

221   Survey results will be analysed and action plans developed by the programme team to address issues raised or to report back to students where actions are not possible at that time. The output from, and responses to, the surveys will feed into annual programme monitoring reports, and the agreed actions will be monitored through the action plans for each programme for which the Student Engagement Committee has oversight. An annual report reflecting on student feedback received at the programme and institutional levels and on responses developed will be prepared by the Registrar in consultation with the programme leads, to identify any overarching themes and opportunities for institutional action and programme enhancements. The report will be presented to the autumn meeting of Academic Board.

222   Action plans developed by the programme teams to address issues raised or to report back to students where actions are not possible at that time will be communicated to students through a range of mechanisms including through Student Experience Committee, through 'you said, we did' initiatives, the VLE or by class discussion where appropriate. The Student Engagement Policy, as confirmed by staff responsible for educational provision and professional support staff, sets out that these ongoing opportunities for closing the loop about student feedback will be achieved through face to face and digital communication channels. The review team is satisfied that the provider has a clear and inclusive approach to facilitate individual engagement of students in the quality of their educational experiences.

223   The Student Engagement Policy also outlines opportunities for students to feed back and inform quality and enhancement activities. The provider will inform students of the external examiners for their programme, provide access to external examiner reports and responses through the VLE, facilitate feedback on the reports and the potential for the opportunity to meet with external examiners to give them direct feedback on their programmes. The Student Engagement Policy clearly highlights how students are encouraged to participate in future programme development and periodic review of provision, with more detail on the processes and mechanisms for this in the Programme Developers Manual and Programme Monitoring and Review Policy. In addition, Staff Recruitment Plans outline that where possible students will be included in the selection processes (subject to student availability). The review team is satisfied that the provider has a clear and effective approach to facilitate the collective engagement of students in the quality of their educational experiences.

224   The key performance indicators for monitoring the effectiveness of student engagement arrangements will be agreed through the Student Experience Committee and monitored annually by this committee and Academic Board. An annual report, reflecting on student feedback and responses developed at programme and institutional levels, will be presented to Academic Board and will feed into the annual monitoring and review process for enhancement. The provider has developed the necessary registry functions to support student engagement and administer student feedback as detailed in the staffing structure and plans and has plans to recruit an experienced Assistant Registrar (Education) to effectively manage the analysis of feedback data. Collectively these measures present a comprehensive and integrated approach and are therefore considered by the review team to be credible and robust.

225   There is evidence to illustrate the impact of the provider changing and improving students' learning experience as a result of the intended approach to student engagement in the quality of their educational experience. Although the provider has yet to enrol students, they gave examples of engagement with summer school participants, which is indicative of a commitment to actively involving students as relevant stakeholders. The provider presented evidence of collecting and responding to feedback from the 2019 summer school participants with senior management and individuals involved in the development of the education provision explaining how this feedback is being used to enhance the 2020 summer school offer and inform the design and development of the proposed programmes. For example, based on participant feedback, the project-based learning element of the summer school was extended from three weeks in 2019 to six weeks in 2020; daily reflective logs were replaced by weekly reflections and more structured formative feedback opportunities have been built into the programme for 2020. The review team concludes that the provider's plans to identify student views, individually and collectively, about their engagement in the quality of their educational experience are robust.

226   Senior staff explained how student involvement with Academic Board would operate. Individuals involved in the development of the education provision and professional services explained how student feedback would be collected during the recruitment and selection process, during and at the end of modules, and followed up directly with students in classes. Individuals responsible for educational provision confirmed that student representatives will be trained by King's College London Students' Union and the Registry. They were also able to discuss in detail their commitment to continuous improvement based on student feedback and illustrated this by explaining how student feedback from the 2019 summer school is being used to enhance the 2020 summer school and inform the development of the educational provision. The review team is satisfied that staff articulated their understanding and commitment to engaging with students, individually and collectively, in the quality of their educational experience and are fully aware of the provider's plans, policies and procedures on student engagement.

Conclusions

227   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

228   The provider has plans to actively engage students, individually and collectively, in the quality of their educational experience. The provider's policies and processes require student involvement in academic governance through representation on academic committees, and arrangements are in place for the election and training of student representatives. The plans for actively engaging individual students in the quality of their educational experience are comprehensive and inclusive. The approach to engaging students will, in the view of the review team, provide credible, robust and evidence-based approaches for engaging students, individually and collectively. This is because they are clearly articulated, understood and are supported by appropriate resource and infrastructure. Staff are fully aware of the policies and planned processes in place for student engagement and explain the importance of engaging with student feedback to support a culture of continuous improvement of the student educational experience. The review team is satisfied that the provider's plans for engaging students individually and collectively are realistic, credible and comprehensive. The review team concludes, therefore, that this Core practice is met.

229   The evidence underpinning this judgement reflects, with the exception of students' views and significant evidence of impact of the provider's approach to student engagement, the evidence described in the QSR evidence matrix. The provider has sufficient evidence of plans which are deemed by the team to be credible and the team considers that the implementation of those plans will result in the intended outcome. Therefore, the review team has 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

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

231   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

232   The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Student Support and Services
b   Assistant Registrar (Student experience) job description
c   Complaints Policy
d   Draft Student Protection Plan
e   Academic Regulations
f   Admissions Policy
g   Student Appeals Policy
h   Student Discipline Policy
i   Academic Board Subcommittee Terms of Reference
j   Student Terms and Conditions
k   Student Complaints Form
l   Student complaints flowchart
m   Draft Student Services Proposal
n   Letter from KCLSU
o   Academic Board minutes
p   Meeting with professional support staff
q   The provider's website https://tedi-london.ac.uk accessed 24 June 2020.

233   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

234   The review team did not consider any evidence of the views of students concerning admissions processes or view admissions records because the provider had not, at the time of the review visit, started delivering their programme.

How any samples of evidence were constructed

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

Why and how the team considered this evidence

236   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

237   To identify the provider's processes for handling complaints and appeals and to confirm that these processes are designed to be fair and transparent, the team considered the provider's Academic Regulations, Complaints Policy, Admissions Policy, Appeals Policy, Terms of Reference and minutes of Academic Board, and Student Terms and Conditions.

238   To assess whether the provider has credible, robust and evidence-based plans for developing and operating fair and transparent procedures for handling complaints and appeals which are accessible to all students, the team considered the Complaints Policy, form and flowchart, the Appeals Policy, Student Discipline Policy, the draft Student Protection Plan and the job description of the Assistant Registrar (Student experience). The team also looked at the Student Support and Services document, draft Student Services Proposal and a letter from King's College London Students' Union to assess the support available to students when making complaints or appeals. The team also met with professional services staff.

239   To consider whether the information for students regarding complaints and appeals is clear and accessible, the team examined the Complaints Policy, the Appeals Policy the Student Support and Services document, and the draft Student Services Proposal, as well as speaking to professional services staff.

240   To assess staff views about the clarity and accessibility of the complaints and appeals procedures and whether they could articulate how the provider's approach to inclusivity is manifest in the complaints and appeals process, the team met with professional support staff.

What the evidence shows

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

242   The Student Complaints Policy, which adheres to guidance from the Office of the Independent Adjudicator for Higher Education (OIA), states that complaints are handled in accordance with the Academic Regulations. The provider's Academic Regulations contain a brief section on complaints and appeals which refers to the Academic Appeals Policy and Student Complaints Policy. Academic Board has oversight of the outcomes of complaints and appeals.

243   The Student Complaints Policy is the responsibility of the Registrar and has been approved by Academic Board. Academic Board will monitor the effectiveness of this policy by considering key indicators of the number of formal complaints, timescales for their resolution, and appeals and OIA requests submitted. This version of the policy is valid from September 2021 and will be reviewed in September 2024. There is a separate policy for student discipline, which outlines how the provider will manage concerns about student behaviour or conduct and a separate Academic Appeals Policy for issues relating to assessment, progression and award, and a separate policy for admissions complaints. The provider's plans to develop fair, transparent and accessible complaints and appeals procedures are robust and credible.

244   The Student Complaints Policy defines a complaint as 'an expression of dissatisfaction by one or more of our students about our action or inaction, or about the standard of services provided by us or on our behalf'. The Student Complaints Policy consists of a three-stage process: Stage 1 allows for informal resolution whereby a complaint can be resolved informally without the need to make a formal complaint. At stage 2 a formal complaint can be made, either where it has not been possible to reach an acceptable solution at the informal stage, or where the complainant feels making an informal complaint is not appropriate to the situation. A formal complaint must be submitted on the Complaints Form at which point the Registrar will appoint an Investigating Officer to review the circumstances of the complaint. At Stage 3, should a student remain dissatisfied with the outcome of their complaint following the formal complaint stage, they have the right to request a complaint review. Complaint review will be considered by the Registrar. The Student Complaints Flowchart provides an overview of the process.

245   The Student Complaints Policy states that students can make an informal or formal complaint within 28 days of the incident that is being complained about, or the final event in a series of incidents and that they will resolve any issues raised under the informal complaints stage within 21 days of an initial approach. The provider will respond to formal complaints within 28 days of submission, and to complaint reviews within 28 days. The form on which students are required to submit a complaint is also clear and straightforward. The Student Complaints Policy states that a Completion of Procedures letter will be issued at the end of Stage 3 and makes it clear that the student is able to seek a further external review of the case by the OIA if they are not satisfied with the outcome of the complaint review.

246   The policy states that the Registrar is responsible for receiving formal complaints and for allocating these to be investigated by someone who is impartial, and, that this may mean involving staff from another higher education institution. The policy also explains that vexatious or malicious complaints will not be considered. However, it does not specify who would determine which complaints fall into this category. The team heard from professional support staff that in practice this would be decided by the Registrar or a senior academic based upon a discussion with the complainant.

247   The Student Complaints Policy states that if the complaint is upheld, the complainant is entitled to request compensation or a refund of fees and refers to a separate Compensation and Refund Policy. Based upon a request for additional evidence, the team was signposted to the Student Terms and Conditions; however, there was no reference to the Compensation and Refund Policy and the team was unable to locate the relevant policy. Compensation is also referred to in the draft Student Protection Plan but in this instance it only refers to compensation in relation to lost time in the event that the provider is unable to preserve continuation of study. In discussion with the team, professional support staff acknowledged that they would give further consideration as to how the Compensation and Refund Policy aligns with the Student Complaints Policy and how it will operate in practice.

248   The provider has an Academic Appeals Policy that has been approved by Academic Board. Students can request a review of an academic decision relating to their progress or award made by the Assessment Board or an Academic Dishonesty Panel. Academic Appeals are handled in accordance with the provider's Academic Regulations and the policy adheres to guidance from the OIA. The policy sets out the grounds for submitting an academic appeal and the timescales for their submission and resolution. The process consists of an initial scrutiny stage, and a review stage should the appellant be unhappy with the outcome of their appeal. The provider can choose to refer the case to an appeal panel at the review stage. The Academic Appeals Policy is clear regarding the issue of a Completion of Procedures letter at the conclusion of the process and the signposting of the student to the OIA should they be dissatisfied with the outcome. There is a separate Admissions Appeals Policy for dealing with admissions issues. The review team concludes that the

provider's procedures for handling complaints and appeals are definitive, fair and transparent and will deliver timely outcomes.

249   The Registry will be responsible for receiving academic appeals and for allocating these to be investigated. The Academic Appeals Policy establishes that both the initial scrutiny stage and the review stage will be considered by two members of staff and that this will be chaired by the Deputy Dean. Although the policy does not specify which staff would consider appeals, professional support staff confirmed that those involved would be academic members of staff or other senior members of staff who would all receive training for the role.

250   The Assistant Registrar (Student Experience) job description (a role to be appointed in September 2020) states this position's key duties and responsibilities which include responsibility for overseeing the management of academic appeals and complaints and in particular providing guidance on individual student casework in especially complex cases. Professional support staff confirmed to the team that all hub staff would be trained in complaints and appeals.

251   The above evidence scrutinised by the review team demonstrates that the provider's plans for dealing with appeals are clear, accessible, inclusive and flexible and capable of delivering the desired objectives. The Appeals Policy, with its multi-stage process and involvement of a number of staff in the decision-making mean that it has the capacity to be fair and transparent. Academic Board will monitor the effectiveness of the Academic Appeals Policy by considering key indicators such as number of Academic Appeals and timescales for their resolution.

252   The provider's plans to develop fair and transparent procedures are credible as they clearly set out the criteria for both appeals and complaints, provide information relevant to each stage of these processes and provide the opportunity for the monitoring and review of appeals and complaints and any issues raised by the outcomes from these, as well as monitoring of the procedures themselves through annual reporting and oversight by Academic Board. The provider's processes are fair and transparent, as appropriate stages are clearly outlined within the relevant procedures with timeframes provided.

253   Professional support staff confirmed that students would be made aware of the complaints and appeals policies at induction and that they would be available on the provider's website (https://tedi-london.ac.uk). The student facing, Student Support and Services document also makes students aware of both policies. The Student Support proposal contains a section entitled 'If things Go Wrong' which confirms that colleagues in the Student Hub will provide advice to students regarding appeals and complaints and signpost them to any sources of additional support. Overall, staff demonstrated a thorough understanding and awareness of the policies and procedures, they could identify their roles within these processes and confirmed their commitment to complaints and appeals processes that will be accessible for all students.

254   The provider has a written agreement with KCLSU for the provision of a range of services including advice and advocacy regarding complaints and appeals. The Student Support and Services document also makes reference to the provision of this support. KCLSU are preparing to formalise the arrangements with the provider in the coming months with a view to having an agreement in place to cover the provider's students before the commencement of the first cohort in September 2021.

Conclusions

255   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this

judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

256   The provider's procedures for handling complaints are fair and transparent and should deliver timely outcomes if implemented as intended. This is because the provider has developed policies and staged procedures for dealing with complaints and appeals that form a sound basis for them to be fair, transparent and give timely outcomes when they are put into operation. In preparing their appeals and complaints policies the provider has used the guidance provided in the Office for the Independent Adjudicator's Good Practice Framework. However, there is contradictory evidence regarding a Compensation and Refund Policy that professional support staff will further consider. Staff from the provider were able to articulate the roles and responsibilities of those who will be involved in the complaints and appeals processes. The team has seen credible evidence that these procedures will be made accessible to students by the provider. The review team therefore concludes that the Core practice is met.

257   The evidence underpinning this judgement reflects, with the exception of the views of students and examples of appeals and complaints, the evidence described in the QSR evidence matrix. It is the view of the review team that the provider's plans for dealing with complaints and appeals are credible and robust and when implemented will result in the intended outcomes. The review team, therefore, has 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

258   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.

259   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers (March 2019).

The evidence the team considered

260   The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Programme specifications
b   OU process confirmation letter
c   Partnership Manager job description
d   Project Course Leader job description
e   Learning and Teaching Strategy
f   Academic Board minutes
g   Meeting with senior staff
h   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the summer school activities)
i   Meeting with professional support staff.

261   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

262   Because the provider has yet to commence delivery it was not possible for the team to scrutinise external examiner reports or third-party endorsements. There are no formal partnership agreements in place for review by the team.

How any samples of evidence were constructed

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

Why and how the team considered this evidence

264   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence

will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

265   To test the basis for the maintenance of high quality within partnerships, and that those arrangements are in line with the provider's regulations or policies, the team considered the provider's contingency plans for the validation of awards. In order to do this the team considered Academic Board minutes, communication with the Open University as well as meeting with senior staff.

266   To assess whether the provider has credible, robust and evidence-based plans for ensuring a high-quality academic experience in partnership work in the context of the provider's particular emphasis on co-delivery with industry and their commitment in the curriculum to work-based projects, the team gave consideration to how the provider plans to ensure the high quality of its courses delivered in collaboration with its industry partners. In order to do this the team considered planning documents such as the Learning and Teaching Strategy and programme specifications.

267   To test whether staff understand and discharge effectively their responsibilities, the team considered the job descriptions of staff who are expected to manage the industry links and projects and met with senior staff, staff responsible for educational provision and professional support staff.

What the evidence shows

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

269   As noted under S4, the provider plans to submit an application to the Office for Students for degree awarding powers. In the event that this is not possible or successful they plan to arrange approval of their programmes through the OU as the validating partner or through KCL as the validator of last resort. In this instance the validating body would assume oversight of the quality of the awards offered by the provider on its behalf. The OU has agreed that the next stage in the validation process will be a preliminary administrative audit and facilitation visit which has been delayed due to the COVID-19 pandemic, but which is currently scheduled for the week commencing 2 November 2020. This will be the first opportunity for the OU to review and test whether the provider can meet the requirements for validation with the OU.

270   Academic Board minutes confirm the provider's intent to proceed with the validation process with the OU and demonstrate that the provider is fully engaged in this process. In particular, Academic Board minutes, when approving the provider's own Academic Regulations, noted the caveat that should OU approval be necessary the regulations of the OU would be applied.

271   The provider affirmed that, on obtaining degree awarding powers, it will have full responsibility for the oversight of the quality of the learning experience and there are no arrangements planned whereby a partner organisation will be responsible for the independent delivery of its awards.

272   The provider clearly articulated the basis for its industry partnership work. The provider's strategic approach to learning and teaching is to develop and deliver accessible, high quality and industry-relevant engineering programmes. The Learning and Teaching Strategy further states that 'industry partners will be involved in setting projects and problems, as well as acting as mentors for these', that the curriculum will be '…co-designed

and co-delivered by industry experts' and that '…engagement with industry partners is a fundamental aspect of TEDI-London'. The Learning and Teaching Strategy further explains that 'industry will propose and inspire projects that students may engage with as part of the programme'; however, all projects will take place under the supervision of the provider's academic staff. MEng Global Design Engineering students will undertake a credit-bearing work placement at Level 7. This means that in practice an Engineering Placement module identified in the programme specification will not be delivered until 2023. In response to evidence requested by the team, the provider indicated that the placement guidance referred to in the Programme Developers Manual is to be developed and is expected to be made available in Spring 2021 prior to commencement of delivery.

273   Staff were able to articulate how they will implement the various aspects of the industry partnerships. The provider has appointed a Partnerships Manager who will be tasked with developing and maintaining links with industry partners which includes the responsibility of all partnership agreements. They will also facilitate the process between the provider's academics and industry in developing projects for the programme. The Partnership Manager will be supported by two Project Course Leaders who will have responsibility for identifying and developing suitable industry partnerships and projects. Project delivery is planned to be a collaborative activity that will be academic led with industry representatives being provided with training in learning, teaching and assessment. The provider has already developed an extensive network of partners. However, although the involvement of industry will potentially add to the richness of the student experience, it would still be possible for the work-based, project-focused curriculum to be delivered in their absence.

274   The provider clearly articulated the arrangements to ensure that the academic experience is high-quality including when industry partners support the learning experience through, for example, practical projects used within appropriate modules, giving technical talks, guest lectures and site visits. Meetings with senior, academic and support staff confirmed that they understand their respective roles and responsibilities.

Conclusions

275   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

276   The provider plans to apply for degree awarding powers following a successful outcome of QSR. If successful, the provider plans to operate autonomously to deliver all elements of its awards and has no plans to sub-contract/franchise its provision to any partners. However, should it need to work in partnership with an awarding body, it has in place a strategy to ensure that the academic experience will be high-quality. This is because the provider has a clear approach for the development of the partnership with the proposed awarding body. From meeting with the provider's staff, the team is satisfied that they understand their responsibility for quality. The review team considers the provider's plans for working with industry partners in the co-design and co-delivery of industry-based projects to be credible and capable of offering a relevant, contemporary and rich student experience. Although the review team was unable to see evidence from external examiner reports or any third party endorsements, or to hear directly from students or industry staff, the team was confident that the provider has strategies that will enable it to have control over maintaining a high-quality academic experience when working with industry. Therefore, the review team concludes that the Core practice is met.

277   The provider's plans are based on achieving degree awarding powers and it has stated that it has no intention of working in partnership with other organisations to deliver awards on its behalf. It has a strategy in place to work with an awarding body should the need arise. However, the implementation of the strategy is at a very early stage and therefore the team has a moderate degree of confidence in this judgement.

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

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

279   The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

280   The review team assessed the evidence presented, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team used that matrix to ensure that the evidence considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Assessment Handbook
b   Statement from PSRB_IET
c   Staffing structure
d   Student Support and Services Information
e   Assistant Registrar (Student experience) job description
f   Assistant Registrar (Education) job description
g   Academic regulations
h   Programme specifications
i   Programme Plan
j   Student Charter
k   Learning and Teaching Strategy
l   Student Services Proposal
m   Draft module specifications
n   Summer school feedback and changes
o   Meeting with senior staff
p   Meeting with staff responsible for resourcing
q   Meeting with staff responsible for educational provision (which includes the Deputy Dean, an academic consultant and a consultant leading the summer school activities)
r   Meeting with professional support staff
s   Demonstration of the Learning Tree.

281   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

282   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 programmes.

How any samples of evidence were constructed

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

Why and how the team considered this evidence

284   As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

285   To identify the approach to student support, including how it identifies and monitors the needs of individual students, the review team considered the provider's policies and plans for supporting students to achieve successful academic and professional outcomes including Academic Regulations, Student Support and Services Information, Learning and Teaching Strategy and Student Support Services Proposal.

286   To assess whether the provider has credible, robust and evidence-based plans for ensuring that all students are supported to achieve successful academic and professional outcomes, the review team examined the provider's approach to supporting students in achieving academic and professional outcomes, as outlined in the programme specifications, Programme Plan, draft module specifications, Student Support Services Proposal, Student Charter, Academic Regulations, Assessment Handbook, staffing structure, job descriptions and Statement from the Institution of Engineering and Technology (IET).

287   To identify the provider's plans for providing students with comprehensive, helpful and timely feedback, the review team considered the Academic Regulations, Assessment Handbook, summer school feedback and changes and demonstration of the Learning Tree.

288   To test whether staff understand their responsibilities and the provider's planned approaches in supporting student achievement and to establish that staff will be appropriately skilled and supported, the team met with senior staff, staff responsible for educational provision and staff responsible for professional services.

How any samples of evidence were constructed

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

What the evidence shows

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

291   The Academic Regulations, Student Support and Services Information and the Student Support Proposal outline the provider's commitment to student support and the proposed plans for delivering student services and support to enable students to achieve successful academic and professional outcomes. The provider has developed a plan which details its intentions for monitoring and supporting students, evaluating the effectiveness of the support mechanisms using student outcomes and clearly identifies roles for supporting students.

292   The Student Support Proposal divides the provider's plan for student support mechanisms into three categories. Category 1 encompasses Professional and Personal Development Services which will be available to all students and will include comprehensive services and events including careers and study skills, and an annual programme of guest speakers. Category 2 includes Specialist Services which will mostly be provided by the specialist student support practitioners including services for international students, students with disabilities, counselling, and mental health support. Category 3 includes the provision of external services for students requiring a higher level of support such as therapy, resulting from referral by the provider. The review team is satisfied that the provider's plans to support all students to achieve successful academic and professional outcomes are robust and credible.

293   The Student Support Proposal outlines the provider's plans for communicating student support services to students. This is credible because the provider will include information in the pre-arrival materials and ensure that students have the opportunity to meet the key members of staff to learn about the support services that will be available during the application process and induction period. Professional services, professional support staff and staff with responsibility for educational provision credibly articulated the intended processes for communicating student support through the VLE and other campus materials and activities.

294   Student support mechanisms include access to designated staff including personal tutors, Student Hub (physical and digital offer) and IT support. Academic skills tutors will also offer weekly appointments for specialist academic support and educational guidance through bookable appointments. A Wellbeing Service will also be provided that incorporates counselling, therapy and mental health mentoring. These mechanisms are deemed by the review team to be credible and robust as the provider has plans for the infrastructure that underpins these student support mechanisms. For example, the staffing structure and job descriptions for the Assistant Registrar (Student experience) and Assistant Registrar (Education) show how responsibility for student support will sit centrally within the Registry and senior staff and staff with responsibility for resource were able to articulate how this will connect up with academic support on the programme. While the policies and processes for personal tutoring are not yet fully developed, the Student Charter states that the provider will develop a suggested timetable for meetings between students and personal tutors. The first such meeting will take place as close to the start of the programme as possible. Students and personal tutors can agree times for subsequent meetings. Personal tutors will work with students to set goals, assess progress, provide pastoral support and signpost students to the support on offer through the provider's student support service.

295   The Assessment Handbook and the Academic Regulations detail the provider's plan for providing students with comprehensive, helpful and timely feedback. Students will be provided with generic and individual feedback for all assessments. Generic feedback on assessment and examination performance may incorporate statistical information including grade distributions and average marks allowing individual students to understand their position in a group. Individual feedback will be provided in either written, audio, or digital formats. The assessment turnaround times, as outlined in the Academic Regulations, are that students will receive feedback on all elements of assessment which contribute to a module within seven days of the scheduled submission or examination date and that they will receive feedback on major projects within 21 days. Opportunities for formative assessment and feedback are built into the Learning Tree (VLE) and will act as progression gateways. Students will be required to satisfactorily complete formative assessments at the end of each node in order to be able to progress to the project-based elements.

296   The two summer schools offered by the provider, one in 2019 and the second in progress this year, have been used by the provider to develop their methodology to the

delivery of work-based learning projects in conjunction with industry. Feedback from the first of these, in which the industry-based project constituted only three of the 10 weeks of the course, highlighted the preference of participants for an entirely project-based summer school and also provided valuable feedback on how the project could be better delivered. The second summer school, which is being held online in 2020, has 147 students participating from 21 countries across 20 time zones, and is based around a project focused on dementia, with input from 50 external industry contributors and 19 academics. These summer schools are a credible demonstration of the provider's strategy to engage industry in the innovative, project-based delivery of its curriculum that will support students to achieve academically and professionally.

297   The provider emphasises the embedded nature of employability development as central to its vision and provision and this underpins its approach to curriculum design. The provider's approach to delivering the curriculum is realised by students working on projects from the first day of study. These projects will be real-life challenges developed around key themes or disciplines such as computing and robotics, smart cities, energy and sustainability. They will be co-designed and co-delivered by industry experts, will be supported by one-to-one mentoring and group work enabling students to develop knowledge and employability skills that will support them to achieve successful academic and professional outcomes. The review team is of the opinion that this approach is credible and robust.

298   In support of successful professional outcomes, MEng Global Design Engineering students will undertake a credit-bearing work placement at Level 7 during 2023. However, plans for this activity are at an early stage. The provider plans also to work closely with engineering professional bodies including the Institution of Engineering and Technology (IET) and the Institution of Engineering Designers (IED) to work towards securing programme accreditation. An exploratory initial meeting has been held to discuss accreditation with IET who have noted that they see 'no reason at this early stage as to why the provider should not work successfully towards accreditation and are happy to work to maximise the chances of achieving this'.

299   The programme aims, teaching and learning methods, development of subject specific practical skills, and learning outcomes as outlined in the programme specifications, Programme Plan, and draft module specifications clearly reflect the model of partnership with industry and identify learning, teaching and assessment strategies that are informed by industry and will provide students with opportunities to develop skills for their future careers.

300   The Student Services Proposal states the provider plans to provide central careers support to complement the embedded employability development within the programme. This will include a Professional and Personal Development Event Series focused on careers and employability to cover practical career management and job search skills. The provider plans to engage qualified Careers Advisors on site for 1:1 appointments and workshops. The provider also plans to offer employability support for two years after graduation.

301   Senior staff, staff responsible for educational provision and staff responsible for professional services confirmed that they understand their roles in supporting students to achieve successful academic and professional outcomes. Staff explained the planned approaches to assessment and feedback, and the plans for student support. In meetings, senior staff discussed their plans for using learning analytics to identify the needs of individual students and appropriately support all students to achieve successful academic outcomes. They confirmed that the policy and process was still in development. However, professional support staff and staff responsible for educational provision were able to provide insight into the planned approaches to collecting the relevant data from the VLE. This data will be linked directly to student records through the provider operating platform

and consideration is currently being given to the way in which it will be analysed and presented to different stakeholders. For example, staff spoke of plans to develop dashboards to display analytics data for both staff and students. Staff confidently articulated their awareness of the challenges that learning analytics can present, in particular the identification of thresholds for intervention and monitoring. The review team concludes that staff understand their role in supporting students to achieve successful academic outcomes.

Conclusions

302   As described above, the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

303   The provider's approach to student support has the potential to facilitate successful academic and professional outcomes. The provider has a robust approach and there are credible plans to support students. Staff involved in supporting student academic and professional achievement are clear in their responsibilities and are evidently committed to ensuring the best possible outcomes for their students. Approaches to feedback are well reasoned and should ensure that feedback will be comprehensive, helpful and timely. The review team concludes, therefore, that the Core practice is met.

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. In addition, although the provider has expressed its intention to use learner analytics to identify individual needs and monitor and review progress, the policy and process is still in development. This leads the team to have a moderate degree of confidence in this judgement.