



Designated Quality Body
in England

Assessment for New Degree Awarding Powers

TEDI-London



Review Report

January 2021

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Summary of findings and reasons

New DAPs test components	Underpinning DAPs criteria						
	A	B1	B2	B3	C	D	E
The provider has demonstrated a full understanding of this criterion (meets the criteria now or in prospect)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
The provider has a credible New DAPs Plan for ensuring the criterion is met in full by the end of the probationary period	Yes	Yes	Yes	Yes	Yes	Yes	Yes
The standards set for the proposed courses are at an appropriate level	Yes						
	Overarching New DAPs criterion						
The provider is an emerging self-critical, cohesive academic community with a clear commitment to the assurance of standards supported by effective (in prospect) quality systems	Yes						

About this report

This is a report of a New Degree Awarding Powers (New DAPs) assessment of TEDI-London conducted by QAA in January 2021 in accordance with the process outlined in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*.

Assessment of degree awarding powers (DAPs) is the process QAA uses to provide advice to the Office for Students (OfS) about the quality of, and the standards applied to, higher education proposed to be delivered by a provider in England under a New DAPs authorisation and on a provider's readiness to operate with a New DAPs authorisation.

Provider information

Legal name	TEDI - London
Trading name	TEDI - London
UKPRN	10083403
Type of institution	Higher Education Institution
Date founded	May 2019
Start date of proposed higher education provision	September 2021
Application route	New DAPs
Level of powers applied for	Taught degree up to and including Level 7
Subject(s) applied for	Engineering (Common Aggregation

	Hierarchy 10-01)
Location(s) of teaching	Blended learning, online and campus, London
Number of current programmes as at [October 2020]	BEng Global Design Engineering MEng Global Design Engineering
Number of students	The provider has yet to enrol students
Number of staff as at November 2020 [Staff Details]	Total: 22 (academic: 3, managerial: 6, professional: 13)
Current awarding body arrangements (if applicable)	Not applicable

About TEDI-London

TEDI- London (the provider) was established in 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), Sydney. ASU, KCL and UNSW have been working collaboratively on various academic and research initiatives under the name of 'PLuS Alliance'. The provider 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.

The provider plans to offer a full-time bachelor's of standard duration and an integrated master's degrees (including an accelerated degree) focusing on global design engineering. The standard duration for bachelor's degrees is three years. An accelerated degree, unlike a standard three-year degree, allows completion in two years. The first cohort of students is planned for admission in September 2021.

The provider's mission is to: 'attract and empower individuals and partners from diverse backgrounds and perspectives with the skills and confidence to create innovative, real-world solutions that advance how we live as a global community.' It aims to develop graduates who are equipped with the right skills to both understand, and provide solutions for, the increasingly complex interconnections across communities. The provider's vision is to teach engineering differently through the provision of a technology-enabled and supported blended learning environment, underpinned by practical project work which will develop the specialist skills needed in graduate engineers, including necessary technical knowledge and broader professional skills, like communication. Underpinning the provider's mission and vision are the values of being inclusive, courageous, inspiring and collaborative and to work with integrity. These values influence programme development and review, staff recruitment and selection, policy and partnerships.

The provider's 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. Much of the provision will be delivered through practical projects, underpinned by self-paced learning through a bespoke virtual learning environment (VLE). The VLE is the system the provider will use for delivering information to support students, for submission of student work as well as for tracking student progress and

attendance. It will include the 'Learning Tree' modules which replace traditional lectures, programme and module materials as well as marks and feedback for students. Project-based learning will be undertaken in conjunction with industry or other community stakeholders. 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. At the time of the New DAP assessment the provider has secured planning permission and a lease at a preferred site at Canada Water, London where detailed site planning is underway.

Following registration with the Office for Students, the provider is applying for New DAPs with a view to having responsibility for the quality and standards of its own provision by the time that it first admits students. However, as a fall-back position regarding programme validation, the provider is in discussions with one of its founding universities, KCL, to be validator of last resort. The programmes will be submitted for validation by KCL in February 2021, ensuring validation of the programmes prior to the first planned student intake in September 2021.

How the assessment was conducted

The QAA team completed an assessment of TEDI-London according to the process set out in [*Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019.*](#)

Name: Mark Lyne
Institution: University of Suffolk
Role in assessment team: Institutional assessor

Name: Ian Robinson
Institution: University of Lincoln
Role in assessment team: Institutional assessor

Name: Sharon Potter
Institution: University College of Osteopathy
Role in assessment team: Institutional assessor

The QAA Officer was Jo Miller.

The size and composition of this team is in line with published guidance and, as such, is comprised of experts with significant experience and expertise across the higher education sector. 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 TEDI - London prior to the assessment to identify and resolve any possible conflicts of interest.

The team conducted the assessment by reference to a range of evidence gathered according to the process described in the Guidance for Providers. The criteria used in relation to this assessment are those that apply in England as set out paragraphs 215-216 and in Annex C in the OfS regulatory framework. To support the clarity of communication between providers and QAA, the DAPs criteria from the OfS regulatory framework have been given unique identifiers and are reproduced in Annex 4 of *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019.*

During the course of the assessment, the team read 124 documents in support of the application. An initial set of 78 documents was tendered as supporting evidence by the provider with the submission document. Following a desk-based analysis of this initial evidence against the New DAPs criteria, a request for additional evidence was made and clarification was sought on areas related to governance and learning and teaching. The provider submitted an additional 24 documents in response. Upon consideration of the additional evidence the team then made another request for evidence. In response to this the provider submitted a further 12 documents that it thought to be useful in support of its application, some of which were updated versions of previously submitted evidence. During the course of the visit, upon request by the team, the provider submitted a further 10 documents for consideration.

The visit was undertaken during January 2021 and, in line with guidance from government regulations due to the COVID-19 pandemic, the team and staff at the provider were working from home. For this reason, the visit meetings were conducted online. The visit was hosted over two days during which the team met 18 staff, holding eight meetings with senior, academic, and professional staff. The team was also provided with a demonstration of the Learning Tree and Learning and Development Toolkit.

The team did not conduct any sampling of evidence as the volume of material available was such that all evidence could be reviewed by the team. Furthermore, the provider only intends to offer two programmes in a single discipline in the immediate future and therefore sampling across programmes was not necessary.

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

Explanation of findings

Criterion A: Academic governance

Criterion A1 - Academic governance

- 1 This criterion states that:
- A1.1: *An organisation granted degree awarding powers has effective academic governance, with clear and appropriate lines of accountability for its academic responsibilities.*
- A1.2: *Academic governance, including all aspects of the control and oversight of its higher education provision is conducted in partnership with its students.*
- A1.3: *Where an organisation granted degree awarding powers works with other organisations to deliver learning opportunities, it ensures that its governance and management of such opportunities is robust and effective and that decisions to work with other organisations are the result of a strategic approach rather than opportunism.*

The evidence considered and why the team considered this evidence

2 The QAA assessment team assessed this criterion by reference to a range of evidence gathered according to the process described in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*, in particular the suggested evidence outlined in Annex 5 and TEDI-London's submission. The assessment team identified and considered this evidence for the purposes of the New DAPs test outlined in paragraphs 232 of the regulatory framework, namely, to assess TEDI-London's understanding of this criterion and to test the credibility of TEDI-London's New DAPs Plan in relation to this criterion.

Specifically, the assessment team considered or assessed:

- a whether the provider's higher education mission and strategic direction and associated policies are coherent, will be published, understood, and applied consistently and that its academic policies will support its higher education mission aims and objectives. To do this, the team considered the New DAPs plan [000], the Articles of Association [030], Joint Venture Agreement [012], draft Strategic Plan and Key Performance Indicators (KPIs) [089], Business Plan [007, 122], Policy for policy development [032], Academic Regulatory Framework [019] and Academic Committee Regulations [015]. The team also met senior staff [M1], staff responsible for the development of the Learning Tree [M2], staff responsible for learning, teaching, programme design and assessment [M3], staff responsible for resourcing [M4], staff responsible for scholarship and staff effectiveness [M7] and members of the Board of Trustee Directors [M4a].
- b whether there is clarity and differentiation of function and responsibility at all levels in the organisation in relation to its academic governance structures and arrangements for managing its higher education provision; whether the function and responsibility of the senior academic authority is clearly articulated and is likely to be applied. To explore this, the team considered the New DAPs plan [000], the Board Primary responsibilities [013], Ethical Framework Statement [037], the Board and Academic Planners [014; 042], the Academic committees regulations [015], Proposed academic board committees [118] and terms of reference [120], and

Academic Regulatory Framework [019]. The team also reviewed minutes and papers of the Board [096; 089], the Board of Trustee Directors minutes June 2020 [038], a Report to the Board September 2020 [078], and minutes and papers of Academic Board May 2020 [020; 021]. The team met Board members [M4a], senior staff [M1; M8], and members of Academic Board and Programme Approval and Review Committee [M5].

- c whether there is appropriate depth and strength of academic leadership. To explore this, the team considered the New DAPs plan [000], Organisational chart [010], Staff start dates [084], Staff recruitment plans [009], sample of job descriptions [011], a sample of staff CVs [039], the CV of the Director Project Based Learning (PBL) [112] and the CV of the Academic Director [113]. In addition, the team met Board members [M4a], senior staff [M1; M8], and members of Academic Board and Programme Approval and Review Committee [M5].
- d how the provider will develop, implement and communicate its policies and procedures in collaboration with its staff and students and external stakeholders by considering the New DAPs Plan [000], the Academic Regulatory Framework [019], the Policy for policy development [032], the List of policies established and planned [041], the Draft policy and regulations tracker [101], the Schedule of staff training on staff-related policies [033], and Academic Board Papers [020] and minutes [021]. The team also met staff responsible for scholarship and staff effectiveness [M7], members of Academic Board and Programme Review and Approval Committee [M5] and was provided with a demonstration of the Learning Tree [M2].
- e whether the provider will successfully manage the responsibilities that would be vested in it were it to be granted degree awarding powers. To explore this, the team considered the New DAPs Plan [000], the Joint Venture Agreement [012], the Articles of Association [030], Staff recruiting plans [009], a sample of staff job descriptions [011], staff CVs [039; 091; 092; 112; 113], the Board planner [014], Academic Committee Regulations [015], Academic Board [021; 080] and Programme Review and Approval Committee minutes [079], the Policy for appointing external advisers [055], the Academic planner [042] and the Programme monitoring and review policy [045]. The team also met staff responsible for resourcing [M4], Board members [M4a] and members of Academic Board and Programme Review and Approval Committee [M5].
- f if students, individually and collectively, will be engaged in the governance and management of the organisation and its higher education provision, with students supported to be able to engage effectively. To do this, the team considered the New DAPs Plan [000], the Academic Committee Regulations [015], the Student engagement policy [043], Programme development guidance [044], and the Programme monitoring and review policy [045], the Assessment awards regulations [059]. The team also held meetings with senior staff [M1], Board members [M4a], and with members of Academic Board and Programme Review and Approval Committee [M5].
- g whether, where the organisation works with, or proposes to work with, other organisations to deliver learning opportunities, the arrangements will be based on a strategic approach, informed by the effective assessment of risk, including the carrying out of due diligence. To do this, the assessment team considered the New DAPs Plan [000], reports to Board of Trustee Directors September 2020 [078], the policy on due diligence relating to partnerships [048]. The assessment team also met senior staff [M1] and staff responsible for scholarship and staff effectiveness [M7].

How any samples of evidence were constructed

3 The team did not construct any sampling for this criterion. The provider intends to deliver two programmes in a single discipline during the probation period and the volume of material available was such that all evidence could be reviewed by the team.

What the evidence shows

4 The provider's plans in relation to this criterion are as follows.

5 The New DAP Plan [000] outlines the draft strategic framework in place and the provider expects the development of the framework and all sub-strategies to be complete by quarter two of the first year. The provider plans to update the Strategic Plan at least annually during the probation period and to report to the Board of Trustee Directors (the Board) on key performance indicators in the second quarter of each year, as scheduled in the Board Year Planner [014]. The Board is already in operation and has responsibilities [013] that include the setting and subsequent oversight of the provider's strategic academic aims, and delegation of responsibility for management to the Dean who is also the CEO. The Dean and CEO (the Dean), Deputy Dean and Executive Director of Resources are in post and form the executive team, which has responsibility for implementing the strategic plan and providing operational management of the provider, in service of the Board.

6 The Academic Board [Academic Committee Regulations, 015] is the formal academic governance body, chaired by the Dean. Academic Board has been meeting since May 2020 to establish and approve its Academic Regulatory Framework [019]. The Academic Committee Regulations [015] details terms of reference, constitutions and reporting relationships for subcommittees of Academic Board, some of which have already met. The scheduled meeting dates of each committee are planned to be in line with the anticipated student life cycle commencing in September 2021 [Academic Planner 042]. During the probation period the provider intends to put in place a cycle of management and governance meetings, detailing annual monitoring reviews, policy reviews and revisions [Academic Planner 042, Board Year Planner 014] to ensure that these governance and management arrangements are effective and evolve appropriately over the probation period with the growth of the provider. A review of the effectiveness of the Board is planned every two years with the first review scheduled for the end of year two.

7 Twenty-two staff have been appointed to date and the staff recruitment plan [009] indicates that the appointment of additional academic and professional staff is intended to be complete by March 2021. Developing academic leadership and community is intended to be strategic and the Board is scheduled to receive annual reports [Board Year Planner 014] to enable oversight of staffing, scholarship and pedagogy [Academic Planner 042]. Most academic policies are in place and staff training on these is planned for completion by the first quarter of year one. Academic and industry advisers have been appointed as part of its strategy to incorporate practitioner input into programme development and delivery.

8 The Academic Planner [042] indicates that major cycles of formal student feedback, for example module evaluations, are scheduled for each quarter of the probation period commencing in quarter two, year one. During the probation period, the provider plans to engage student representatives for governance committees, such as the Student Experience Committee which is scheduled [Academic Planner 014] to meet in the second and fourth quarters of each year over the probation period. Training of representatives is expected to be done initially in partnership with the King's College London Students' Union. During the probation period, an annual review of student engagement policies is scheduled [Academic Planner 014] for the fourth quarter of each year.

9 The assessment team's analysis of the evidence led to the following observations.

10 The provider's mission, vision and strategic direction are published in the Articles of Association [030], Joint Venture Agreement [012] and Business Plan [007, 122]. The provider's strategic direction as described in the New DAPs Plan [000], draft Strategic Plan and Key Performance Indicators (KPIs) [089] is 'to bring a new paradigm to engineering education in the UK'. Work to produce an operational plan, which translates the strategic goals and objectives into specific actions and provides a timeline to manage activities and resources, is in progress. Relevant sub-strategies are also in progress [089]. The operational plan and relevant sub-strategies are scheduled for consideration and approval at the Board of Trustee Directors (the Board) meeting in the second quarter of the first year of probation. The provider's Digital Strategy [069] has already been drafted and is aligned with the draft Strategic Plan [089]. The team considered these documents will ensure that the goals and objectives in the Strategic Plan are mapped, monitored and managed. The strategic intent has been widely consulted and shared with staff [031] and is reflected within the draft Strategic Plan and KPIs paper [089] considered and endorsed by the Board at its meeting in November 2020 [M4a; 096]. The Business Plan [002] guided the provider's establishment in 2019 and was updated in January 2021 [122] reporting progress against objectives. A 2020-2025 Strategic plan is being developed, underpinned by a set of KPIs which is intended to enable the provider to measure progress or refocus effort. The Strategic Plan is planned to be regularly reviewed and updated by the Leadership Team and reported through to the Board at least annually during the probation period. The KPIs will be reported to the Board during the probation period in the second quarter each year, as scheduled in the Board Year Planner [014]. Staff at all levels [M1; M2; M3; M4; M7] who met the team are cognisant of, and understood, the provider's mission, vision and strategic intent to challenge traditional didactic teaching, instead providing comprehensive blended learning and teaching pedagogy, mentorship and guidance to students through a strategically planned programme of project-based learning.

11 The Board is the governing body of the provider. The Joint Venture Agreement [012] and the Statement of Primary Responsibilities [013] states the membership, function, responsibilities and reporting of the Board. The Statement of Primary Responsibilities [013] aligns with the Committee of University Chairs (CUC) Higher Education Code of Governance. The Board is accountable for institutional activities and is responsible for overseeing the provider's activities, determining the future direction and fostering an environment in which the mission is achieved, and the potential of all students is maximised. Governance arrangements are underpinned by the provider's Ethical Framework Statement [037], which outlines the principles and expected behaviours and conduct for all individuals associated with the provider. The Board year planner 2019–2023 [014] outlines the schedule of meetings and activities of the Board up to 2023, indicating the regulations, policies, and procedures it is planned to receive for approval and review. A review of the effectiveness of the Board in relation to academic governance is scheduled in the Board Planner [014] for the fourth quarter in the second year of probation. A review of the Board is planned every two years which was confirmed by members of the Board and Executive [M4a, M1].

12 The provider has developed an approach to academic governance in the New DAPs Plan [000] which takes account of best practice and sector guidance in its development, including the Office for Students' Regulatory Framework, the UK Quality Code for Higher Education, relevant guidance from the Competition and Markets Authority, the Office of the Independent Adjudicator, the Committee of University Chairs, the Financial Reporting Council and the Equality Act 2010. The design of the provider's governance structure has also taken into account practice in the sector, including the forms and approaches of other, similar higher education institutions, and the regulations and codes of practice of professional and accrediting bodies [Academic Committee Regulations 015]. The team considered the governance framework to be carefully designed, coherent and clear and give the team confidence that they are credible because they are consistent with sector practice and demonstrate the provider's understanding of these practices.

13 The provider has an academic governance framework that is clear, comprehensive and appropriate in that it contains an Academic Regulatory Framework [019] and Academic Committees Regulations [015] that are robust because they are detailed, include external scrutiny and reflect clear lines of internal oversight and accountability. The Academic Committee Regulations [015] is a comprehensive and well-considered document that outlines the terms of reference, reporting relationships, rules of procedure and conduct, membership, and arrangements for the provider's academic governance. Members of each committee will be asked to declare any interest that could give rise to conflict. All interests so disclosed will be registered. The New DAPs Plan [000] states that a conflict of interest policy will be approved by Academic Board prior to the commencement of the probation period. The Academic Regulatory Framework [019] applies to students for their period of enrolment and promotes transparency and consistency of policy for all students and provides students with a clear set of expectations regarding their academic conduct and achievement. This framework [019] was approved by Academic Board at its meeting in November 2020 [080]. The team considers that the provider has sound academic governance regulations and frameworks for effective academic governance.

14 Academic Board is responsible for oversight of academic matters, the oversight and development of all academic activities including admissions, teaching, assessment, academic standards, and awards [New DAPs Plan, 000]. Academic Board formally reports its proceedings, recommendations and matters of concern to the Board via minutes and will report three times each year during the probation period, as scheduled in the Board Planner [014]. The Academic Committee Regulations [015] further delegates from Academic Board to subordinate standing committees: Assessment Board, Programme Approval and Review Committee (PARC), and the Student Experience Committee (SEC) [Proposed Academic Board subcommittees 118]. The Academic Committee Regulations [015] state the purpose of each of the subordinate subcommittees of Academic Board as follows: Assessment Board oversees assessment of students and considers progression and award of qualification. PARC scrutinises new programmes or major changes to existing programmes. It makes recommendations to Academic Board about whether new programmes or amendments to programmes should be approved or applies conditions or recommendations to be met. SEC is a forum for students to discuss their experiences at the provider and is intended to be responsible for scrutinising relevant strategic plans and policy relating to the student experience. Assessment Board and SEC are scheduled to convene in the fourth quarter of each year during probation [Academic Planner, 042]. The team therefore considers that the provider has a clear and comprehensive governance committee framework which will be effective if implemented as documented.

15 In preparation for the commencement of its initial programmes, the provider described future plans [M5; M8] to refine the committee structure and workload, introducing a Learning, Teaching and Quality Committee (LTQC) [Terms of Reference, 120; Proposed academic board committees, 118] as a further standing committee of Academic Board. LTQC will be fundamental to the planning, development and implementation of all academic standards and quality enhancement activity, ensuring these are consistent with the provider's mission and strategic plan and alignment with external regulatory frameworks [LTQC draft Terms of Reference 120]. The team considers that this evidences critical organisational self-reflection which prioritises consideration of academic quality and standards, exploits the skills and experience of the recent senior staff appointments, yet retains the simplicity of a modest deliberative infrastructure commensurate with the size of the organisation.

16 Consistent and appropriate application of the academic governance structure is evidenced through the minutes of the governance committees: Board, Academic Board and PARC. Academic Board and PARC have met [Academic Board minutes, 021, 080; PARC minutes, 079] to consider academic policies, regulations, and programme approvals. The

academic planner [042] pre-designates regular items of business to committee meetings over the probation period. The team considers that the academic committee structure [Academic committee regulations, 015] will not place an undue burden on the provider and is thus appropriate for an organisation of its size. The Academic Committee Regulations [015] and the Board's Statement of Primary Responsibilities [013] commits both the Board and provider to reviewing the effectiveness of governance arrangements, benchmarking against other comparable institutions. The reviews of the effectiveness of governance arrangements are scheduled annually during the probation period [Board planner, 014].

17 The Board has no direct authority for academic decision-making; it has delegated responsibility for academic leadership and management to the Dean and CEO (the Dean). The Chair of the Board and another independent trustee explained [Board members, M4a] how the Board, in developing the organisational business case, had considered, and established the broad pedagogic approach that the provider would adopt. On formation, and thereafter, the Dean and senior leadership team have adopted full responsibility for academic matters. The Board was comfortable with the development of the New DAPs Plan [000], felt able to challenge reports, and looks forward to enrolling students and agreeing academic KPIs to allow regular cyclical evaluation of academic achievement or to refocus efforts. The Dean [senior staff, M1; Board discussion paper, 104] cited recent discussions at the Board regarding contingency planning for the COVID-19 pandemic and related diminished student demand as an example of corporate and academic planning working well together. The Dean leads the academic governance structures as Chair of Academic Board [Academic committee regulations, 015], and the line management structure as the CEO [Organisational chart, 010]. The Dean and Deputy Dean are both in attendance at Board meetings [Board of Trustee Directors minutes, 038]. The team concludes that these arrangements provide a clear and legal separation between corporate and academic governance yet provides mechanisms to maintain strong reporting and oversight lines between the Board and Academic Board.

18 While members of the leadership team typically occupy ex-officio and appointed committee roles, the committee terms of reference are weighted in favour of a diverse membership of staff and independent representatives, bringing clear separation from the management line. Committee chairs vary, thus avoiding parent and subordinate committee conflicts of interest. Academic Board and its subcommittees place specific emphasis on the quality of the student experience with student representatives to be elected onto Academic Board and the SEC in the second quarter of the first year [Academic Planner 042]. The academic planner [042] describes the cycle of management and governance meetings for the next three years, detailing annual monitoring reviews, policy reviews and revisions and oversight by the Board.

19 The organisation chart [010] shows that academic leadership includes the Dean, Deputy Dean (both members of the Executive) and Academic Director. Two additional senior academic positions: Head, Learning Tree and Director, Project Based Learning, are in place. The first provides leadership on the development of the Learning Tree, the provider's bespoke online learning platform; the second leads on project-based learning, the pedagogic approach adopted to encourage active learning in the student community. The staff recruitment plans [009] and job descriptions of these academic leaders analysed by the team [011] clearly demonstrate a focus on the continuous development of the provider's academic community and the quality of the student experience. Staff will be appointed in accordance with the recruitment and selection policy [027]. The team reviewed the academic leadership team CVs [039, 112, 113] which demonstrate a depth and breadth of experience from industry and university teaching, experience of research and successful innovation in public and private sectors and spread across the key engineering disciplines. Both now and throughout the probation period the provider plans to enhance the strength and depth of academic leadership through the Maximising Performance Policy [077] which has a

continuous assessment and improvement approach rather than annual performance management process. There is demonstrable experience in educational leadership and expertise that spans the subject requirements within the broad global engineering design curriculum being offered. The team thus confirms that there is depth and strength in experience, knowledge, skills, and capability within the academic leadership team.

20 The Policy for Policy Development [032] states that policies should align with the provider's mission and values, comply with all relevant legal and statutory requirements and align with higher education guidance and frameworks. An impact assessment template [017] must be completed as part of the policy development process which is intended to enable the provider to demonstrate that policies are inclusive. The New DAPs Plan [000] also indicates that legal advice is taken on draft policies and procedures where there might be wider legal or regulatory implications. The policy for development policy and process [032; 040] indicates that policies relating to academic matters are considered for an organisational level check of consistency and coherency prior to approval by Academic Board [Academic Board papers and minutes 020; 021]. A policy training schedule [033] is available to ensure staff understand and apply policies consistently, and a demonstration of the staff learning and development toolkit [M7] confirms that induction for new staff includes the policy framework.

21 The New DAPs Plan [000] explains that in the absence of enrolled students, the provider consulted with participants of its Summer School's during 2019 and 2020, and with the King's College London Students' Union (KCLSU) [New DAPs Plan, 000; members of Academic Board and PARC, M5]. Following consultation with participants and staff the Policy for Policy Development [032] shows that final consideration is by Academic Board (academic policies) or the Executive Committee (student-facing policies) for approval. Key corporate policies are approved by the Board. The team confirms that the Policy for Policy Development [032], with its requirement for wide consultation with staff, students, externals and benchmarking across the sector, offers a consistent approach to the provider's development and approval of policies and regulations.

22 Student induction is intended to be structured through the Learning Tree [Demonstration of Learning Tree, M2], which plans to signpost the academic regulations and policies for students. Changes to such policies would be similarly flagged. The Staff Learning and Development Toolkit demonstration [M7] clarified that the toolkit would be the vehicle through which staff would have access to, and summaries of, policies. The team is confident that the provider's plans to develop, implement and communicate its policies and procedures in collaboration with its staff, external stakeholders, and in the future, its students, are credible because it has developed a comprehensive suite of policies, drawing on the expertise and experience of existing experienced staff, the experience of its founding universities, and participants in its Summer School. It has realistic plans to train staff and students in their scope and application, and to provide well-placed pointers to the detail. It is establishing a regular cycle of policy review, starting in February 2021, and plans to draw feedback and contribution from its growing staff and student community.

23 The Student Engagement Policy [043] intends for students to have the opportunity to engage with, and actively participate in, providing feedback on their learning experience. This policy [043] explains that student feedback, informal and formal, is intended to be solicited at both programme and module level through surveys, focus groups, representation on committees, and an open-door policy among staff. This policy [043] will be reviewed by SEC and Academic Board in the fourth quarter of each year during probation [Academic Planner 042]. The provider will communicate to students, outcomes of student feedback through the virtual learning environment (VLE), committees or directly from staff. When students reach the final year of their study, the provider plans that students will additionally participate in the National Student Survey (NSS), and outcomes are intended to inform

annual programme monitoring reports and be considered by SEC [SEC Terms of Reference, 072; Programme monitoring and review policy, 045]. In the fourth quarter of each year of probation a report to Academic Board on performance in student feedback is scheduled in the Academic Planner [042].

24 While the provider currently has no students, it plans to include student representatives on relevant governance committees, apart from the Assessment Board [Assessment awards regulations 059] at which individual student performance will be considered, is embedded in the Academic Committee Regulations [015] and reiterated in meetings with senior staff and members of Academic Board [M1, M5]. Members of Academic Board indicated that student members would be directly elected by the student community, although the election process for students has yet to be fully defined [members of Academic Board and PARC, M5]. The New DAPs Plan [000] states that, twice per each year of probation, meetings of SEC are scheduled. These meetings are planned to be co-chaired by one of the elected student members, and it is intended both co-chairs will sit on Academic Board to ensure that the reporting line between committees is transparent [senior staff, M1]. Trustee Directors [M4a] indicated that once students have been enrolled, the Board intends to consider how it might formalise student representation on the Board. The provider intends [New DAPs Plan, 000] for student members of committees to be trained in the role, initially by King's College London Students' Union, with whom a formal agreement will be finalised by February 2021 [Letter from KCSU, 016]. The team confirms that these processes, if implemented as documented, will enable the provider to engage students as partners in their provision.

25 Members of Academic Board [M5] anticipated that students will convene one or two representative committee meetings during every teaching term. The team confirms that students have, in prospect, the opportunity to engage in the governance and management of the organisation because their role and contribution is embedded in all academic governance committees, including shared chairmanship of SEC. The team confirms that the provider's plans to engage students individually and collectively in governance and management and the support provided to do so effectively, are credible and appropriate.

26 The provider does not intend to work with other organisations to provide work-based learning or deliver programmes on their behalf. Instead, its strategy is to seek contributions from business and industry to bring their perspective to curriculum development, provide masterclasses to source real-world solutions and student projects, and to mentor students in their project work and career preparations. Academic and industry external advisers have been appointed [Policy for External Advisers 055] to offer views on the value and relevance of the programme in relation to academic standards and industry and employer needs. An Industry Advisory Group [Terms of Reference 047] has been established to provide independent industry input and advice into the provider's strategic objectives, priorities, and delivery approach.

27 The provider intends to draw widely on contributions from industry and business to ensure a contemporary curriculum and current practitioner input to programme development and delivery [New DAPs Plan, 000; Teaching and Learning Strategy, 018; PARC Minutes 29 Oct 20, 079]. During the programme planning process a number of formal industry engagement events were held [Slides from industry collaboration events, 046; Outputs from industry projects workshop, 023], gaining assistance in shaping curriculum, and commitments to providing student projects, mentoring and masterclasses [New DAPs Plan, 000]. The New DAPs Plan [000] indicates that ongoing independent industry input will be provided through the Industry Advisory Group. No formal delivery partnerships are planned, but senior staff [M7] indicated that where industrial contributions involve direct engagement with students, they will be supervised by teaching staff, and thus bring no risk to students, academic standards, or quality. The provider is, however, cognisant of the need to protect

organisational reputation [New DAPs Plan, 000], and has developed a due diligence policy relating to partnerships [048] through which all prospective contributing organisations will be scrutinised. Agreements with industry for the provision of projects, case studies, project advisers and masterclasses will be formally captured in memoranda of understanding (MoU) as part of the due diligence policy [048]. The MoU template is listed in the Academic Planner [042] for approval by the Executive Committee in February 2021 [New DAPs Plan, 000]. The team considers that the provider's arrangements for working with industrial associates are appropriate and robust if implemented as documented because the provider's plans to draw contributions from industry are to be underpinned by both a due diligence process and a formal memorandum of understanding.

Conclusions

28 The assessment team formulated its judgement against this criterion according to the process set out in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*.

29 The team concludes that the provider has effective academic governance, frameworks and policy with clear and appropriate lines of accountability for its academic provision. The design of the provider's governance structure has taken into account practice in the sector, including the forms and approaches of other, similar higher education institutions, regulations and codes of practice. There are detailed and credible plans for academic governance in which Academic Board, its senior academic authority, is clearly separated from the Board of Trustee Directors. Academic Board and its subordinate committees form an effectual deliberative structure, described in the various terms of reference, and separated from the managerial structure. The provider has an academic governance framework that is clear, comprehensive and appropriate in that it contains an Academic Regulatory Framework [019] and Academic Committees Regulations [015] that are robust because they are detailed, include external scrutiny and reflect clear lines of internal oversight and accountability. During the probation period the provider intends to put in place a cycle of management and governance meetings, detailing annual monitoring reviews, policy reviews and revisions to ensure that these governance and management arrangements are effective and evolve appropriately over the probation period with the growth of the provider.

30 The team has confidence that there is appropriate depth and strength of academic leadership to support the provider's development, with the senior team of considerable management and subject-based experience both in industry and academia, at institutional and board level. All have backgrounds and experience that aligns with the project-based approach to teaching adopted by the provider which demonstrates the depth and strength of leadership required.

31 The team has confidence that the academic governance of the provider's higher education provision is conducted in partnership with students because the importance placed on effective student contributions to academic governance is evidenced in the Academic Regulatory Framework and Academic Committee Regulations. The plans to work in partnership with students are well-articulated and credible; governance committee membership includes students sitting as partners with external academic and industry experts, members of the leadership team, and teaching and support staff. It is intended that student surveys and regular meetings of student representatives will provide feedback to the Student Experience Committee, which is co-chaired by a student member. During the probation period, the Board Year Planner and Academic Planner has scheduled reviews and monitoring of student-facing policies and activities. These plans to individually and collectively engage students in governance and management are likely to enable student involvement in the development, monitoring and communication of policies and procedures.

32 The team considers that the provider's plans to work with other organisations to ensure both a contemporary curriculum and also current practitioner input into delivery are credible and secure. This is because, while no formal delivery partnerships are planned, the provider has developed a due diligence policy and process to scrutinise prospective contributing organisations, and the relationship will be captured in a formal memorandum of understanding to ensure the governance and management of such opportunities are robust and effective. The provider has clear and credible approach across the institution to conducting due diligence and assessing risks related to partnership opportunities. This approach includes regular reporting through established management and governance structures.

33 The team concludes that the provider has developed robust and effective frameworks for academic governance that are fit for purpose and are fully understood by staff. These are comprehensive, including clear and appropriate lines of accountability for its academic responsibilities, arrangements for oversight and academic decision-making conducted in partnership with its students, and with well-defined approaches to working with industry and business partners. Overall, the provider's plans for meeting this criterion by the end of the probation period are coherent and realistic.

34 The team concludes, therefore, that the provider understands this criterion and that its New DAPs Plan is credible and should enable the provider to demonstrate that it has fully met the criterion by the end of the probation period.

Criterion B: Academic standards and quality assurance

Criterion B1 - Regulatory frameworks

36 This criterion states that:

B1.1: An organisation granted degree awarding powers has in place transparent and comprehensive academic frameworks and regulations to govern how it awards academic credit and qualifications.

B1.2: A degree-awarding organisation maintains a definitive record of each programme and qualification that it approves (and of subsequent changes to it) which constitutes the reference point for delivery and assessment of the programme, its monitoring and review, and for the provision of records of study to students and alumni.

The evidence considered and why the team considered this evidence

37 The QAA assessment team assessed this criterion by reference to a range of evidence gathered according to the process described in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*, in particular the suggested evidence outlined in Annex 5 and TEDI-London's submission. The assessment team identified and considered this evidence for the purposes of the New DAPs test outlined in paragraphs 232 of the regulatory framework, namely, to assess TEDI-London's understanding of this criterion and to test the credibility of TEDI-London's New DAPs Plan in relation to this criterion.

Specifically, the assessment team considered or assessed:

- a whether the provider's academic frameworks and regulations governing its higher education provision are appropriate to its current status and will be implemented fully and consistently. The team considered the New DAPs Plan [000], Academic Regulatory Framework [019], Academic Committee Regulations [015], Programme Development Guidance [044], draft Programme [106] and Module Specifications; [111], the Module Specification Guidance and Template [52], the Policy for Policy Development [032] and accompanying flowchart [040], and the Module Handbook Template [064].
- b whether the provider has created academic frameworks and regulations that are appropriate for the granting of its higher education qualifications which are comprehensive, transparent and the product of a rigorous development process. To do this the team considered the New DAPs Plan [000], the provider's Academic Regulatory Framework [019], Academic Appeals Policy [073], Complaints Policy [074], Programme Monitoring and Review Policy [045] and applicant information on the provider's website. The team also reviewed the minutes of Academic Board as the committee responsible for the oversight and approval of the Academic Regulatory Framework and associated policies and procedures [Academic Board minutes of 11 November 2020 080]. The team also met senior staff [M1], staff who demonstrated the Learning Tree [M2], staff responsible for learning, teaching, programme design and assessment [M3], members of Academic Board and Programme Approval and Review Committee [M5], and those staff responsible for enabling the student journey [M6].
- c how the provider intends to maintain definitive and up-to-date records of its programmes and qualifications, that these records will be used as the basis for the

delivery and assessment and that students and alumni will be provided with records of study. To assess this, the team considered the provider's New DAPs Plan [000], Programme Specification Guidance and Template [051], Module Specification Guidance and Template [52], Programme Specifications [106] and Module Specifications [111] and the process by which they were approved. To establish whether students and alumni will be provided with appropriate records of study, the team considered the Student Record System (SRS) Board Terms of Reference [116], and ANS Project Start PowerPoint [102]. The team also met Senior Staff [M1] and staff responsible for resourcing [M4] the plans for and progress with the development of the virtual learning environment (VLE) and Student Records System (SRS).

How any samples of evidence were constructed

38 The team did not construct any sampling for this criterion. The provider only intends to deliver two programmes in a single discipline during the probation period and the volume of material available was such that all evidence could be reviewed by the team.

What the evidence shows

39 The provider's plans in relation to this criterion are as follows.

40 The provider's academic framework was approved by Academic Board in November 2020. The provider has initiated implementation of its academic regulations and policies and states in the New DAPs Plan [000 and associated Academic Planner 042] that staff training on the policies commenced in January 2021 and will be complete by the first quarter of year one. It plans to make the policies available on the website by the third quarter of year one. The New DAPs Plan [000 and 042] also makes provision for a review of the policies annually in the first instance by Academic Board following consideration by the Student Experience Committee.

41 The provider has commenced implementation of the relevant sections of its Academic Regulatory Framework [019] and approval procedures to approve its programmes. Definitive programme documentation is expected to be approved by the Academic Board by the end of January 2021. During the probation period, the provider plans for any changes to the programme specification to be made in line with its Programme Monitoring and Review Policy [045], based on annual monitoring in the second quarter of each year, and periodic five-year reviews. Most policies will not be implemented until the first cohort commences.

42 The provider plans for students to be able to view their up-to-date progress and records of study via a dashboard on the VLE, which is expected to be available in May 2021 prior to the first planned intake of students in September 2021. The development of the SRS is planned for completion in May 2021 and will enable formal transcripts of student results to be issued on an annual basis following approval of results by an Assessment Board. The provider has plans in place for the production of a final transcript and diploma supplement for graduates and graduation certificates for the first cohort of graduates in quarter four of year three.

43 The assessment team's analysis of the evidence led to the following observations.

44 In accordance with the New DAPs Plan [000], the provider has developed a clear, comprehensive and appropriate academic framework and regulations governing its higher education provision as these are presented in an Academic Regulatory Framework [019] which consists of eight policies and regulations covering, but not limited to, all of the areas referred to in the New DAPs criteria: student admissions, assessment, progression, award,

appeals and complaints, accompanied by a standalone Admissions Policy [002] and Student Complaints Policy [074]. These policies have been developed and approved through a clear and rigorous process based upon the provider's Policy for Policy Development [032] and accompanying flowchart [040] which contains the arrangements for the initiation, development, and approval of policies. The Policy for Policy Development [032] provides clarity for policy ownership, the requirements for consultation with relevant members of the provider's community, responsibility for approval and contributes to the rigour and legitimacy of the provider's policies. These regulations and policies, approved by Academic Board in May 2020 [Academic Board minutes 021], are prefaced by an introductory overview that establishes their status as the basis for the provider to set and maintain academic standards.

45 The Academic Regulatory Framework [019] demonstrates a robust context which establishes its status as the basis for setting and maintaining academic standards, providing transparency and consistency across all programmes, and providing students with a clear set of expectations in terms of their conduct and achievement. The Academic Regulatory Framework [019] and programme development regulations [044, 050-053] references the sector regulatory framework, best practice, and internal and external expertise. This framework has been developed in line with national expectations, following a process of benchmarking against similar higher education institutions, particularly those offering engineering programmes, alignment with the UK Quality Code for Higher Education (2018) and *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) (2014). It also sets out how changes to the framework would be approved by Academic Board and how, under exceptional circumstances, variations to the regulations and policies would be approved. Senior staff [M1] emphasised the importance that the provider placed on establishing a regulatory framework that is robust and workable and the detailed work that was carried out by a policy working group to ensure that this was the case. They explained that this included comparisons with equivalent policies across and sometimes beyond the UK higher education sector.

46 The Academic Regulatory Framework [019] is appropriate to the provider's current status and stage of development because it is comprehensive and coherent and was approved by Academic Board at its meeting in November 2020, subject to a small number of specified revisions and circulation of the revised document to Academic Board [080]. The team found that the Academic Regulatory Framework [019] is an effective basis on which the provider will be able to award academic credit and qualifications based on student achievement consistent with the levels of the FHEQ. This is because the Academic Award Regulations within the framework [019] provide clarity on the role and membership of Assessment Boards and those responsible for their operation, the conferment of awards, and the calculation of award classifications. Alongside the Academic Award Regulations [059], the Assessment Regulations [063] provide a credible framework for assessment as these establish the provider's approach to assessment, underlying principles of assessment, such as anonymity and grading bands, and the assessment process itself, including marking, moderation and the provision of feedback. In conjunction with these regulations, further detail regarding the type, weighting, and size of assessments required in the Module Specification Guidance and Template [052] and the Module Handbook Template [064] are a sound basis for students to gain a clear understanding of what they need to do to meet learning outcomes, achieve higher grades, gain credit, and complete their award.

47 The individual policies and regulations in the Academic Regulatory Framework [019] contain a standard statement that identifies the normal cycle for their review by Academic Board, which is either one or three years depending on the particular policy. In addition, the New DAPs Plan [000 and 042 line 18] identifies that, in the first instance, the Academic Regulatory Framework [019] will be reviewed in the fourth quarter of each year of the probation period by firstly the Student Experience Committee, followed by Academic Board for approval of any changes, with responsibility for this sitting with the Registrar. The

team concludes that the provider has credible plans in place to review the effectiveness of its Academic Regulatory Framework throughout the probation period. Although, until the first cohort of students commences in September 2021 it will not be possible for these policies to be implemented. The policies are written in plain English and are set out in a consistent and logical format with a clear explanation of the scope of the policy, the roles and responsibilities of those involved (staff and students), the stages of any procedure, the potential outcomes, and the arrangements for monitoring and review of the policy and the team considers them to be clear and fit for purpose. The team [Meetings with staff responsible for learning, teaching, programme design and assessment M3 and with members of Academic Board and PARC M5] also heard that all staff would be made aware of the regulations, policies and procedures at induction and through regular briefings, and the New DAPs Plan [000] identifies that staff using the regulations will receive training from Registry staff on the contents and how to apply them, with materials for this being in place by the first quarter of the first year.

48 The New DAPs plan [000 para 100] identifies the programme [106] and module specifications [111] as the provider's definitive source of information and reference point for each qualification being awarded and each programme being offered. As part of the programme approval process, all modules were scrutinised by external experts to ensure currency. The New DAPs Plan confirms that the definitive programme record will be held by Registry and that the programme specification will be used as the basis for the delivery and assessment of the programme and will be available to students via the VLE [000].

49 The team considers these specification documents to provide sufficient and appropriate information for these purposes as these are based upon comprehensive templates accompanied by clear guidance for their completion [Programme Specification Guidance and Template 051 and Module Specification Guidance and Template 052]. The Programme Specification template [051] contains the full range of information necessary to clearly define the programme, including the titles of awards and exit awards, their duration, planned external accreditation, the programme aims and learning outcomes (including for exit awards), the modular structure of the programme, including module titles and their credit value, and admissions criteria. In turn, the Module Specifications Template and Guidance [052] contains information regarding the level and credit value of the module and its aims and intended learning outcomes. It also contains information regarding the indicative content of the module, including the linkage to relevant Learning Tree nodes, the learning, teaching and assessment strategy for the module and details of its assessment and how the learning time is to be spent. The Programme and Module Specification Templates [051, 052], on which the provider has based its definitive records, make provision for sufficient and appropriate information to be recorded.

50 The New DAPs Plan [000] states that students and alumni will be provided with records of study that consist of a formal transcript of their results on an annual basis following approval of their results at an Assessment Board, and a final transcript and diploma supplement following graduation, for which the provider expects to have a template available prior to September 2021. Academic Board will consider degree certificates in the fourth quarter of the third year during probation once the degree-awarding body is known. Staff responsible for resourcing [M4] articulated the provider's plans to issue transcripts to students within sixth months of the start of the first cohort [M4] and the New DAPs Plan identifies the first cohort of graduates are expected to be provided with a full transcript of the BEng qualification in quarter four of year three at the end of the probation period [000, 042]. The provider also has plans to provide students with access to a dashboard through a portal on the VLE where they can view their up-to-date progress [000 para 52]. This is expected to be available by the end of May 2021 [000 para 101].

51 The New DAPs Plan also explains that up-to-date records of the provider's programmes will be maintained on a bespoke SRS linked to the VLE. Although the provider's development of its VLE and SRS are taking place in a short timescale and involve a significant amount of work, discussions with staff [staff responsible for resourcing M4] led the team to conclude that they have a clear understanding of the importance of the project and that their plans are credible. This is because the project is being carried out in conjunction with an organisation which the provider identifies as a specialist software provider in the UK higher education sector and is being rigorously managed and monitored by a Project Executive Board which includes specialist consultants as members [SRS Board Terms of Reference 116]. This Board carefully monitors the progress of the project, [Project Start PowerPoint 102] and meets monthly alongside an in-house operational team that meets weekly [staff responsible for resourcing M4]. Senior staff and staff responsible for resources [M1 and M4] clearly articulated the scope and stages of the project and potential risks and ways in which these might be mitigated by stringent project governance. They also confirmed that they were so far up to date with the schedule of activities and anticipated them to be completed by May 2021 in accordance with the New DAPs Plan, with curriculum details already having been loaded [M4] and the admissions element having gone live.

Conclusions

52 The assessment team formulated its judgement against this criterion according to the process set out in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*.

53 The team concludes that the provider has developed academic frameworks and regulations to govern how it will award academic credit and qualifications which are fit for purpose and understood by those staff in post. These frameworks and regulations are comprehensive as they consist of an Academic Regulatory Framework with accompanying Assessment Regulations that together govern the award of credit and qualifications, and the classification of awards. The provider has also established a robust process for the approval of its programmes, including the definitive records of its awards. These frameworks have been developed and approved through a documented process, are transparent in that it is clear who has responsibility for their development and the process by which they are approved. The provider has also effectively articulated how it intends to disseminate these to staff, students and other relevant stakeholders.

54 The provider has clear and credible plans for maintaining definitive, secure and up-to-date records of each of the qualifications it intends to award and each programme it intends to offer. These consist of Programme and Module Specifications that constitute an accurate and comprehensive record, examples of which have been approved for the programmes that the provider initially intends to offer during the New DAPs probation period. The team considers that these will provide a sound basis for the provider's delivery and assessment of its programmes. The provider is in the process of developing a SRS and associated VLE and has clear plans for these to contain the student records of study and provide the means by which they are made available to students. While the SRS and VLE are being developed in a short timescale, with rigorous governance and from the evidence provided, the team concludes that this is achievable and that the New DAPs Plan provides a clear and credible timescale for its development.

55 The provider has made considerable progress in meeting this criterion in that it has an approved set of academic frameworks and regulations and clear timescales for their review. It also has a full set of definitive documents for its initial awards that are due to be approved by Academic Board at the end of January 2021. Having already successfully operated its programme approval procedures, the New DAPs Plan also provides a comprehensive plan for the implementation of the various remaining elements of its

Academic Regulatory Framework, such as meetings of Assessment Boards and the issue of transcripts. The team concludes that the provider has strong oversight of its New DAPs Plan, including the review of its Academic Regulatory Framework, and a clear plan for key future activities.

56 The team concludes, therefore, that the provider understands the criterion and that the New DAPs Plan is credible and should enable the provider to demonstrate that it has fully met the criterion by the end of the probation period.

Criterion B2 - Academic standards

57 This criterion states that:

B2.1: An organisation granted degree awarding powers has clear and consistently applied mechanisms for setting and maintaining the academic standards of its higher education qualifications.

B2.2: Organisations with degree awarding powers are expected to demonstrate that they are able to design and deliver courses and qualifications that meet the threshold academic standards described in the Framework for Higher Education Qualifications (FHEQ). Organisations with degree awarding powers are expected to demonstrate that the standards that they set and maintain above the threshold are reliable over time and reasonably comparable to those set and achieved by other UK degree awarding bodies.

The evidence considered and why the team considered this evidence

58 The QAA assessment team assessed this criterion by reference to a range of evidence gathered according to the process described in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*, in particular the suggested evidence outlined in Annex 5 and TEDI-London's submission. The assessment team identified and considered this evidence for the purposes of the New DAPs test outlined in paragraphs 232 of the regulatory framework, namely, to assess TEDI-London's understanding of this criterion, to test the credibility of TEDI-London's New DAPs Plan in relation to this criterion and to test the academic standards of the proposed programmes.

Specifically, the assessment team considered or assessed:

- a whether the provider's higher education qualifications are offered at levels that correspond to the relevant levels of the Frameworks for Higher Education Qualifications of UK Degree Awarding Bodies. To do this, the team explored the New DAPs Plan [000], Academic Regulatory Framework [019], Assessment Regulations [063], Programme Development Guidance [044], Programme Approval and Review Committee terms of reference [056], Minutes of Academic Board [021] and the Programme Approval and Review Committee [079], papers for the Programme Approval and Review Committee [057], templates for programme specifications [051] and module specifications [052], threshold criteria [053], programme [107] and module [081] specifications for initial programmes, and the FHEQ learning outcomes map [050] and threshold criteria map [054] for initial programmes.
- b whether the setting and maintaining of academic standards is likely to take appropriate account of relevant external points of reference and external and independent points of expertise, including students. In order to explore this, the team considered the New DAPs Plan [000], the Academic Committee Regulations [015], Academic Planner [042], Programme Development Guidance [044], Programme Monitoring and Review Policy [045], External examining policy [058], External examiner report template [066], Policy for external advisers to TEDI-London academic programmes [055], Programme Approval and Review Committee (PARC) terms of reference [056], papers [057] and minutes [079], the PARC action plan [105] and the Programme specifications for initial programmes [106]. The team also met senior staff [M1], staff responsible for teaching, learning and assessment [M3] and members of Academic Board and PARC [M5].

- c whether the provider's programme approval arrangements are robust, are likely to be applied consistently, and ensure that academic standards are set at a level which meets the UK threshold standard for the qualification and are in accordance with their own academic frameworks and regulations. To do this, the team considered the New DAPs Plan [000], Programme Development Guidance [044], Programme [051] and Module [052] specification template, the provider's threshold criteria [053], Programme Approval and Review Committee terms of reference [056], the Planning consent form [060], Staff recruitment plans [009], Programme Approval and Review Committee papers [057], the completed planning consent form [061], Academic Board minutes for May [062] and November [080], PARC minutes October 2020 [079], and Reports to the Board Sep 2020 [078]. The team also met senior staff [M1] and staff responsible for teaching, learning and assessment [M3].
- d whether credit and qualifications are awarded only where the achievement of relevant learning outcomes (module learning outcomes in the case of credit and programme outcomes in the case of qualifications) has been demonstrated through assessment, and both the UK threshold standards and the academic standards of the relevant degree-awarding body have been satisfied. In order to explore this, the assessment team considered the Academic Award Regulations [059], Assessment Regulations updated Jan 2021 [107], Programme specifications [106], the Module handbook template [064], programme Learning outcomes mapped to the Engineering Council's Accreditation of Higher Education Programmes (AHEP) [065] and a draft module handbook [098].
- e whether the provider's programme approval, monitoring and review arrangements are robust, applied consistently and explicitly address whether the UK threshold academic standards are achieved and whether the academic standards required by the individual degree-awarding body are being maintained. To do this, the assessment team considered the provider's New DAPs Plan [000], the Programme Monitoring and Review Policy [045], reports to the Board of Trustee Directors September 2020 [078], the academic planner [042], and academic calendar [097]. The team also met senior staff [M1], staff responsible for teaching and learning M3], members of Academic Board and PARC [M5], and staff responsible for enabling the student journey [M6].
- f whether in establishing, and then maintaining, threshold academic standards and comparability of standards with other providers of equivalent level qualifications, the provider makes use of appropriate external and independent expertise. To undertake this, the team considered the New DAPs Plan [000], the provider's Programme Development Guidance [044], Programme approval and review committee terms of reference [056], Policy for appointing external advisers [055], External adviser proposals [099], External examining policy [058], Programme Monitoring and Review Policy [045], and the External examiner report template [066].

How any samples of evidence were constructed

59 The team did not construct any sampling for this criterion. The provider intends to deliver two programmes in a single discipline during the probation period and the volume of material available was such that all evidence could be reviewed by the team.

What the evidence shows

60 The provider's plans in relation to this criterion are as follows.

61 The provider has established an Academic Board [Academic Committees Regulations 019] which reports to the Board, and acts as the principal academic body, with oversight for the setting and maintenance of sector-recognised standards. Academic Board and its subordinate Programme Approval and Review Committee (PARC) [Academic Committee Regulations, 015] are already operational and have convened to consider the proposed programmes [Committee minutes, 021, 079, 080]. Academic Board approved the provider's programmes in Global Design Engineering at its November 2020 meeting and final approval is expected at a meeting to be held in March 2021.

62 The provider plans to appoint external examiners by August 2021 and induct these during the first quarter of year one. Examiners are scheduled to submit reports in the first quarter of the second and third year of probation [Academic Planner 042]. Programme team meetings are scheduled to also take place at this time to submit their response to external examiners' reports. The New DAPs Plan [000] indicates that arrangements for planning programme delivery to meet the Engineering Councils' national standards have been put in place and have already been tested. However, plans made for maintaining those standards over time will not be operational until students have been recruited and the first student intakes are about to graduate.

63 The Programme Monitoring and Review Policy [045] states that review processes are intended to operate at two levels: Annual Programme Monitoring, and Periodic Review on a five-year basis. Annual Programme Monitoring is intended as an opportunity for the programme team to reflect upon their programme's performance over the previous year, provide an overview of successes, and to confirm any actions to enhance the programme. The annual review of programme is scheduled in the second quarter of the first and second year of probation [Academic Planner 042].

64 The assessment team's analysis of the evidence led to the following observations.

65 The provider's Academic Regulatory Framework [019] is clear and comprehensive because it documents 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 [Academic Committee Regulations 015], has governance oversight for the academic regulations [019] including admissions, assessment, academic standards and awards with the objective of assuring the academic standards of the provider's awards and the quality of the learning opportunities provided to students. Oversight of matters relating to assessment include monitoring of student passes and progression, and those who fail to meet requirements and are eligible for resits or are withdrawn from the programme. The Academic Board terms of reference [019] are consistent with its mission and strategic plan and ongoing responsibility for the maintenance of academic standards at all levels. The provider's 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.

66 The provider has initiated its programme planning and approval processes [Programme Development Guidance 044] which set and define the academic standards associated with the awards, and which confirm that the programme standards align with both the programme learning outcomes required for the FHEQ and by the professional engineering bodies' for programme accreditation. The provider's Programme Development Guidance [044], gives planning teams responsible for programme development comprehensive support, advising teams of both the importance of ensuring congruence of learning outcomes with the FHEQ at both module and programme level, and also for approaches to teaching, learning and assessment to align with its own vision, mission and

values. The Programme Development Guidance [044] specifies templates which teams must use for developing programme and module specifications [051; 052], to bring consistency to defining programme outcomes and which clearly signpost teams to the FHEQ as they prepare the definitive programme documentation for approval. This is designed to ensure that all programme proposals address national frameworks and standards [New DAPs Plan, 000] and the provider's own programme threshold criteria [053] which add institutional context to the FHEQ and engineering professional bodies' standards.

67 The provider requires programme proposals to be considered [Planning consent form, 060] at an early stage by Academic Board. A successful proposal would be given consent to proceed with detailed planning. The deliberations at Academic Board address, among other matters, the proposal's strategic fit with institutional plans; its alignment with the provider's academic regulatory framework; availability of physical and staff resource; and accreditation [Planning consent form, 060]. Initial programme proposals in Global Design Engineering [completed planning consent request, 061] were considered in detail and approved to proceed to detailed design by Academic Board in May 2020 [Academic Board minutes, 062].

68 The Programme Approval and Review Committee (PARC), a subcommittee of the Academic Board, considers all proposals in detail, holding approval meetings with proposing programme teams [PARC terms of reference, 056], and specifically testing that proposals meet national regulatory and professional body standards and comply with the provider's own academic framework and regulations. The proposed programmes were scrutinised by PARC in October 2020 [PARC papers, 057], and PARC endorsed the programme proposals without conditions, indicating that the standards defined in the curriculum meet the UK professional engineering standards [PARC minutes, 079]. The scrutiny was detailed and robust, led by external experts, and resulted in several recommendations for the programme team, including greater clarity for students in the assessment journey and a rebalancing of type and load of assessment. Academic Board considered and accepted all recommendations in November 2020 [Academic Board minutes, 080; staff responsible for teaching, learning and assessment, M3]. The team heard that the recommendations have been addressed in full by the programme team, and programme documentation is scheduled to be returned for formal approval at the January 2021 Academic Board meeting [staff responsible for teaching, learning and assessment, M3].

69 The team scrutinised the papers prepared for PARC's [057] consideration of proposals for the provider's programmes. They were comprehensive, including the programme and module specifications [049, 081], the provider's threshold criteria for programme approval [053], the programme team's mapping of learning outcomes to the FHEQ at both module and programme level [FHEQ learning outcomes map, 050], and the programme team's mapping onto the threshold criteria [054]. The team found that the papers for and the minutes from PARC's consideration [057, 079] disclose the detailed critical evaluation that took place, evidencing that both the programme outcomes map [050] and threshold criteria map [054] made the points of alignment with the FHEQ evident. The team concludes that detailed programme planning, [PARC papers, 057] informing a thorough and critical approval meeting conducted by PARC, [079] confirms that the two initial programmes the provider intends to deliver appropriately correspond to Levels 6 and 7 of the FHEQ. In addition, the team confirms that the use of standard templates [051; 081] and detailed planning guidance [044] indicates confidence that future development of additional programmes or reviews of existing provision would be approached in a consistent manner. The team considers that the provider's higher education qualifications are likely to be offered at levels that correspond to the relevant levels of the FHEQ.

70 The New DAPs Plan [000] indicates the provider's intention to seek accreditation from two professional engineering bodies, at the first permitted opportunity; that is, the year

its first cohort graduates. The team learned [senior staff, M1; PARC papers, 057; Programme specifications, 106] that the curriculum for the two initial programmes has been designed to fully align with the Engineering Council's required learning outcomes for accredited engineering programmes.

71 In addition to internal staff, both PARC and Academic Board include external members [PARC terms of reference, 056; Policy for external advisers, 055; Academic Committee Regulations, 015]. Thus, external, independent expertise is intended to be brought to bear both in detailed curriculum discussions at PARC, and the final approval decision at Academic Board. The team learned [New DAPs Plan, 000; Academic Committee Regulations, 015, M1] that once students are enrolled, elected student membership will be included on both PARC and Academic Board to bring the student perspective and voice to bear. The team concludes that the provider's arrangements for setting and maintaining of academic standards [Programme Development Guidance, 044] takes appropriate account of relevant external points of reference.

72 The team confirms that the provider's programme approval arrangements are robust and ensure that academic standards are set at a level which meets the UK threshold standard for the qualification and are in accordance with its own academic frameworks and regulations. This is because it uses well-documented principles of programme design, applied consistently through the use of standard documentation [Programme Development Guidance 044, Programme specification guidance and template 051, module specification guidance and template 052]. PARC [Programme Approval October 2020 057] rigorously tested programme proposals against the national FHEQ and professional body standards, and Academic Board upheld and endorsed its recommendations. The team considers that academic standards set in the provider's initial programmes are set at a level which meets the UK threshold standard for the qualification and are in accordance with their own academic frameworks and regulations.

73 The provider's plans to ensure the maintenance of standards include both an annual programme monitoring (APM) exercise and a five-year periodic review [Programme Monitoring and Review Policy, 045]. APM is planned to commence towards the end of the first teaching block, around December 2021 [members of Academic Board and PARC, M5] and continue cyclically thereafter. The process is planned to be managed by the Academic Director, and the APM is planned to be developed on a continuous basis throughout the year [staff responsible for teaching and learning, M3; members of Academic Board and PARC, M5], so that immediate action can be taken if issues emerge.

74 With respect to academic standards, it is intended that APM focuses on points raised by external examiners and on student achievement [Programme Monitoring and Review Policy, 045]. APM is planned to monitor standards by receiving data on student achievement and student feedback on a continual basis, receiving annual reports from external examiners and engaging with both staff and students on the Student Experience Committee, which will consider the reports and which students both attend and co-chair. In addition, module and programme feedback and feedback from student representative meetings will also provide data for annual monitoring. Meetings with staff confirmed the intent that Academic Board will consider and reflect on the APM twice a year [staff responsible for teaching, learning and assessment, M3; staff responsible for enabling the student journey, M6; Programme Monitoring and Review Policy, 045, members of Academic Board and PARC, M5].

75 The provider's plans for five-year periodic review are based on an in-depth critical review of programme curriculum and student outcomes using a stand-alone Periodic Review Panel. The Programme Monitoring and Review Policy [045] sets out that the review intends to cover all aspects of delivery, including specific reflection on student achievement and

standards, to review aims and objectives and confirm the benchmarking against the FHEQ and engineering professional bodies' published standards. External experts, both industrial and academic, are planned to join the Periodic Review Panel. The team considered the provider's plan for its annual and periodic review process and its use of external examiner input to be appropriate for assuring standards and is credible as they are likely to enable timely oversight and reporting of any issues relating to academic standards.

76 Staff stated to the team [senior staff, M1; members of Academic Board and PARC, M5] that while the principles and broad outline of the procedure was embedded in the policy, the detailed procedures would emerge as required within the academic planner [042]. The annual monitoring and periodic review panel is expected to include student members and there is an intention to interview both students and alumni during the reviews [Programme Monitoring and Review Policy, 045].

77 The provider's academic award regulations [059] and assessment regulations [107] outline its plans to grant academic credit for each successful module, and to conflate credit to determine an overall award. The assessment regulations [107] make explicit that credit will only be awarded if all module learning outcomes have been achieved. All learning outcomes must therefore be assessed, and the module assessment strategy in module handbooks [handbook template, 064; draft handbook, 098] identifies which component of assessment addresses each learning outcome. All modules are allocated a credit value at programme approval, and this is clearly identified in the programme specification [106].

78 The assessment regulations [107] state that for credit to be awarded the overall module pass mark must be achieved, but indicate that if a student only marginally fails a module, compensation may be applied. The provider has adopted the professional body's approach to module compensation [<https://www.engc.org.uk/engcdocuments/internet/website/Compensation%20and%20condonement.pdf>] which is 'the practice of allowing marginal failure (i.e. not more than 10% below the nominal pass mark) of modules and awarding credit for them, on the basis of good overall academic performance'. The regulations [107] clarify that this exception may only be applied for a maximum of 30 credits across the whole award, and only when the specific learning outcome concerned has been successfully demonstrated elsewhere. If failure is other than marginal, the provider's regulations [107] permit students to repeat a failed module in its entirety, with the maximum grade awarded capped at the passing threshold.

79 The team concludes that the provider's plans for the award of credit and qualifications once students are enrolled are sound because its assessment regulations only permit the award of credit and awards once the learning outcomes have been successfully assessed and credit awarded [107]. There are detailed rules, developed around professional body requirements, which tightly control the circumstances in which compensation or retrieval of failure is permitted, and retain the integrity of the award [107].

80 Both the provider's New DAPs Plan [000] and its Programme Development Guidance [044] indicate that it plans to make use of independent external expertise in establishing and maintaining academic standards, for example in the design, approval, annual monitoring and periodic review of programmes. Independent subject specialists have been engaged to assist in programme design and approval and are intended to be engaged in periodic review processes. A formal process has been established which identifies and engages external experts for such work [Policy for appointing external advisers, 055]. The policy [055] requires academic advisers to be appropriately qualified and experienced to provide advice relating to academic content, delivery and the requirements set by the engineering professional bodies. The appointment process, while straightforward, is formal, and tests for potential conflict of interest, and was used to appoint three external advisers for the first meeting of PARC [External adviser proposals, 099; PARC terms of reference, 056],

at which the committee scrutinised and challenged the provider's proposed programmes. The process is effective; minutes from the PARC approval meeting [079] indicate the critical contribution from the external members, exploring, for example, matters relating to assessment and benchmarking against the FHEQ and the engineering professional bodies' standards. The New DAPs Plan states [000, para 107] that two academic advisers and an industry external adviser were appointed and attended the October 2020 meeting of PARC [057].

81 The New DAPs Plan [000] states the provider intends to ensure comparability of academic standards through the use of external examiners and advisers and their reports. External examiners are, through annual reports, to provide independent verification that the academic standards of programmes are being maintained [External examining policy 058]. Academic external advisers have been appointed to Academic Board and PARC in accordance with the External Adviser Policy [055] to comment on the suitability of the academic standards within the programme documentation.

82 The New DAPs plan [000] anticipates that external examiners will be appointed for each programme by August 2021 for an initial three-year term of office, extendable to a maximum of five years [External examining policy, 058]. The External Examining Policy [058] requires external examiners to be well-qualified subject experts, with wide experience in teaching and learning and a good knowledge of the standards set by the engineering professional bodies. The appointment will be subject to formal approval by Academic Board, and subject to scrutiny for potential conflict of interest.

83 External examiners are scheduled to receive a formal induction schedule for the first quarter in the first year of probation [Academic Planner 042], to include briefing on their role, explaining their responsibilities for approving formal assessment instruments to ensure the appropriate standards are being tested, sampling graded student work to confirm that the standards achieved are being maintained, meeting students, attending formal assessment boards and reporting on the comparability of standards to similar programmes elsewhere in the higher education sector [External examining policy, 058]. External examiners will be asked to use a standard annual reporting template to ensure consistency of approach between externals [External examiner report template, 066]. The external examiner's report is planned to be shared with staff and students, contributes formally to the annual monitoring process, and are expected to always receive a formal written response from the Academic Director [External examining policy, 058].

84 The team considers these plans to be credible and understood because staff were able to explain the importance of external verification and the value of contributions made by external advisers through bringing senior academic and industrial expertise to the scrutiny and approval of initial programmes [022, 023]. External advisers augmented the small senior leadership team during the programme planning process and similar appointments are planned to be made to the five-year team for the first periodic review. External examiners are scheduled to be appointed for each programme and report annually to confirm the maintenance of standards achieved by students [New DAP Plan 000]. Student members are planned to join all academic governance committees, and representatives, from first enrolment, are planned to be involved in programme monitoring, review, and development. Student participants on short courses offered by the provider and the students' union at the prospective validating university have contributed to policy development. Briefings and training will be provided for all undertaking roles as external advisers or examiners, and student representatives and committee members are planned to receive training for the role.

Conclusions

85 The assessment team formulated its judgement against this criterion according to the process set out in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*.

86 The provider's plans for meeting the DAPs criterion in full by the end of the probation period are clear and the stated approach is credible and realistic. The team concludes that the provider has developed clear and consistent policies and processes for setting the academic standards of its higher education qualifications. These are comprehensive, providing staff with detailed guidance on developing programme proposals, conducting confirmatory benchmarking against the FHEQ, national engineering professional standards, and the provider's own threshold standards criteria, and developing programme and module specifications. PARC conducts robust scrutiny of initial programme proposals. Programmes approved by Academic Board have established standards aligning with both the FHEQ and the national standards for professional engineers. The team confirms that the two initial programmes appropriately correspond to Levels 6 and 7 of the FHEQ and the assessment frameworks indicate that the qualifications are likely to be delivered at these levels.

87 The provider plans to operate credit-based awards, adopting the standard English credit ratings in line with the FHEQ. All learning outcomes are intended to be assessed before credit will be awarded for modules. Clear rules, aligning to those of the professional engineering bodies, permit compensation of marginally failed modules and award of credit, but only in cases where there is clear evidence that all learning outcomes have been achieved.

88 The provider's plans for maintaining academic standards are clear, credible, and articulated in well-developed policies. They describe both an annual programme monitoring exercise and a five-year periodic review. Both processes are as yet untested since data will only emerge throughout the probation period, but the provider's plans to complete the development of detailed procedures by November 2021 are realistic and align with the academic calendar which has been established for the whole of the probation period.

89 The provider's New DAPs Plan describes wide engagement of external experts in all procedures relating to the establishment and maintenance of academic standards. The team considers that the provider has developed robust and credible procedures to identify and engage well-qualified and experienced external experts to contribute to establishing and maintaining academic standards. This is evident from the critical role played by externals in the programme approval process. External examiners are planned to be appointed before the first cohort of students commences the initial programmes, but the detailed policy and procedures already developed indicates a well-constructed approach that the team is confident will provide evidence to inform reflection on the standards achieved by students if implemented as intended.

90 The team concludes, therefore, that the provider understands this criterion and that its New DAPs Plan is credible and should enable the DAP criterion to be met by the end of the probation period and the academic standards of the proposed programme are appropriate.

Criterion B3 - Quality of the academic experience

91 This criterion states that:

B3.1: Organisations with degree awarding powers are expected to demonstrate that they are able to design and deliver courses and qualifications that provide a high quality academic experience to all students from all backgrounds, irrespective of their location, mode of study, academic subject, protected characteristics, previous educational background or nationality. Learning opportunities are consistently and rigorously quality assured.

The evidence considered and why the team considered this evidence

92 The QAA assessment team assessed this criterion by reference to a range of evidence gathered according to the process described in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*, in particular the suggested evidence outlined in Annex 5 and TEDI-London's submission. The assessment team identified and considered this evidence for the purposes of the New DAPs test outlined in paragraphs 232 of the regulatory framework, namely, to assess TEDI-London's understanding of this criterion and to test the credibility of TEDI-London's New DAPs Plan in relation to this criterion.

Specifically, the assessment team considered or assessed:

Design and approval of programmes

- a whether the provider operates effective processes for the design, development and approval of programmes, the team considered the New DAPs Plan [000], the Programme Development Guidance [044], the Programme Specification Guidance Notes and Template [051] and the Module Specifications Guidance notes and template [052], the Threshold Criteria for Programme Approvals [053] and the Threshold Criteria Map [054]. The team also reviewed the terms of reference of the Programme Approval and Review Committee (PARC) [056] and the papers of the PARC meeting held in October 2020 [057]. The team also met staff responsible for learning, teaching, programme design and assessment [M3].
- b whether relevant staff are informed of, and provided with guidance and support on, the procedures of the design, development and approval of programmes and their roles and responsibilities in relation to them. The team considered the New DAPs Plan [000], Programme Development Guidance [044], Monitoring and Review Policy [045] and the Learning Development Toolkit [123]. The team also met staff responsible for the scholarship and effectiveness of staff [M7].
- c how the provider demonstrates that responsibility for approving new programme proposals is clearly assigned, including the involvement of external expertise, where appropriate, and subsequent action is carefully monitored. The team considered the New DAPs Plan [000], the terms of reference of PARC [056], External Advisers to Academic Programmes [055], Programme Development Guidelines [044], the papers and minutes of the PARC meeting held in October 2020 [057, 079] and Academic Board Minutes of November 2020 [080] meeting.
- d how the coherence of programmes with multiple elements or alternative pathways is secured and maintained. The team considered the New DAPs Plan [000], the papers of the PARC meeting held in October 2020, description of the Learning Tree [029] and Node process [119]. The Learning Tree [M2] was demonstrated to the team.

- e whether close links are maintained between learning support services and programme planning and approval arrangements. The team considered the New DAPs Plan [000], Programme Development Guidance [044], Planning Consent Form template [061] and the completed Planning Consent Form for the BEng and MEng Global Design Engineering, and PARC's terms of reference [056]. The team also met staff responsible for resourcing [M4].

Learning and teaching

- f whether the provider articulates and implements a strategic approach to learning and teaching which is consistent with its stated academic objectives. The team considered the New DAPs plan [000], the Learning and Teaching Strategy [018], the Academic Board terms of reference [015] and the Academic Board Minutes [021], PARC terms of reference [056] and Module Specification [081]. The team met the staff responsible for scholarship and effectiveness of staff [M7].
- g whether the provider maintains physical, virtual and social learning environments that are safe, accessible and reliable for every student, promoting dignity, courtesy and respect in their use. The assessment team considered the New DAPs Plan [001] and the Campus 2 plans [068], the Policy Approval [041] and Regulation Tracker [101] and the IT Usage Policy [088]. The team also met the staff responsible for enabling the student journey [M6] and Senior Staff [M1].
- h whether there are robust arrangements that exist for ensuring that the learning opportunities provided to those of its students that may be studying at a distance from the organisation are effective. The team considered the New DAPs Plan [000], the Learning and Teaching Strategy [078], Learning Tree [029], Learning Tree demonstration slides [114], digital strategy [069], Teaching Learning Infrastructure budget [071], and Access and Participation Plan. [070]. The team met senior staff [M1].
- i whether every student will be enabled to monitor their progress and further their academic development. The team considered the Student Records Board Report [028] and a Progress Report November 2020 [082]. The team also met the staff responsible for resourcing [M4].

Assessment

- j whether the provider operates valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought. The team considered the New DAPs Plan [001], Assessment Regulations [107], Academic Director job description [011], Applied Engineering for Design Assessment Brief [100], Draft Module Handbook [098], Academic Award Regulations [059], Admissions Policy [002], Admission with Credit Application form [002]. The team also met the staff responsible for the scholarship and effectiveness of staff [M7].
- k the provider's engagement with staff and students in dialogue to promote a shared understanding of the basis on which academic judgements are made. The team reviewed the Assessment Regulations [107] and the Learning and Teaching Strategy [018]. The team was provided with a demonstration of the Learning Tree [M2] and met staff responsible for resourcing [M4].
- l how the provider's students will be provided with opportunities to develop an understanding of, and the necessary skills to demonstrate, good academic practice.

The team considered the New DAPs Plan [001], Academic Integrity Policy [036], Assessment Regulation [107] and assessment map [115]. The team was provided with a demonstration of the Learning Tree [M2].

- m how the provider will operate processes for preventing, identifying, investigating, and responding to unacceptable academic practice. The team reviewed the New DAPs Plan, Academic Regulations [107], Academic Integrity Policy [036] and Assessment Map [115].
- n whether the provider's processes for marking assessments and for moderating marks are clearly articulated and will be consistently operated by those involved in the assessment process. The team considered the New DAPs Plan [000] and the provider's Assessment Regulations [107].

External examining

- o whether the provider will make scrupulous use of external examiners, including in the moderation of assessment tasks and student assessed work. The team considered the New DAPs plan [000], External Examining Policy [058], Academic Award Regulations [059], Academic Committee Regulations [015] and External Examiner Reporting template [066].
- p how the provider will give full and serious consideration to the comments and recommendations contained in external examiners' reports and provide external examiners with a considered and timely response to their comments and recommendations. The team considered the New DAPs plan [001], External Examining Policy [058] and the External Examiner Report Template [066], Academic Committee Regulations [015].

Academic appeals and student complaints

- q whether the provider has effective procedures for handling academic appeals and student complaints about the quality of the academic experience; and whether these procedures are fair, accessible and will enable timely outcomes, and enhancement. The assessment team considered the New DAPs Plan [001], Student Complaints Policy [074], Academic Appeals Policy [073], Student Engagement Policy [043] and the Quality and Standards Review (QSR) Report Final [006]. The team met the staff responsible for enabling the student's journey [M6].
- r whether the provider will take appropriate action following an appeal or complaint. The team considered the New DAPs Plan [001], Academic Committee Regulations [015], Student Complaints Policy [074], Academic Appeals Policy [073] and the Student Engagement policy [043].

How any samples of evidence were constructed

93 The team did not construct any sampling for this criterion. The provider intends to deliver two programmes in a single discipline during the probation period and the volume of material available was such that all evidence could be reviewed by the team.

What the evidence shows

94 The provider's plans in relation to this criterion are as follows.

95 The provider has a process for the development and approval of programmes which it has tested to date, with final programme approval expected by February 2021. The process for engagement with external advisers as articulated by the Policy for External Advisers [055] has also been established and tested in practice. A toolkit for staff on programme design and development will be available for the induction of staff in the first quarter of year one. Other policies relating to programme delivery are in development as evidenced by the Policy Approval [041] and Regulations [101] tracker, including the Equality and Diversity Policy, Health and Safety Policy, Data Protection Policy, Student Bullying and Harassment Policy, Freedom of Speech Policy and a Wellbeing Policy. These are expected to be completed by the end of May 2021 prior to the commencement of the programmes in September 2021. The Student Experience Committee [Terms of Reference 015] responsible for scrutinising relevant strategic plans and policy relating to the student experience will meet in the second and fourth quarter of each year of probation.

96 A new purpose-built campus based in London is scheduled to open in spring 2021 and the Board maintains oversight through quarterly meetings. The VLE containing the Learning Tree has been tested during 2019-20 and staff training will commence in May 2021. Materials for the VLE are due to be completed on a just-in-time basis and year one nodes are nearing completion and will be finalised by the first quarter of the first year of the probation period. Other nodes will be developed on an ongoing basis. A Learning and Teaching Strategy [018] was agreed by Academic Board at its meeting in May 2020 [021].

97 The New DAPs Plan states that assessment regulations have been approved by the Academic Board in November 2020 and terms of reference for Assessment Board, a subcommittee of Academic Board, are in place. Assessment policies have also been approved by Academic Board and the provider intends to review these on an annual basis during the probation period in the fourth quarter of each year [Academic Planner 042]. Assessment Boards will convene in quarter four of each year with further boards to consider any reassessments to be held in the first quarter of each year. The Student Record System to support assessment decisions and records is in development and due for completion in May 2021. The provider has developed an External Examining Policy [058] and plans to appoint external examiners by August 2021 and induct these during the first quarter of year one. Examiners are scheduled to submit reports for Academic Board in the first quarter of the second and third year of probation [Academic Planner 042].

98 The provider has developed an Academic Appeals Policy [058], and a Student Complaints Policy [074] and logging system will be complete by September 2021. The provider intends to present a summary of complaints and appeals to Academic Board in November 2022, the first quarter of the second year, the outcomes of which will be monitored by Academic Board for improvement actions. These policies will be published on the provider website and VLE, and feature in student induction in the first quarter of year one. The provider plans to make a confidential and impartial advocacy service available to students before September 2021 which, in the first instance, would be supplied through a partnership with King's College London Students' Union.

99 The assessment team's analysis of the evidence led to the following observations.

Design and approval

100 The New DAPs Plan [000] outlines the provider's approach to the design and approval of programmes and states that the procedures for programme design and approval have been mapped against external reference points, including the FHEQ, the UK Quality Code for Higher Education and sector guidance on course design and development. The Programme Development Guidance [044] outlines the methods for designing and approving new programmes and for making changes to existing programmes. The guidance is

sufficiently detailed to enable programme developers to have clarity of expectations, and which processes to utilise. This guidance [040] states that it should be read in conjunction with the Learning and Teaching Strategy [018], Academic Regulatory Framework [019], Academic Awards Framework [059], Terms of Reference for PARC [056], Ethical Framework Statement [037] and Student Protection Plan.

101 To further underpin the design and approval of programmes process, the provider has developed Programme Specification Guidance Notes and Template [051] and the Module Specification Guidance Notes and Template [052]. These documents present to the programme developer comprehensive guidance on completing the programme and module specification documents. The Threshold Criteria for Programme Approvals [053] set out the criteria for programme approval. It contains sections on Programme Aims and Learning Outcomes, Curriculum Content and Design, Learning and Teaching, Assessment, Student Progression, Student Support and Guidance, Learning Resources and Quality Management. Each of these headings have several statements underpinning the overarching section heading which serve as a guide to those reviewing the programme documentation of the minimum requirements in each section. The provider's policies and processes for the design, development and approval of programmes form a credible and robust framework to inform and support staff in their roles as they relate to design, development, and approval of programmes.

102 The terms of reference of PARC [056] detail the delegated authority from Academic Board to scrutinise new programmes or major changes to existing programmes. PARC's role is to receive applications for new programmes, or amendments to existing programmes and to consider whether the programmes are in line with the provider's regulations and policies and external reference points. The draft minutes of PARC [079] and the meeting papers of the October 2020 meeting [057] provide evidence of high-quality documentation submitted for programme approval for the BEng Global Design Engineering and MEng Global Design Engineering degrees, leading the team to conclude that the comprehensive content and clarity of the provider's guidelines and processes for the design, development and approval of its processes is credible.

103 The staff responsible for learning, teaching, programme design and assessment [M3] summarised to the team the significant changes to programme assessment that the provider has made in response to feedback from the October meeting of PARC [057]. This feedback included reflections on the over-assessment of students and considering the number of learning outcomes. Responding to this feedback [057], the provider articulated that the programme development team modified the programme so that the assessment through nodes of learning on the Learning Tree would be formative and not summative to support student learning and development. An action plan [105] was produced which is scheduled to be considered by Academic Board in February 2020.

104 In the New DAPs Plan [000 para 135] the provider states that staff are introduced to the Programme Development Guidance [044] and their roles in relation to design, development and approval of programmes at induction. Staff responsible for the scholarship and effectiveness of staff [M7] demonstrated the toolkit that will be used to induct staff into their roles and their ongoing professional development. The toolkit [123] is designed to have practical individual nodes for staff to work through and will contain sections relating to design and approval of programmes. The toolkit is due to be completed by August 2021. The team confirms that during meetings with staff [M1, M3, M8] and its review of documentation the provider has effective processes for the design of courses and demonstrates an understanding of the requirements for assuring the quality of the academic experience through programme approval and modification.

105 In the New DAPs Plan [000 para 137, 138] the provider aspires to deliver work-ready graduates and, as such, as part of the programme development and approval process, academic external advisers offer advice on subject expertise and academic standards. Additionally, industry external advisers offer a view on the value and relevance of the programme in relation to industry and employer needs, paying particular attention to project-based learning. The provider assesses such externals for their suitability in line with the Policy for External Advisers to Academic Programmes [055]. This policy sets out the process and criteria for the appointment of external advisers; it details the conflicts of interest that the provider considers and the role and participation of the external adviser in relation to programme approval and development. The provider appointed two professors of engineering as academic external advisers, one from one of the founding partners, and also an industry external adviser. These external advisers are members of PARC and attended the October 2020 meeting [057] which reviewed the programme approval applications for the BEng and MEng Global Design Engineering. The team considered that the roles and expectations are clearly assigned in policy and that externality is assured within the process, which gives confidence that any future programme development would be approached in the same way.

106 The team explored how the coherence of programmes with multiple elements or a choice of pathways will be secured and maintained. The provider indicates in the New DAPs Plan [000 para 140] that it intends to offer two programmes: BEng, three years full-time and a two years accelerated pathway; and MEng, four years full-time with a 2.6 years accelerated pathway. The PARC papers [057] indicate that the students on both programmes will utilise the same resources and the provider's VLE containing the Learning Tree as the main learning pathway. In the New DAPs Plan [000 para 140] the provider details that the Learning Tree, which the Head of Learning Tree, Deputy Dean and Learning Tree Developer demonstrated to the team [M2], will contain multiple pathways for students. Students on the two programmes will work through the same learning nodes. Staff met by the team [M2] confirmed that the Learning Tree is due to be completed on a just-in-time basis and year one nodes are nearing completion and will be finalised by the first quarter of the first year of the probationary period. Other nodes will be developed on an ongoing basis. The staff reported that all nodes will be reviewed annually [M2]. The team considered the plans in place for a common delivery experience are likely to ensure the alignment and coherence of the programmes.

107 The Programme resources audit form [067] and sections in the Programme Development Guidance [044] provide linkages with learning support services and the provider's programme planning, review, and approval processes. The Planning Consent Form [060] is designed to identify specific resource requirements and must be signed by the Academic Director and Deputy Dean prior to Academic Board approval. The guidance [044] requires programme teams to evidence student support and guidance and learning resources required or available to students. This includes library and IT support, technical support and students' services, including specialist support. Programme teams are required to describe how these support services will be achieved. The team considered the completed planning consent form [061] for the BEng and MEng approval and these examples assured the team that the mechanism to maintain links with support services in programme planning, review and approval are likely to be sufficiently robust and work effectively.

Learning and teaching

108 In the New DAPs Plan [000 para 142] the provider details its learning and teaching objectives, stating that academic staff are dual professionals, knowledgeable subject specialists and experienced educators who develop and share best pedagogic practices

through ongoing and continuous professional development; active learning is the provider's default approach.

109 In the New DAPs Plan [000 para 142, 143] and through its Learning and Teaching Strategy [018], the provider details its learning and teaching objectives, which are to develop students as professional, hardworking creative problem-solvers with a global and future focused outlook. The provider intends that students will attain the knowledge, understanding, qualifications, professional recognition, and skills for a successful career in engineering through an inclusive curriculum, co-designed and developed with industry, students, and key external stakeholders. In this strategy the provider articulates that its approach to learning and teaching is to develop and deliver accessible, high-quality, and industry-relevant engineering programmes that allow students, irrespective of their backgrounds, to reach their full potential and their life goals. The provider articulates that its learning and teaching strategy [018] was written with reference to sector good practice and guidance, and Advance HE's guidance for enhancing teaching and learning in higher education.

110 The Learning and Teaching Strategy [018] was agreed by Academic Board at its meeting in May 2020 [021]. The strategy links the strategic academic objectives to operational aspects of delivery. Curriculum design, including content and learning outcomes, teaching and learning methods, and assessment strategies underpin the provider's approach to designing an inclusive programme. The strategy [018] states the approach to programme delivery will be through project and problem-based learning underpinned by the VLE containing the Learning Tree. Projects will be co-designed and co-delivered by industry. The provider plans to measure the success of the strategy through a variety of methods, including student satisfaction, student attainment, progression, achievement of the goals set in the Access and Participation Plan, graduate destinations, and students' personal development plans. These outcomes will be reported to Academic Board through the annual monitoring process in the second quarter of the second year of probation. The team considered that the strategy is comprehensive and if implemented as documented will support the provider to deliver an approach to learning and teaching that is consistent with its strategic and academic objectives.

111 The Academic Committee Regulations [015] outline the constitutions of the Academic Board and its subordinate committees. Academic Board provides a forum for discussion and guidance on all academic plans, targets, and activities, and advises the Board on the resources required to support these, including acquisition, distribution and allocation of teaching and learning resources. The remit of PARC, set out in its terms of reference [015], is to ensure a programme has a coherent structure which is appropriate to the name of the award, the level of the award and the subject to be approved, that the requirements for students to achieve the programme learning outcomes are clear and that the assessment is designed to rigorously test the learning outcomes. PARC also considers physical and digital infrastructure, and that staffing and learning resources are adequate in relation to any programme-related matters. The Student Experience Committee [Terms of Reference 015] is responsible for scrutinising relevant strategic plans and policy relating to the student experience, including the learning environment and student support. The team considers the governance oversight of learning and teaching activities and associated resources to be credible and provides clear lines of accountability in the academic governance structures for the development and maintenance of physical, virtual, and social learning environments.

112 The provider has a number of policies in development as evidenced by the Policy Approval [041] and Regulations [101] tracker such as the Equality and Diversity Policy, Health and Safety Policy, Data Protection Policy, Student Bullying and Harassment Policy, Freedom of Speech Policy and a Wellbeing Policy which are all essential to ensuring that the provider maintains physical, virtual and social learning environments that are safe,

accessible and reliable for every student. The anticipated completion dates of these policies by March 2021.

113 The provider has an IT Usage Policy [088] for staff and students and this coherently sets out information on the use of email and collaborative tools and information security guidance. The team noted that there was no reference to acceptable use of social media in the policy. In meeting the staff responsible for enabling the student journey [M6] the provider clarified that it has in development a bullying and harassment policy which will include social media usage which will be in place by the first quarter of the first year when students commence the programme.

114 The New DAPs Plan [000 para 145] states that the provider's new purpose-built campus, Campus 2, based in London is scheduled to open in spring 2021. The team noted that planning permission [109] had been granted in December 2020 for the development to proceed. The provider articulated that the campus has been designed in compliance with the Equality Act 2010. Campus 2 Plans [068] show the current design of the space that details a flexible space with multiple uses. The provider indicates that campus risk assessments are scheduled to be provided in the fourth quarter of the first year and that these are planned to be compiled with student input to help the students understand and implement control measures, leading to enhancing their understanding of health and safety within the workplace and a responsibility for the spaces within which they operate. Senior staff [M1] stated that they meet weekly to monitor the campus development programme, which had been initially delayed due to the COVID-19 pandemic but was again on schedule. The lease agreement [110] between the provider and the developer states that temporary alternative suitable premises will be made available so that the terms of the lease agreement can be fulfilled should there be further delays. Senior staff [M8] informed the team that through scenario planning, risk management and campus design they are confident that the terms of the lease will be met. The Board maintains oversight of the Campus 2 development and risk management at the quarterly meetings scheduled in 2021 [Board Planner 014].

115 Learning and teaching in the physical environment will be augmented by extensive use of the digital learning environment [Learning and Teaching Strategy 018]. Learning can be undertaken off campus and to support this the provider has developed a digital strategy [069]. This states that the provider's digital mission is to ensure everyone in the provider's community is equipped to effectively use digital services, data, and technology with confidence. The digital strategy also states that the learning environment will be hosted on a virtual cloud, thus ensuring that students can access resources from anywhere they have an internet connection. Staff responsible for resourcing [M4] confidently articulated to the team the structure and functionality of the digital learning environment which has been tested with participants of the 2019 and 2020 Summer Schools. They also advised that training for staff 'so that they can get the best out of the system' was commencing in May 2021.

116 The New DAPs Plan [000 para 149] sets out that students are required to have access to an appropriate laptop. The provider intends to support students who are unable to purchase devices by providing a laptop that they can either acquire through a repayment plan or through an allocation of funds in the teaching and learning infrastructure budget [071] of £20,000. For students with the greatest need, the provider plans to supply laptops and internet access, using funds set aside in the Access and Participation Plan.

117 The New DAPs Plan [000 para 150] sets out plans for the development of a bespoke student record system. Progress on implementation of this is detailed in the Student Records Board Report [028] and the project scope indicates that there are modules for student attainment, student activities, student attendance, and course details and modules. The progress report [082] clearly shows the different modules and the schedule of development and indicates that the system, once fully implemented in May 2021 [staff

responsible for resourcing M4], should enable students to access data and monitor their own progress and enable personal tutors to also monitor students' academic development. Staff responsible for resourcing [M4] clarified that the Student Record System admissions and recruitment aspects are already live and being utilised. The provider confirmed that the students would be able to track attendance and assessments and would be able to see what learning nodes they have completed. The system would also produce an official transcript. The provider plans to test the system with Summer School participants in May 2021 and intends to utilise feedback in its further development. The team was confident that if the system is developed and implemented as planned, students should be able to effectively monitor their progress and further their academic development.

Assessment

118 The Academic Board [Terms of Reference 015], whose purpose is the consideration of student marks, outcomes from mitigating circumstances, appeals and academic integrity processes, and external examiner feedback approved the Academic Regulatory Framework [019] in November 2020. The framework, which is mapped against guidance on good practice and external regulatory frameworks, provides an overview of all the provider's academic regulations and policies, including External Examining Policy [058], Academic Award Regulations [059], Academic Integrity Policy [036], Academic Appeals Policy [073], and Assessment Regulations [107]. All policies have been approved by the Academic Board and the provider intends to review these on an annual basis during the probation period in the fourth quarter of each year [Academic Planner 042].

119 The Assessment Regulations [107] approved by Academic Board in November 2020 [080], articulate the provider's approach to assessment and detail for students how they will be assessed and how their work will be marked. The Assessment Regulations [107] outline the provider's approach to ensuring the validity and reliability of assessment through assessment design, marking processes, moderation, and Assessment Board. The Academic Integrity Policy [036] will be utilised to educate students on academic dishonesty and to investigate and respond to unacceptable academic practice.

120 The Assessment Regulations [107] identify how assessments are verified; this is to ensure that the assessment brief provided to students are appropriate and relate to the learning outcomes. Internal verification will be undertaken by a minimum of two members of academic staff, overseen by the Academic Director, [job description 011]. Once internal verification has been completed the assessment briefs will be sent to the external examiner to be checked. The external examiner is expected to review all assessment briefs and marking criteria and will be asked to confirm that all assessments are appropriate and that students will be assessed fairly in relation to the intended learning outcomes before the assessments can be included in the module handbooks [064]. The team considers this to be a robust approach ensuring reliability, validity, and fairness of assessment.

121 In the New DAPs Plan [000 para 155] the provider states that it intends to provide information to students in the module handbook about how each learning outcome will be assessed. The team considered the Applied Engineering for Design Assessment Brief [100] and confirmed that the information provided is comprehensive and aligned to Section 13 of the Assessment Regulations [107]. It covers in sufficient detail the assignment details, components of the assessment, including details on word limits, and specific instructions for the submission of the work, including details on academic referencing, plagiarism, submission details and dates. The weightings of the assessments are included, which learning outcomes are assessed and a coherent marking scheme. The assessment brief [100] also contains indicative assessments criteria for each learning outcome with detail for students to clearly benchmark their work against. The draft module handbook [098] identifies for the students the learning outcomes and the assessment strategy and how the two are

linked. The team concludes that if handbooks developed for students are drawn up as for the Applied Engineering for Design then students will have the information required to be able to demonstrate their learning.

122 The provider's Academic Award Regulations [059], Section 7 sets out for the students the awards calculations. It covers the BEng Award Classification calculations percentages and the MEng Award Classifications percentages. The Assessment Board consider marks to two decimal places, rounding up of marks for assessment components, modules or at progression points is not allowed. The Assessment Board reviews all marks in 'borderline' situations, that is, within 2% of the next classification, and applies the 'exit velocity' method. The provider states that it benchmarked against other UK higher education institution's offering engineering programmes. The team concludes that the regulations are written so it is transparent for students how grades are calculated, and classification awarded, and items are explained in detail where confusion may arise for students in how grades will be calculated.

123 In the New DAPs Plan [000 para 152-154] the provider states that it has established a process for the recognition of prior learning. The provider has also produced a comprehensive Admissions Policy and process [002]. If an applicant wishes to apply for recognition of prior learning, they will be asked to complete an Admission with Credit Form. The policy [002] states that credit is awarded 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; this can be from another UK higher education institution in accordance with the relevant higher education qualifications framework. The Admission with Credit Application form [002] asks the applicant to submit a copy of their official academic transcript, originals may be required. The transcript must list modules completed, grades achieved, and credits awarded at each academic level. The application form also asks for detailed information about the syllabus/learning outcomes studied by the student. The policy, if implemented as intended, is transparent and appropriate for students to claim credit towards an award at the provider.

124 In the New DAPs Plan [000 para 161-162] the provider articulates that staff and students will engage in dialogue to promote a shared understanding of the basis on which academic judgements are made and that the provider will ensure that feedback on assessments is timely and appropriate. This is supported by the proposed methods of providing feedback to students on their work. The Assessment Regulations [107] Section 16, states that students will be provided with individual feedback on all elements of an assessment which contribute to a module within 10 working days of the scheduled submission date, and for major projects within 20 working days. For some modules, generic feedback may be given to a group if appropriate. Where the assessments are of a factual nature, this may include an outline of the expected answers. For descriptive assessments, feedback may include statements of what an expected answer might include but not necessarily a model answer. A description may also be included of any typical problems encountered in answering the questions or general misunderstandings. The team considers that staff and students will engage in a shared understanding of the basis on which academic judgements are made if processes are implemented as intended.

125 The New DAPS Plan [000 para 165 and 166] sets out the provider's intent to prevent academic dishonesty through students to demonstrate good academic practice from the start of their programme. The provider plans to offer students at the commencement of the programme support to develop effective study skills, notetaking, and the process to critically evaluate other writers' theories and concepts, and appropriate referencing [New DAPs Plan 000, para 165]. The Academic Integrity Policy [036] sets out the expectations for students in relation to good academic practice and details the consequences of not following these expectations. The policy is clear and concise and provides the required detail of the

ways in which the provider intends to support students to develop good academic practice, beginning at the student induction. The policy states that students will be given opportunities to practice writing and to receive feedback before submitting for academic credit. The provider states it intends to ensure that assessment deadlines are reasonable and plans to utilise a range of assessment types, such as technical report, design report, written exam as clearly demonstrated in the assessment map [115]. The provider's Academic Regulations [107] state that it intends to utilise Turnitin as a plagiarism detector, with an originality report for each student's work to be shared with the marker to aid in the detection of academic dishonesty. Section 10 of the Assessment Regulations [107] informs students of the use of Turnitin and links to the Academic Integrity Policy [036]. Project-based learning assessments are intrinsically designed in a way that minimises opportunities for cheating [NDAPs Plan para 167]. The team concludes that the provider will operate effective processes for preventing, identifying, investigating, and responding to unacceptable academic policy if the regulations are implemented as documented.

126 In the New DAPs Plan [000 para 171-175] the provider indicates that it has developed clear processes for marking and moderating assessments, and that these are articulated within Section 14 of the Assessment Regulations [107]. The provider requires all assessments to be moderated to ensure marks are fair, valid, and reliable, and that differences in academic judgements are acknowledged and addressed. The provider states that each module is planned to have an identified internal moderator responsible for checking a representative sample of work, confirming that the assessment criteria for every element have been correctly and accurately applied and for recording the evidence of moderation [Assessment Regulations 107].

127 The provider intends to operate, where possible, an anonymous marking mechanism, only releasing names to the Programme Administrator when marks are released. The provider plans to implement blind double marking, where neither marker is aware of the other's assessment decision in formulating their own mark for major projects and dissertations. Changes will not be made to those marks in the moderation sample. If an issue is identified, then the Academic Director has the responsibility of identifying if the concerns are justified and may ask for the entire cohort to be regraded.

128 The Assessment Regulations [107] state that a minimum of 10% of all work submitted for an assessment is intended to be sample second marked. Markers are to use the assessment criteria and learning outcomes to come to a mutually agreed grade; a clear process is articulated if the markers and/or moderators do not agree on a grade, including a second moderator if required.

129 The provider states that it plans to develop a Marking and Moderation log to accurately record all assessment moderation information which is intended to be available in the first quarter of the first year for review. The team concludes that these process as documented within the Regulations are comprehensive and robust because they document the provider's approach to marking and moderating assessments in detail.

130 In the New DAPs Plan [000 para 158] the provider states that its Assessment Board is responsible for ensuring that examination and assessment processes are fair and impartial. The Assessment Board has delegated authority from the Academic Board [Academic Committee Regulations 015]. The Assessment Board is expected to consider student marks anonymously and is responsible for considering recommendations made by mitigating circumstance panels and academic dishonesty panels. The Assessment Board agrees the marks achieved for each assessment component and any compensation available. It is also expected to apply the relevant requirements of professional, statutory and regulatory bodies (PSRBs) and consider classifications of final awards. The Assessment Board will convene in quarter four of each year and minutes are to be available in the first

quarter of the second year. Marks approved by the Assessment Board will be available to students via the virtual learning environment.

External examining

131 The External Examining Policy [058] outlines in detail the provider's policy and procedures relating to external examining, including the appointment and induction of external examiners and their role and responsibilities at the provider. The policy sets out the expectations that external examiners are to be involved with the review of assessment briefs and marking criteria, reviewing, and moderating assessed work, attending Assessment Boards, and completing an external examiner report annually. The membership for Assessment Boards [Academic Award Regulations 059] indicates that the external examiner is an ex-officio member and therefore no awards may be awarded without external examiner participation in the decision-making process. The Assessment Board at the end of each year is scheduled to consider verbal comments from the external examiner in advance of the full report from the examiner being submitted to Academic Board [Academic Award Regulations 015]. The external examiners report template [066] indicates that external examiners are asked to comment on academic standards and student achievement, assessment methods, assessment process, application of procedures relating to mitigating circumstances and academic integrity, curriculum, learning and teaching methods and resources and also to identify good practice. This demonstrates understanding of the role and should provide a credible basis for appointing external examiners.

132 In the New DAPs Plan [000 para 180] the provider states that external examiners would be required to submit an annual report, and that comments and recommendations made by external examiners will be considered in a timely manner. The External Examining Policy [058] sets out the expectations for the external examiners to complete an annual report. External examiner reports are to be submitted using the External Examiner Reporting Template [066], this contains sections on academic standards, assessments, mitigating circumstances and academic integrity and the identification of good practice. The External Examining Policy [058] states that 'reports will be completed annually and no later than two weeks after the assessment board'. The External Examiner Policy [058] states that the Registrar would undertake a first screen of the report to check for concerns raised relating to academic standards not being met. If issues arise, these would be brought directly to the Deputy Dean for action. The external examiner can directly report issues to the Dean on any areas of concern, or in cases of systemic issues. The policy [058] also highlights that external examiners can raise concerns directly with a PSRB. The report is scheduled to be circulated to the Programme Leader and they are asked to formulate a response, including an action plan and a rationale for any recommendations not to act, to issues raised by the external examiner. If the external examiner and programme leader disagree about a substantive item, the Registrar would assess the situation to provide resolutions. Reports are planned to be considered by the programme teams and addressed in annual monitoring reports. External examiner reports and responses will be presented to Academic Board [015] for consideration and are planned to be made available to staff and students.

133 Although the provider has no external examiner reports to review, the team concluded that the provider has credible plans to make use of external examiners. If implemented as stated in the External Examiner Policy [058], then the provider will be able to demonstrate the use of external examiners generally, and in the moderation of assessment tasks and student assessed work. If the provider commences as expected for a September 2021 start, Academic Board is scheduled to review external examiner reports at its November 2022 meeting in the first quarter of the second year. The team concludes that although there are no external examiner reports or responses available and based on the evidence available, the provider has credible plans, policies and procedures that demonstrate it is likely to give full and serious consideration to the comments and

recommendations contained in external examiner reports and provide external examiners with a considered and timely response to their comments and recommendations.

Academic appeals and student complaints

134 In the New DAPs Plan [000 para 183-188] the provider states it aims to be transparent with students and provide them with as much information as available, to enable early resolution of issues. To enable this, the provider has developed a Student Engagement Policy [043], approved by Academic Board in October 2020, which sets out the importance in which the provider views student input and feedback on their learning experience. The provider advocates an open-door policy to encourage early communication and resolution of issues. Staff responsible for enabling the student journey [M6] articulated that they intend to hold meetings with staff weekly to identify issues as they are raised before they become significant issues for the students. Staff [M6] clearly articulated that they would remain open and engaged with students to resolve issues as they arise and that, while formal mechanisms are in place, there would be no need to wait to act if early intervention is required.

135 For issues that cannot be resolved through informal mechanisms, student complaints will be handled in accordance with the Academic Regulations [019] and the Student Complaints Policy [074] which adheres to guidance from the Office of the Independent Adjudicator for Higher Education (OIA). The Student Complaints Policy [073] describes the scope of the policy and articulates the differences between a complaint, academic appeal and matter relating to student discipline. Vexatious or malicious complaints are defined and will not be considered. The Student Complaints Policy [073] 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'. The policy states that informal or formal complaints should be made within 28 days of the incident. The complaints process includes an Informal Resolution stage, a Formal Complaint stage, and a Review stage. The policy [073] states that its process is to resolve any issues raised under the Informal Complaints Stage within 21 days of the initial notification. The timeframe for the provider to respond to Formal Complaints is within 28 days of submission, and to Complaint Reviews within 28 days. The Registrar will be responsible for receiving Formal Complaints and for allocating these to be investigated. The team found the provider's policy and procedures for handling student complaints [073] to be clear and definitive. The procedures describe an escalating three-stage approach which includes informal resolution, formal complaint and determination, and internal review against the provider's decision. Processes are transparent because they clearly state what students can complain about, what is excluded and the possible outcomes.

136 Similarly, the team found the processes and procedures for the proposed handling of academic appeals based on procedural irregularity [073] to be clear and definitive as they state the conditions under which students can appeal and on what grounds. They are transparent because they detail the three-stage process to be followed, including initial consideration of the appeal and formal determination. The Academic Appeal Policy [073] states that the appeal process allows students in certain circumstances to ask for a review of an academic decision relating to their progress or award, made by the Assessment Board or an Academic Dishonesty Panel. An Appeal should be submitted within 14 days of a student being notified of a change to their registration. Appeal Reviews should be submitted 14 days after the outcome of the Appeal. The policy states that the provider will respond to Appeals within 21 days and to Appeal Reviews within 21 days. The policy states the grounds for appeal as either an administrative error or mitigating circumstances. Appeals on the grounds of mitigating circumstances cross-reference to that policy within the Academic Regulatory Framework [019].

137 The Academic Appeals and Complaints policies are planned to be published and available to students on the provider's website and VLE and advised to students during their induction. In the New DAPs Plan [000 para 189] the provider states that its students would be able to access advocacy services for confidential and impartial advice for students with matters regarding academic appeals or complaints, through a partnership agreement with King's College London Students' Union (KCLSU). The team considered the letter of intention for the provider's students and noted that this service would be available to the provider's students in the second quarter of the first year which will be supported in the first instance by KCLSU. The partnership agreement with KCLSU is intended to support the provider to develop its robust systems for student advocacy and representation.

138 The New DAPs Plan [000 para 190] articulates that the provider intends to work with students to ensure that appropriate actions are taken following an appeal or complaint. Outcomes of complaints and appeals are planned to be recorded in appropriate detail, either in the student records system, or in an Appeals and Complaints logging system due to be completed before September 2021. The terms of reference for the Academic Board [015] indicate that the Academic Board is expected to receive the outcomes of academic appeals and complaints and is tasked to review the effectiveness of these policies by monitoring relevant data and outcomes. In the case of the Complaints Policy [074], Academic Board would consider key indicators such as the number of formal complaints, timescales for their resolution, appeals and OIA requests submitted. In the case of Academic Appeals [073], Academic Board is tasked with monitoring the effectiveness of the policy by considering key indicators such as numbers of academic appeals and timescales for their resolution. The provider currently has no students and therefore there is no evidence to be considered as to how it acts following an appeal or complaint. The team considered the proposed process to be robust with appropriate accountability as to how the provider would consider the outcomes and take appropriate action and where responsibility lies.

Conclusions

139 The assessment team formulated its judgement against this criterion according to the process set out in *Degree Awarding Powers in England: Guidance for Providers on Assessment* by QAA, October 2019.

140 The team concludes that the provider has in place robust academic frameworks, regulations, policies, and procedures to govern how it will operate processes for the design, development, and approval of its programmes. It has a credible staff development and induction process that will ensure that staff are informed of and provided with guidance and support on the procedures for, and their roles and responsibilities in relation to, programme approval and design. The provider's procedures and policies relating to its use of external expertise in developing its programmes are robust, with plans to ensure that subsequent action will be carefully monitored by Academic Board. It is developing a bespoke VLE containing the Learning Tree for all its students which, when completed, is likely to enable the provider to ensure that coherence of programmes with multiple elements or alternative pathways are secured and maintained. The provider's approval process for new programmes demonstrates clear links between learning support services and the provider's programme planning and approval arrangements.

141 The team concludes that the provider has a credible learning and teaching plan, and the provider's strategic approach to learning and teaching is consistent with its stated academic objectives. The provider demonstrated that it has credible plans to provide appropriate physical, virtual, and social learning environments that are safe, accessible, and reliable for every student. The team assessed the provider's plans to ensure that the learning opportunities provided to its students that may be studying at a distance from the organisation are likely to be effective. The provider demonstrated that its student record

system, once fully implemented, would enable every student to monitor their progress and further their academic development.

142 The team concludes that the provider has credible policies, procedures, and regulations to operate a valid and reliable process of assessment, including for the recognition of prior learning. If applied by the provider as described, these would enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought. The team concluded that the provider has a credible approach for how staff and students will be able to engage in a dialogue to promote a shared understanding of the basis on which academic judgements are made, that students are likely to be provided with sufficient opportunities to develop an understanding of, and the necessary skills to demonstrate, good academic practice, and that the provider is likely to operate sound processes for preventing, identifying, investigating and responding to unacceptable academic practice. The team concludes that the provider's processes for marking assessments and for moderating marks are clearly articulated and there are credible plans to ensure that they would be consistently operated by those involved in the assessment process.

143 The team concludes that the provider has credible plans to make scrupulous use of external examiners, including in the moderation of assessment tasks and student assessed work and that its plans to give full and serious consideration to the comments and recommendations contained in external examiners' reports were sound. The team considered that the provider demonstrated that it has planned for robust processes to ensure that it will provide external examiners with a considered and timely response to their comments and recommendations.

144 The team concludes that the provider has appropriate policies and regulations for the effective handling of academic appeals and student complaints about the quality of their academic experience. These procedures are likely to be fair, accessible and timely, if implemented as designed, and appropriate actions are likely to be taken to enable enhancement.

145 Overall, the team concluded that the provider's plans are clear, comprehensive in coverage, appropriate for its staffing and provision, and credible in terms of structures, policies and procedures and plans.

146 The team concludes, therefore, that the provider understands this criterion and that its New DAPs Plan is credible and should enable the DAP criterion to be met by the end of the probation period.

Criterion C: Scholarship and the pedagogical effectiveness of staff

Criterion C1 - The role of academic and professional staff

147 This criterion states that:

C1.1: An organisation granted powers to award degrees assures itself that it has appropriate numbers of staff to teach its students. Everyone involved in teaching or supporting student learning, and in the assessment of student work, is appropriately qualified, supported and developed to the level(s) and subject(s) of the qualifications being awarded.

The evidence considered and why the team considered this evidence

148 The QAA assessment team assessed this criterion by reference to a range of evidence gathered according to the process described in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*, in particular the suggested evidence outlined in Annex 5 and TEDI-London's submission. The assessment team identified and considered this evidence for the purposes of the New DAPs test outlined in paragraphs 232 of the regulatory framework, namely, to assess TEDI-London's understanding of this criterion and to test the credibility of TEDI-London's New DAPs Plan in relation to this criterion.

Specifically, the assessment team considered or assessed:

- a whether the provider has clear expectations of its staff in terms of relevant learning, teaching and assessment practices that are appropriate to its intended provision, by considering the New DAPs Plan [000], Organisational structure [010], the Staff Recruitment and Selection Policy [027], the Staff Recruitment Plan [009], Learning and Teaching Strategy [018], and a screenshot of the Learning and Development Toolkit [123]. The team also met staff responsible for learning, teaching, programme design and assessment [M3], members of Academic Board and PARC [M5], staff responsible for the scholarship and effectiveness of staff [M7] and senior staff [M8] to consider whether the provider has an appropriate strategy to support learning, teaching and assessment practices.
- b the level of academic and professional expertise of current academic and professional support staff by scrutinising the Staff Recruitment and Selection Policy [027], the Staff Recruitment Plan [009], Academic Planner [042], and a selection of CVs of five senior staff who are already in post: the Dean and CEO, Deputy Dean, Head of Learning Tree, Registrar and the Chief Information Officer [039, 091, 092] and two staff who have accepted posts but are yet to start: Academic Director and Director of Project Based Learning [113 and 112]. The team also met senior staff [M1], staff responsible for resourcing [M4] and staff responsible for the scholarship and effectiveness of staff [M7].
- c whether the provider has an effective process in place to recruit suitably qualified and experienced staff by considering the New DAPs Plan [000], the Staff Recruitment Plans [009], the Learning and Teaching Strategy [018], a Board discussion paper [104] and the job descriptions [011] and CVs [039, 091, 092] for a range of staff. The team also spoke to senior staff [M1 and M8], staff responsible for resourcing [M4] and staff responsible for the scholarship and the effectiveness of staff [M7].

- d whether the provider has effective plans to support its staff in the enhancement of their practice, engagement with scholarship and research, and in reflecting on and evaluating their teaching and learning practices by considering the New DAPs Plan [000] and associated Academic Planner [042], the Staff Recruitment Plan [009], a draft list of topics to be included in the Learning and Development Toolkit [094] and a demonstration of the Learning and Development Toolkit [M7, screenshots 123], and meeting with staff responsible for staff responsible for scholarship and the effectiveness of staff [M7].
- e whether the provider has effective plans to monitor the performance of its staff and to facilitate their professional development within and beyond the institution, the team considered the New DAPs Plan [000] and associated Academic Planner [042], the Maximising Performance Policy [077] and additional written evidence presented by the provider [13/11/2020]. The team also met staff responsible for learning, teaching, programme design and assessment [M3], and staff responsible for scholarship and the staff effectiveness [M7].

How any samples of evidence were constructed

149 The team did not construct any sampling for this criterion. The provider only intends to deliver two programmes in a single discipline during the probation period and the volume of material available was such that all evidence could be reviewed by the team.

What the evidence shows

150 The provider's plans in relation to this criterion are as follows.

151 The provider's New DAPs Plan sets out that the majority of the plans the provider has in relation to this criterion will be in place by the end of the current academic year, that is by August 2021, prior to the commencement of the probationary period. The Learning and Teaching Strategy is in place as is a Staff Recruitment and Selection Policy; academic staff members with strong academic backgrounds and relevant experience have been appointed; a Maximising Performance Policy, which sets out the expectation that staff will actively engage in continuous professional development activities, has been approved and staff will be appropriately trained through the Learning and Development Toolkit, of which sections are already developed with further development planned as set out below.

152 The provider plans to recruit staff who have the skills and experience [Staff Recruitment and Selection Policy 027 and Plan 009] aligned to its Learning and Teaching Strategy [018]. The Staff Recruitment Plans [009] establish the number of academic staff (Senior Teaching Fellows (STF) and Teaching Fellows (TF)) it plans to have in place over the first six years of its operation: eight in 2021-22 growing to 22.6 in 2026-27. Interviews for STFs and TFs will take place before the end of January 2021. The New DAPs Plan states the intention for approximately 20% of staff to come from an industry background. The Staff Recruitment and Selection Policy, which provides guidance to those actively involved in recruitment, selection and induction of staff, will be reviewed in the third quarter of year two.

153 The New DAPs Plan outlines the plans to support staff engagement in reflection and evaluation of their teaching and assessment practices through their induction, and ongoing professional development through an online Learning and Development Toolkit [Staff Recruitment Plans 009]. This toolkit is in development and expected to be available for use by staff by quarter one of year one, although the provider intends this to be a dynamic approach with resources and materials available on a just-in-time basis. The provider also plans to develop a dashboard using analytics to monitor staff engagement with this tool and plans to review content regularly during the probation period through monthly working group meetings and following six-monthly feedback from staff. The New DAPs Plan [Academic

Planner 042] identifies that the Learning and Development Toolkit is due to be published in full by the first quarter of year one and the Maximising Performance Policy will be reviewed in the first quarter of the first year of the probationary period.

154 The assessment team's analysis of the evidence led to the following observations.

155 The Learning and Teaching Strategy [018] states that the provider expects its educators to be dual professionals; that is, knowledgeable subject specialists and experienced educators. Relevant curriculum design, teaching and learning methods and assessment practices are detailed in the Learning and Teaching Strategy [018].

156 Once recruited, staff will be inducted and receive ongoing support for their professional practice and training in the provider's approach to delivery, active learning, assessment methods, curriculum design and the learning environment as outlined in the Learning and Teaching Strategy [018]. Staff responsible for learning, teaching, programme design and assessment and those responsible for the scholarship and effectiveness of staff [M3 and M7] were consistent in their understanding of, and enthusiasm for, the provider's planned strategic approach to learning and teaching and the particular student experience and opportunities that they expect this strategy to provide. Staff [members of Academic Board and PARC M5 and with staff responsible for the scholarship and the effectiveness of staff M7] explained how this approach to learning and teaching set out in the strategy would feature strongly in both the recruitment and induction of staff.

157 The credibility of the provider's Learning and Teaching Strategy [018] is further underpinned by its successful application to the Royal Academy of Engineering (RAEng) Visiting Professors Scheme [075, 076] for funding for a visiting professor. RAEng funds an industry into academia appointment which will enable the provider to utilise the experience of a visiting professor to enhance teaching and learning as well as employability skills of students and strengthen partnerships with industry. This has enabled the provider to appoint to the role an experienced industrial engineer and entrepreneur, the founder of a structural and civil engineering firm in London and Harvard Professor, for 18 days over a three-year period to provide support with the delivery of the curriculum, in particular in terms of developing links with industry and the co-development and delivery of a year one project.

158 The organisational structure [010] sets out the provider's view of the staffing required to deliver and support its proposed academic provision. Staff [M7 responsible for the scholarship and effectiveness of staff] explained that appointing staff who have the appropriate expertise that aligns with its values and have the capacity and competence to contribute to the achievement of its mission is a high priority. To evidence this the team reviewed the CVs of five staff [039, 091, 092]: the Dean and CEO, Deputy Dean, Head of the Learning Tree, the Registrar and the Chief Information Officer, and of two staff who have recently accepted positions at the provider: the Academic Director [CV 113] and Director of Project Based Learning [CV 112]. The team found that the CVs meet or exceed the expectations set out in the accompanying job descriptions and that the provider has succeeded in recruiting leaders with extensive experience and expertise gained in senior positions across the higher education sector and within the industrial sector with which the provider intends to work.

159 As set out in the New DAPs Plan [000 para 198], the provider specifies the required qualification levels and professional memberships of each academic role. The Staff Recruitment Plans [009] and a range of job descriptions [011] reviewed by the team are considered to be effective in establishing appropriate criteria for the appointment to positions. This is because the job descriptions state the level of qualification required; in the case of the Senior Teaching Fellows (STF) and Teaching Fellows (TF), the level of qualification is at PhD level. The job descriptions also provide details of the experience

required for the roles to ensure that they align with the provider's programmes and pedagogic approach, for example in relation to online and project-based learning and the ability to teach students from a diverse backgrounds, features that were further emphasised by staff responsible for the scholarship and the effectiveness of staff [M7] ensuring that every student has the opportunity to develop as an independent learner.

160 In line with New DAPs Plan [000 para 215] it is identified in relevant job descriptions [011], for example, Academic Director, Head of Learning Tree and Academic Content Developers, that where staff have programme management responsibilities, they will be required to have experience of curriculum development and assessment design. The job descriptions [011] also establish the importance the provider places on membership of a professional engineering body with the Staff Recruitment Plans [009] requiring a minimum of 50% of academic staff to be Institution of Engineering and Technology (IET) accredited. In addition, the Staff Recruitment Plans [009] also affirm the provider's commitment to appointing staff with an appreciation of industry and commercial knowledge and experience. This aligns with the New DAPs Plan intention [000 para 197] that approximately 20% of staff should come from an industry background, which was reiterated by staff [staff responsible for the scholarship and effectiveness of staff M7]. The team affirms that the emphasis placed by the provider on the professional expertise and industrial experience of staff contributes to its ability to ensure that staff appointed will be competently equipped to develop the curriculum effectively.

161 The team considered the Maximising Performance Policy [077] to be a sound basis for the provider to effectively support staff in their professional development in that it establishes the expectation that staff will actively engage in continuous professional development activities, for example through attendance at conferences and participation in online training and workshops. According to the New DAPs Plan [000 para 203] this will include active engagement with research to maintain up-to-date knowledge of emerging research and global and national trends, including opportunities with the founding partners, through participation in seminar series, conferences and workshops. This was corroborated by staff responsible for the scholarship and the effectiveness of staff [M7].

162 The New DAPs Plan also states [000 para 207] that staff involved in learning and teaching will engage in self-assessment, reflection and evaluation of their learning, teaching and assessment practice through peer evaluation, student evaluation of programme or teaching, and scholarly publication of practice. The provider is mapping its expectations for reflection and evaluation based on RAEng's Career Framework for University Teaching, which has a strong focus on self-assessment. Alongside this, the Excellence in Leadership and Management section of the Learning and Development Toolkit is planned to be developed by the fourth quarter of 2021, in conjunction with the Institute for Leadership and Management (ILM) [M7]. The provider states [New DAPs Plan 000 para 209] that staff will be provided with 10 development days per year for self-reflection and keeping up to date with best practice in their discipline which may involve attending seminars, conferences, preparing articles for scholarly publication and learning and teaching and assessment practices. The Maximising Performance Policy [077] establishes the provider's intention to facilitate staff development through the allocation of one day per month for personal learning and development activities, the nature of which should be discussed at one-to-one meetings with the line manager. In addition, the policy [077] states and staff [responsible for scholarship and the effectiveness of staff M7] confirmed that the provider plans to provide up to £300 per member of staff each year to pay for professional membership and identifies the way in which staff can seek funding for other development activities, such as additional qualifications and courses. The team concludes that the provider has credible plans for ensuring that its intended learning, teaching and assessment practices will be informed by reflection and evaluation.

163 The provider's plans, as articulated in the New DAPs Plan [000 para 199], to use an online Learning and Development Toolkit as a means of providing staff induction and development opportunities to support their practice is credible because of the comprehensive range of material to be incorporated into the toolkit; the alignment of the delivery of the toolkit with that of the Learning Tree model used by students; and the timelines for, and progress made with, the development of the toolkit. A demonstration of the 'in development' toolkit [M7 and screenshots of the Learning and Development Toolkit 123] showed that the four sections planned: Working at TEDI-London; Excellence in Teaching and Learning; Excellence in Leadership and Management; and Your Personal and Professional Development are designed to cover all aspects of the development of both academic and professional staff. Staff [M7] explained how the Working at TEDI-London section of the toolkit would form the basis for staff induction and reinforce the desired values and behaviours that are emphasised throughout the recruitment process, as well as covering aspects such as organisational strategy and mandatory training.

164 Finally, the Your Personal and Professional Development section will be the locus for the development of staff personal development plans. Particular features of the toolkit referred to in the draft content list [094] and demonstration, [094, M7, screenshot 123] include mapping against RAEng's Framework for University Teaching [000 para 207 and hyperlink in the para to the EFUT, M7], links to Advance HE materials with information to facilitate engagement with its Fellowship scheme, and materials to underpin its key pedagogic approaches such as online and project-based learning. The provider also plans to develop a dashboard using analytics that will enable it to monitor engagement with the toolkit [M7].

165 The Learning and Development Toolkit has been designed using the same principles as the Learning Tree in that, as explained in the New DAPs Plan [000 para 199], and by staff responsible for the scholarship and the effectiveness of staff [M7], it will be a dynamic system with flagged updates that will take a just-in-time approach to facilitate access to online and interactive resources through the various sections of the Toolkit. A link embedded within the New DAPs Plan provides a video summary [30/10/20] of the Toolkit [000 para 199]. Staff [M7] confirmed that Learning and Development Toolkit nodes and content that are currently being developed will be available by the end of February 2021, with user testing and updates planned for March and a planned launch in April. A working group is meeting every two weeks to lead the development of the Toolkit [Additional evidence 13/11/2021 para 18] and the New DAPs Plan [Academic Planner 042] identifies that the Learning and Development Toolkit is due to be published in full by the first quarter of year one. Staff also explained how the currency of the Toolkit content and its effectiveness would be regularly reviewed by those managing it, including the IT working group that meets monthly, and that staff would be asked at six-monthly intervals to feed back on the usability and content of the toolkit. The team considers the provider's plans to develop the Learning and Development Toolkit to be comprehensive and credible as an effective approach of providing support and development opportunities to staff, and concluded that robust plans were in place to review its performance.

166 The New DAPs Plan [000 para 200] explains that the Maximising Performance Policy [077] has an agile approach to continuous assessment and improvement of staff beyond that of an annual appraisal and review process. This policy identifies a list of seven key factors that contribute to a high level of performance, for example Respect and Growth and Empowerment. The team considers that this policy is fit for purpose because it sets out the processes that the provider plans to adopt to continuously enhance staff performance in support of high-quality student outcomes, and the duties and responsibilities that both employees and line managers have for engaging with these processes. Based upon a coaching approach to leading, managing and developing staff, [000 para 200] the process for maximising performance consists of one-to-one meetings between staff and their line

managers weekly in some cases to set and monitor objectives, provide feedback and identify opportunities for development. Staff [Staff responsible for learning and teaching M3] also confirmed that these discussions would be informed by feedback from students and peer observation.

167 Additional written evidence [Additional evidence 13/11/2020 comment 13] confirmed that line managers will be provided with a customised version of RAEng's Career Framework for University Teaching, designed to support the professional development and career progression of staff who are engaged in teaching and learning activities as part of their professional role, which was launched by RAEng in April 2018, and which the provider plans to have in place by April 2021. Staff responsible for scholarship and staff effectiveness [M7] also emphasised the requirement [New DAPs Plan 000] for staff to proactively manage their personal development through the maintenance of a personal development plan [Additional evidence statement 13/11/2021 comment 19] as part of the Learning and Development Toolkit. The New DAPs Plan [000] and associated Academic Planner [042] identify that the Chief People Officer will be responsible for reviewing the Maximising Performance Policy in the first quarter of year one. The team concludes that, together, the Maximising Performance Policy [077] and plans for staff to maintain a personal development plan will enable the provider to monitor and facilitate the professional development of its staff.

168 The New DAPs Plan [000 para 213] states that staff will be encouraged to engage beyond the institution in the wider higher education sector through involvement as external examiners, validation panel members and external reviewers. The Maximising Performance Policy [077] also endorses staff contribution to the discipline and sector. The team concludes that the provider demonstrates the importance of supporting staff in their professional development and that the provider's plans for the professional development of staff should facilitate this.

169 The planned staff to student ratio (SSR) is identified in the New DAPs Plan [000 para 26] and confirmed in the Staff Recruitment Plans [009] to be approximately 15:1 for a first student intake of up to 125 students, eventually rising to a SSR of 26:1 by 2026-27. The Staff Recruitment Plans [009], and staff [senior staff M1, staff responsible for resourcing M4 and staff responsible for the scholarship and the effectiveness of staff M7] confirmed the plan to appoint eight STFs and TFs for which the provider intends to interview 12 candidates from a total of 70 applications in anticipation of commencement in April/May 2021 [Academic Planner 042]. The team considers this to be a realistic plan to enable the provider to have in place sufficient staff to teach and support the learning of its students. This is because, as explained by senior staff, [M1] its staffing plans have been developed in line with its pedagogic model [Learning and Teaching Strategy 018].

170 However, the team heard from senior staff [M1] and reviewed Board papers [104] that since the production of the provider's New DAPs Plan the provider has reviewed its target student numbers for 2021-22 in light of the impact of the COVID-19 pandemic and has concluded that the planned 125 students in its first intake is no longer feasible, and intends to operate with a minimum target of 30 students and will adjust planned staffing numbers accordingly. Senior staff [M1] and staff responsible for resourcing [M4] explained that they would reduce the number of SFT and TF appointments to a minimum of four, depending on the actual student numbers to retain a SSR of 15:1. The provider is aware of the impact that this could have on the breadth of subject expertise but is satisfied that this will still be sufficient in the first year of delivery. In view of the resulting SSR that this would provide, the team concluded that this would not impact adversely on the planned level of support available to students.

171 This SSR will provide students with regular and direct access to academic staff (and industrial mentors) in the Maker Spaces where the project work will be carried out. The New

DAPs Plan [000 para 217] and senior staff [M1] also explained that staff are expected to have an understanding of current research; however, staff will predominantly spend their time supporting learning. On this basis, the provider has provided a credible explanation as to how it expects the planned staff numbers and SSR to be sufficient to provide support to enable its students to succeed.

172 The New DAPs Plan [000 para 252] identifies how the provider intends to monitor the quality of the student experience and the effectiveness of its learning and teaching by gathering feedback from students through module evaluations and the annual monitoring of programmes, enabling the adequacy of staffing to be monitored throughout the probationary period.

173 The Staff Recruitment and Selection Policy [027] informs those involved in recruitment and selection, principally line managers, of the processes to be adopted. The policy, which applies to academic and professional roles that the provider considers to be of equal status, is designed to enable those implementing the policy to share the mission and values of the organisation with prospective members of staff. In accordance with the provider's approach, it is written in plain English, sets out the duties and responsibilities of those administering it and the provider's approach to recruitment, including the requirement for a role specification, the processes for attracting suitable candidates and the parameters for the processes of shortlisting, interviewing and appointment. The policy also places emphasis on aspects of equality and diversity, including reasonable adjustments at interview and a guaranteed interview for any applicant declaring a disability. It also requires those implementing the policy to attend briefings on its application. The team found the provider's intended recruitment practices to be fit for purpose and fair because applicants are expected to be assessed objectively against set selection criteria by a minimum of two people to minimise bias. The New DAPs Plan [000] and associated Academic Planner [042] identifies that the Staff Recruitment and Selection Policy will be reviewed in the third quarter of year two by the provider's Executive, enabling modifications and improvements during the probationary period. The team considered this policy to be coherent, robust and realistic and is likely to enable the provider to appoint staff with the relevant experience and qualifications required to undertake the role.

174 The Staff Recruitment Plans [009] for 2020-21 supports the clarity of the provider's plans to recruit capable staff who align with its values and behaviours. The plan describes a selection process that consists of the use of a psychometric test, a practical activity linked to the role being recruited to, questioning directly linked to the provider's values including diversity and inclusion, and, where relevant and practicable, interaction with students. Online delivery of recruitment and selection and unconscious bias training is currently being sourced for those involved in this process. In addition, the plan explains how, through the benchmarking of its remuneration package against commercial industry and other higher education providers, the provider aims to ensure that it is able to compete in the jobs market, something that was also highlighted by staff responsible for the scholarship and the effectiveness of staff [M7]. The team considered the staffing plan to be credible and appropriate for the provider's mission, size, and the academic provision it intends to deliver.

Conclusions

175 The assessment team formulated its judgement against this criterion according to the process set out in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*.

176 The team concludes that the provider has comprehensive and credible plans in place to assure itself that it has appropriate numbers of staff to teach its students. These are based on student number projections over a six-year period and a projection for how the

provider expects its staff to student ratio to change during that period. The provider has a Learning and Teaching Strategy that sets out a very clearly described and distinctive approach to teaching and the support of students. The provider understands the way in which the strategy determines how the time of academics will be deployed: in a collaborative learning environment built around a project-based curriculum supported by self-directed online learning, and has articulated how the planned staffing numbers will be sufficient in this context.

177 The provider has established recruitment processes that are fit for purpose and allow it to appoint appropriately qualified and experienced staff, in that it sets credible criteria appropriate to the level of the courses that it plans to offer, and has so far ensured that the staff appointed have met these criteria. The New DAPs Plan and Staff Recruitment Plans provide a timeline for the recruitment of staff that is aligned with the needs of the provider and its students during the probationary period. The provider has so far successfully implemented its plan for the recruitment of senior staff and has clear and achievable plans for staff recruitment going forwards.

178 The team concludes that the plans that the provider has to support and develop its staff to teach and support learning at the levels of the qualifications and in the specialist subject area that it intends to offer are coherent and robust. The New DAPs Plan sets out plans for the provision of an online Learning and Development Toolkit that will provide a focus for the personal and professional development of staff. Staff demonstrated the 'in development' toolkit, elaborated on its content and confirmed the timescales for its development. The team considered that this would be a comprehensive resource and that the provider's plans for its development were credible. The New DAPs Plan also clearly articulates the provider's expectations that staff should take responsibility for their personal development planning and engage with the development opportunities on offer. A Maximising Performance Policy will enable this to be managed and monitored.

179 The provider articulated robust plans to monitor the development of the Learning and Development Toolkit that demonstrate its understanding of the importance of, and commitment to, developing and supporting its staff. In addition, the New DAPs Plan identifies when the provider intends to review its Staff Recruitment and Selection Policy, Staff Recruitment Plans and Maximising Performance Policy to ensure their ongoing effectiveness. Overall, the provider's plans for meeting this criterion by the end of the probation period are credible and achievable.

180 The team concludes, therefore, that the provider understands this criterion and that its New DAPs Plan is credible and should enable the DAP criterion to be met by the end of the probation period.

Criterion D: Environment for supporting students

Criterion D1 - Enabling student development and achievement

181 This criterion states that:

D1.1: Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.

The evidence considered and why the team considered this evidence

182 The QAA assessment team assessed this criterion by reference to a range of evidence gathered according to the process described in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*, in particular the suggested evidence outlined in Annex 5 and TEDI – London's submission. The assessment team identified and considered this evidence for the purposes of the New DAPs test outlined in paragraphs 232 of the regulatory framework, namely, to assess TEDI – London's understanding of this criterion and to test the credibility of TEDI – London's New DAPs Plan in relation to this criterion.

Specifically, the assessment team considered or assessed:

- a whether the provider's strategy and operational plans to enable all students to develop their academic, personal and professional potential are comprehensive and credible, the team scrutinised the New DAPs Plan [000], the Student Services Framework [095] and the Teaching and Learning Infrastructure Budget [071]. The team also met staff responsible for resourcing [M4] and staff responsible for enabling the student journey [M6].
- b whether the plans for providing students with advice on, and inducting them into, their programmes are effective, the team assessed the New DAPs Plan [000] and met staff responsible for enabling the student journey [M6] and staff responsible for the scholarship and the effectiveness of staff [M7].
- c whether the provider's plans to monitor the effectiveness of the advisory services and support provided to students are likely to be effective, the team evaluated the New DAPs Plan [000], a draft Evaluation Framework [090], Student Experience Committee Terms of Reference [072] and the Student Engagement Policy [043] and met staff responsible for resourcing [M4].
- d whether the provider's plans for its administrative systems enable it to monitor student progression and performance accurately and to satisfy academic and non-academic management needs are clear and credible, the team reviewed the New DAPs Plan [000], PowerPoints of the Design Start session for the Student Record System (SRS) [102] and a meeting of its governing Board in November 2020 [082], the SRS Board Terms of Reference [116], and met staff responsible for resourcing [M4].
- e the New DAPs Plan [000] and the Learning and Teaching Strategy [018] and met staff responsible for enabling the student journey [M6] to determine whether the provider has clear and credible plans to provide all students with opportunities to develop the skills to make effective use of the learning resources provided.

- f whether the provider's approach to providing student support and access to resources is guided by a commitment to equity, the team considered the New DAPs Plan [000], Student Services Framework [095], Academic Committee Regulations [015] and Programme Development Guidance [044].

How any samples of evidence were constructed

183 The team did not construct any sampling for this criterion. The provider only intends to deliver two programmes in a single discipline during the probation period and the volume of material available was such that all evidence could be reviewed by the team.

What the evidence shows

184 The provider's plans in relation to this criterion are as follows.

185 The provider has developed a Student Engagement Policy [043], Student Services Framework [095], and terms of reference for a Student Experience Committee [015] which are planned to be implemented from September 2021 onwards with meetings scheduled for the second and fourth quarter of each year of probation. Prior to the first intake of students commencing in September 2021, the provider plans to develop a Student Consultation Framework, Personal Tutoring Policy and Student Support Framework. A review of student support services is scheduled for the fourth quarter of each year of probation. The Student Services Committee is planned to oversee an annual review of student policies, including the Student Engagement Policy scheduled for the fourth quarter of each year of probation [Academic Planner 042].

186 The provider plans for the Registry to offer a range of specialist student services, including for international students, students declaring a disability or specific learning difficulty (SpLD), welfare, mental health support and counselling. A Career Service Strategy is planned to be in place by February 2021. Detailed frameworks for these support functions are due to be in place by September 2021. The provider intends to produce a Personal Tutoring Policy and provide a handbook and training prior to the first intake of students commencing to ensure a consistent approach is adopted by tutors. Training for personal tutors is scheduled for the fourth quarter of each year of probation [Academic Planner 042].

187 The New DAPs Plan [000] sets out the provider's plans for student induction, details of which it expects to have in place by summer 2021. As part of this and beyond, the provider also articulates in the New DAPs Plan how it intends to support students to be able to make effective use of support materials available in its online platform and safe and effective use of the equipment that is planned to be available to students in the Maker Spaces. The student induction will be provided in the first quarter and is scheduled for review each fourth quarter during the probation period prior to the next delivery [Academic Planner 042].

188 The provider is developing a bespoke VLE and initial system configuration is complete. Further elements that are required post enrolment are expected to be completed by the third quarter of the second year of probation [Academic Planner 042]. The provider is developing a student record system in collaboration with a specialist software company. Some components of the system are partially configured with a target date of May 2021 for completion and September 2021 for the system to be fully configured and tested [054 digital systems and IT infrastructure implementation timelines]. A review and evaluation of the Learning Tree and student record system is planned for quarters one and two in years one and two of the probation period [Academic Planner 042].

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

190 The provider's learning and teaching strategic approach [Learning and Teaching Strategy 018] is 'to develop and deliver accessible, high quality and industry-relevant engineering programmes that allow students, irrespective of their backgrounds, to reach their full potential and their life goals.' To underpin this approach, the provider has developed a comprehensive strategy to enable student development and achievement which references the UK Quality Code Advice and Guidance, Advance HE's guidance for enhancing learning and teaching and Engineering Council standards.

191 Enabling student development and achievement is scaffolded by the Student Services Framework [095], Student Engagement Policy [043] and Student Engagement Committee [terms of reference 015], and yet-to-be-developed Student Consultation Framework, Personal Tutoring Policy, Framework for support for students with disabilities and specific learning difficulties (SpLD), International student support framework, and student information management system. The as-yet-to-be-developed student development achievement substructure is scheduled [Academic Planner 042] to be completed prior to the commencement of the initial cohort of students in September 2021. The provider intends to deliver these elements of student support through coordination by the Registry. The outlined approach demonstrates a robust and considered approach to student academic support with a focus on supporting all students appropriately to achieve their desired academic outcomes.

192 The planned arrangements for the induction of students articulated in the New DAPs Plan [000 Paras 228, 229, 230, 231] have the capacity to effectively introduce students to their programme of study. This is because the induction programme, which the provider expects to be available by summer 2021, is planned to contain a comprehensive range of information to prepare students for their study, including an introduction to teaching methods and the VLE containing the Learning Tree, an introduction to support systems, the transition into higher education, and guidance on the safe and effective use of the equipment that will be available to students in the Maker Spaces.

193 The provider's approach is to accompany a face-to-face programme with online alternatives and comprehensive written information about its services. Induction materials are intended to remain available to students throughout their study. Additional optional induction sessions for students with diverse needs or backgrounds, such as care leavers or mature students, and an additional induction session for international students have the potential to further support the effectiveness of this process. Staff responsible for the student journey met by the assessment team [M6] confirmed the provider's approach and their commitment to ensuring that every student is well prepared for their higher education experience, beginning with engagement prior to their arrival, including the initiation of their personal development plan, induction week, and ongoing support.

194 The provider states [New DAPs Plan 000 para 221] that it has produced a Student Services Framework [095] that establishes how it plans to provide a holistic approach to student support to ensure that all parts of the services on offer complement one another and are not experienced as separate entities. The Student Services Framework [095] is clear and credible in that it succinctly establishes the provider's commitment to, and strategy for, providing student support. More specifically, the Framework [095] provides a comprehensive list and brief summary of nine areas, including accommodation; appeals, complaints, and misconduct; counselling and mental health wellbeing; disability support, learning success; finance; international student support; student voice and feedback; wellbeing; welcome and induction and sign-posts students to additional support and other general areas such as support for the development of employability skills. Finally, the Student Services Framework [095] establishes the requirement for all students to have a Personal Student Support Plan.

195 Staff responsible for enabling the student journey [M6] explained that development of this would start with the student being asked to identify any needs prior to commencing

their course and that the intention was for plans to be further developed following discussions with their personal tutor and the Student Experience Officer (SEO). The support plans would then be used as a guide for discussions at subsequent meetings with personal tutors. The team concludes that the Framework demonstrates a holistic approach to students' development with the needs of students and, as such the team, considers it to be credible.

196 Integral to the Student Services Framework [095] are the specialist services that the New DAPs Plan [000 para 224] identifies as being targeted at particular groups of students, including international students, students declaring a disability or SpLD and those needing mental health support. The New DAPs Plan [000] and staff [staff responsible for the student journey M6] explained the intention to provide international students with support in applying for a visa and specialist English language support, where required. International students are expected to also be given an additional induction session and ongoing support with their transition to the UK. The New DAPs Plan [000 para 225] identifies that a detailed international student support framework is planned to be in place by September 2021 [000 para 225].

197 The provider also plans to have a framework for the support for students with disabilities and SpLDs in place by September 2021 [New DAPs Plan 000 para 226]. This framework is planned to be based upon all students being given an opportunity to declare a disability or SpLD when they apply or at any time subsequently. It is intended that students requiring support will be provided with a disability and/or SpLD action plan that should be shared with those who teach and assess the student. The provider plans to review these frameworks on an annual basis in quarter four throughout the probation period. This is identified as the responsibility of the Assistant Registrar – Student Experience and planned to be carried out by the Student Experience Committee and Academic Board. The team considers the approach to specialist support services to be well considered and appropriate for the expected initial student cohort.

198 The New DAPs Plan [000 para 247] explains how attracting a diverse student body is central to the provider's mission and values and that its support services are designed to ensure that not only those students with protected characteristics but any with specific needs such as international students and care leavers are supported to achieve. The team considered that the plan to communicate advice and guidance and provide support in a way that meets the needs of a diverse student population and to provide targeted support where necessary is credible. This is because the Student Services Framework [095] is based on the early identification of students' needs at the admissions and registration stage or at any time through conversation with the personal tutor and identified support needs are incorporated in a Personal Student Support Plan. In addition, the provider's Programme Development Guidance [044] seeks to ensure that inclusivity and equality of opportunity is built into programmes at the development phase to mitigate any challenge, disadvantage or discrimination that may otherwise be experienced by students through the curriculum. The programme approval process requires course teams to provide evidence that there are suitable arrangements in place to identify and support differing student needs and to ensure equity of opportunity. The team confirms that the framework demonstrates a holistic approach to student support and services.

199 Further supporting the credibility of the provider's plans for putting in place effective arrangements for student support, the Teaching and Learning Infrastructure Budget [071, New DAPs Plan 000 para 234] has been set by student services and finance based upon the resources required to provide student support, advisory and counselling services over a five-year period. The New DAPs Plan [000 para 234] identifies that this budget is planned to be reviewed annually to ensure the effectiveness of the spend and the adequacy of the level of support. Staff responsible for resourcing and those responsible for the student journey [M4

and M6] confirmed that, as indicated in the Student Services Framework [095], the provider is planning to contract with clinical practitioners for up to one day per week in term time for each of counselling and disability support, depending on student numbers and need.

200 Within the Access and Participation Plan [070] the provider states that it sets aside funds to ensure that all students can fully engage with their studies. The provider plans to finalise the arrangements for the types of financial support it intends to offer before the first cohort of students commences in September 2021 and are benchmarking this across the sector particularly for under-represented groups of students. The support is intended to be flexible and tailored to individual students' needs. A key aspect of the provider's financial assistance packages is the intended focus on the issue of digital poverty. The COVID-19 pandemic has highlighted the impact of digital poverty on students' ability to learn. Cognisant of this, the provider is planning to offer laptops and internet access to students in need. The provider plans to offer bursaries to the value of 5% of tuition fee income. The provider also expects that this support should mean that students have to rely less on income from paid employment and have more time to concentrate on their studies, leading to improved continuation and attainment in these target groups. The Board is scheduled to review the Access and Participation Plan [070] in the first quarter of each year of probation. The team is of the view that the provider demonstrates that it intends to adequately fund access and participation and any resource needs as these arise.

201 The New DAPs Plan identifies that a Personal Tutoring Policy is planned to be available by September 2021 [000 paras 223 and 241]. The team met staff responsible for enabling the student journey [M6] and based upon their more detailed explanation of the anticipated arrangements for personal tutoring, which were consistent with the New DAPs Plan [000], the team considers that the provider has realistic plans to put in place an effective personal tutoring system. This is because the system is based upon every student being allocated a named personal tutor to support their learning and development throughout their programme. Staff [M6] confirmed that the plan was for all students to be allocated a Senior Teaching Fellow (STF) or Teaching Fellow (TF) as a personal tutor with the expectation that they would meet at least three times a year; once per teaching term. Students are expected to be proactive in planning how to use their time with tutors by supplying an agenda [New DAPs Plan 000] for meetings, suggesting topics for consideration in the context of their Personal Student Support Plan and a regular log of interactions and progress is expected to be jointly completed by the tutor and student. Tutors, in conjunction with the SEO, are expected to signpost students to more specialist support if required. The New DAPs Plan [000 para 223] sets out the provider's plans to underpin the effectiveness of personal tutors in their role in supporting student's learning and development of these skills through the Personal Tutoring Handbook, and accompanying training for tutors that is planned to be provided prior to the commencement of the initial cohort of student, to provide guidance on the topics to be discussed and ensure a consistent approach. The provider's plans for supporting students are robust and credible, providing a variety of support mechanisms and staff involved are likely to be well prepared for this role through training.

202 The provider's planned approach, as articulated in the New DAPs Plan, [000 paras 240 and 241] is to provide opportunities for students to develop skills that are intended to enable their academic, personal and professional development, through the curriculum and to provide individual support and guidance through a personal tutor is considered by the team to have the potential to be effective in facilitating skills development. This is because the curriculum, as evidenced in the Programme Specifications [106], has been mapped against the Engineering Council's Accreditation of Higher Education Programmes (AHEP) that clearly identifies in detail the skills that a student would be expected to demonstrate on completion of a programme designed to lead to Incorporated or Chartered Engineer status. In turn, the industry-focused, project-led, problem-based approach to learning is designed to enable these skills to be developed and demonstrated. Staff [staff responsible for enabling

the student journey M6] explained how the input from personal tutors based around the student's personal support plan and learning experiences would then be able to guide and facilitate students in their personal and professional development.

203 The New DAPs Plan also explains [000 para 242] how the planned approach to learning and teaching articulated in the Learning and Teaching Strategy [018] should enable students to develop their capacity for employability throughout their studies. Because of the emphasis that the provider has placed on the involvement of industry in the development and planned delivery of the curriculum, and the focus on project and problem-based learning, based on real-life scenarios where academic staff will work collaboratively with students in Maker Spaces to provide them with continuous support, the team concurred with this view. Staff [responsible for the scholarship and the effectiveness of staff M7, staff responsible for the student journey M6] explained how the provider plans for students to interact with industry mentors when undertaking project work and how this would develop their industry awareness and professionalism. They also explained that industry mentors would be given access to materials in the staff Learning and Development Toolkit, to ensure their effectiveness in supporting students.

204 In support of the employability of its students, the provider also has plans for a Careers Service Strategy to be in place by February 2021. The strategy is the joint responsibility of the Head of External Engagement and the Registrar, [New DAPs Plan 000 242 and additional written evidence 13/11/20 comment 22] and is intended to be aligned closely with curriculum delivery and informed by industry partners. The New DAPs Plan explains that the provider's focus is to enable students to present themselves and their achievements confidently and articulately to prospective employers and enhance their likelihood of securing successful employment upon graduation [New DAPs Plan 000 para 242]. The team considers this approach to be sound because it should enable the provider to develop students who are ready for employment and equipped with relevant vocational skills and experience.

205 The New DAPs Plan [000 para 99] sets out the provider's plans to develop a Student Records System (SRS). The SRS is currently being developed in conjunction with a specialist software provider and consultants in the UK higher education sector. Staff responsible for resourcing [M4] explained that the provider had made a strategic decision to create a bespoke system because it considered that it would be agile and sustainable and that any risk to the successful completion of the project would be mitigated by the direct involvement of specialist software consultants in its development. The team considers the provider's plans [Design Start session 102] for this system to enable it to monitor student attendance, progression and performance accurately, to be fit for purpose and credible. This is because the process and timescale for the development of the system and the elements that it will contain have been planned in detail and are comprehensive, and there is robust oversight of the project. The provider's plan contains a full scoping of the planned content of the system, including sections for applications, student attainment (grades), courses and modules, and timetables.

206 The Student Records System Board [Terms of Reference 116], whose membership includes senior membership from the provider, and software consultants have oversight of the project [staff responsible for resourcing M4]. A presentation from the meeting of this Board in November 2020 [082] contained a detailed development schedule with an indication of which sections were in development and the planned project completion. Staff [M4] explained that the SRS had been designed to align with HESA and Office for Students reporting requirements. They also explained that the project was based on a three-phase process consisting of development, testing and live environments for each section of the SRS and that the recruitment and admissions section had already gone live, that curriculum

details had been loaded to the system and that they were confident that the project would be completed in mid-May 2021.

207 The New DAPs Plan [000 para 235] explains that a dashboard associated with the SRS will provide personal tutors, programme leaders and Registry staff with a clear view of student progress and allow timely interventions in cases of poor attendance or engagement. Plans for the dashboard [New DAPs Plan 000 para 236] include an attendance monitoring framework due in quarter three of this year (March-May 2021) that will provide data for reporting to UK Visas and Immigration, where appropriate, and enable personal tutors to frame conversations with their students in the event of poor attendance. Reports from the dashboard are also planned for Academic Board, Assessment Boards and other groups to allow the monitoring of trends and comparison of cohorts [New DAPs Plan 000 para 237]. As part of the development of the SRS, consideration is being given to the levels of access provided to staff to keep data secure [New DAPs Plan 000 para 238].

208 The New DAPs Plan [000 para 239] also makes provision for a portal through which students will have access to their own dashboards to monitor their progress. Guidance for students on how to access and interpret this information and how to use it to monitor their development and engage with services and resources available to them is planned to be available by quarter four of this year (June-August 2021) [New DAPs Plan 000 para 239]. Although the SRS project is due for completion by May 2021 and the team notes that there is a significant amount of work still to be carried out, the team concludes that the provider's robust governance and management of the project and the evidence of the progress made so far mitigate any potential risk. The team is assured that the bespoke system and dashboard would satisfy academic and student monitoring, management information and reporting needs.

209 In the New DAPs Plan [000 para 232] the provider explains how it intends to monitor the effectiveness of its advisory, support and counselling services by regularly reviewing usage levels, the timeliness of provision and eliciting direct feedback from users [000 paras 222 and 232]. A draft of the Evaluation Framework [090] which the provider plans to have implemented by quarter four of this year (June-August 2021) [New DAPs Plan 000 para 232] includes reference to a planned Feedback Form that is intended to be sent once a term to students who have used support services. The provider also has in place a Student Engagement Policy [043] that should encourage students to engage in quality assurance and enhancement activities by providing feedback on their learning experience and personal development at module and programme level. A section on Feedback and Communication within the policy emphasises the importance of good communication and how this can be achieved, including through student representatives on committees such as the Student Experience Committee and directly through academic and Registry staff and a section on feedback through student surveys. The Student Experience Committee terms of reference [072], and planned membership of a wide range of staff including representatives from Student Services, establish it as a key forum for receiving and responding to feedback from students and monitoring the effectiveness of the services provided to them. Staff responsible for resourcing [M4] also confirmed their intention to use the Student Experience Committee as a forum for reviewing the effectiveness of services that it plans to outsource such as for counselling. The team concludes that, collectively, the plans that the provider has to monitor the effectiveness of its student advisory and support services are comprehensive and fit for purpose.

Conclusions

210 The assessment team formulated its judgement against this criterion according to the process set out in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*.

211 The provider's plans to enable student development and achievement are well considered and demonstrate an understanding of this criterion. The intended student support framework is appropriate for the nature of the provider and its likely student cohort and is underpinned by clear policies which should enable the provider to facilitate academic, personal and careers support. The plans include appropriate provision for the support of students with disabilities and specific learning difficulties and aim to ensure equality of opportunity and equity of access to support and resources.

212 The provider has clearly articulated in the New DAPs Plan and in meetings its plans for the induction of students that are comprehensive and fit for purpose. The plans to provide a detailed student induction programme by summer 2021 are credible in that they will provide students with timely access to resources that will prepare them for use of the Learning Tree and Maker Spaces, support their transition into higher education and offer support to those with specific needs.

213 The provider's plans to focus the development of skills to enable students to develop academically, personally and professionally through the curriculum and accompanying support are credible because they are entirely consistent with, and integral to, the provider's Learning and Teaching Strategy. This is because the Learning and Teaching Strategy plans to be industry-focused and based upon projects and problem-solving, and the learning environment will be one where academic staff are working collaboratively with students in Maker Spaces where they will be able to provide them with continuous support. The provider's plans to have in place a Careers Service Strategy by February 2021 are also timely and appropriate for the support of the employability of students alongside the industry focus of the curriculum.

214 In the New DAPs plan and in discussion with staff, the provider has described in detail its plans for the development of a Student Records System. The assessment team considers these plans to be credible in that they will provide for a comprehensive records system that will contain all information necessary for the provider to effectively monitor student progression and performance accurately and has been designed in understanding of external data reporting requirements. Development of the system within a short timeframe by May 2021 is challenging but the assessment team has concluded that robust governance and management of the project and the evidence of the progress made so far mitigate any potential risk.

215 Based upon a draft Evaluation Framework, Student Engagement Policy and the work of a Student Experience Committee, the provider has clear and credible plans to monitor and evaluate the effectiveness of its support to students. These plans are comprehensive in that they include the review of usage levels and the timeliness of provision and provide multiple opportunities for student feedback via surveys, representation and the encouragement of regular dialogue.

216 In its New DAPs Plan and discussions with the team the provider has demonstrated a thorough understanding of the scope and nature of the support that students need to be able to access, in order to successfully develop their academic, personal and professional potential. Based upon this, the provider has produced a comprehensive and credible plan of how it intends to support its students. The provider has to date put in place an overarching Student Services Framework and has identified in the New DAPs Plan the underpinning frameworks, policies and supporting documentation that it intends to produce prior to the start of the probationary period, including a Personal Tutoring Policy, an International students support framework, a Framework for the support for students with disabilities or specific learning difficulties, and a Careers Services Strategy, accompanied by a schedule for their development. The provider also has robust arrangements to review the effectiveness of its arrangements for student support during the probationary period. The

assessment team considers the provider's plans to meet this criterion to be comprehensive and credible but recognises that the plans will need to be implemented successfully and have proved effective before the criterion is fully met at the end of the probationary period.

217 The team concludes that the provider understands this criterion and that the New DAPs Plan is credible and should enable the DAP criterion to be met by the end of the probation period.

Criterion E: Evaluation of performance

Criterion E1 - Evaluation of performance

218 This criterion states that:

E1.1: An organisation granted degree awarding powers takes effective action to assess its own performance, respond to identified weaknesses and develop further its strengths.

The evidence considered and why the team considered this evidence

219 The QAA assessment team assessed this criterion by reference to a range of evidence gathered according to the process described in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*, in particular the suggested evidence outlined in Annex 5 and TEDI-London's submission. The assessment team identified and considered this evidence for the purposes of the New DAPs test outlined in paragraphs 232 of the regulatory framework, namely to assess TEDI-London's understanding of this criterion and to test the credibility of TEDI-London's New DAPs Plan in relation to this criterion.

Specifically, the assessment team considered or assessed:

- a whether the provider has illustrated that critical self-assessment is integral to the operation of its own higher education provision and that action is taken in response to matters raised through internal or external monitoring and review, the team considered the New DAPs Plan [000], Statement of Primary Responsibilities [013], Board Year Planner [014], Strategic Plan [089], Reports to the Board [078], Academic Committees Regulations [015], Proposed Academic subcommittees [118], TEDI-London Decision Making Log [121], Academic Board 11-11-2020 Minutes [080], Draft Evaluation Framework [090], Student Engagement Policy [043], and the Maximising Performance Policy [077]. The team also met senior staff [M1] [M8], staff responsible for learning, teaching, programme design and assessment [M3], members of the Board of Trustees [M4a], members of Academic Board and Programme Approval and Review Committee [M5], staff responsible for enabling the student journey [M6], and staff responsible for scholarship and effectiveness of staff, including a demonstration of the Learning Development Toolkit [M7].
- b whether the provider has clear mechanisms that exist for assigning and discharging action in relation to the scrutiny and monitoring of its academic provision, the team considered the New DAPs Plan [000], the Programme Monitoring and Review Policy [045], and Academic Board Minutes, 27 May 2020 [062].
- c if the ideas and expertise from within and outside the provider (for example on programme design and development, on teaching, and on student learning and assessment) are drawn into its arrangements for programme design, approval, delivery and review, the team reviewed the Programme Monitoring and Review Policy [045], Programme Development Guidance [044], Curriculum workshop outputs [022], Learning and Teaching Strategy [018], Slides from Industry Collaboration events [046], Node process [119], the PARC Terms of Reference [056], Policy for External Advisers to TEDI-London [055], Programme Approval and Review Committee Papers from 29-1-20 [057], Programme Monitoring and Review Policy [045] and the PARC Minutes of the 29th October [079]. The team also met senior management [M1] and members of Academic Board and PARC [M5] and were provided with a demonstration of the Learning Tree [M2].

How any samples of evidence were constructed

220 The team did not construct any sampling for this criterion. The provider only intends to deliver two programmes in a single discipline during the probation period and the volume of material available was such that all evidence could be reviewed by the team.

What the evidence shows

221 The provider's plans in relation to this criterion are as follows.

222 The New DAPs Plan [000 para 57] states that the Board is responsible for ensuring processes are in place to monitor and evaluate performance. The Board is already operational and receiving regular updates. The provider is developing high-level key performance indicators (KPIs) to align with its draft Strategic Plan and expect these to be approved by the Board in February 2021 [Board Planner 014]. The provider plans to monitor KPIs at Board level throughout the probation period so that any performance issues and associated improvement opportunities can be identified, considered and addressed.

223 Academic and industry external advisers have been appointed to offer views on programme design and delivery and will be used during the probation period to contribute to the curriculum. The provider has already used external advisers in its programme approval process, including through membership of PARC. An Industry Advisory Group [047] has been established to provide ongoing independent industry input and advice into the strategic objectives, priorities, and delivery approach.

224 The provider plans to undertake regular monitoring and review of programme delivery through its Programme Monitoring and Review Policy [045] which it regards as the foundation of its quality assurance process [New DAPs Plan 000], the outcomes of which will be scrutinised by Academic Board. Annual Programme Monitoring (APM) will be conducted and reports submitted to Academic Board in the second quarter of years two and three of the probation period. The five-year periodic review process is schedule for 2026 and will therefore not be tested during the probation period.

225 The provider plans to appoint external examiners by August 2021 and induct these during the first quarter of year one. Examiners are scheduled to submit reports in the first quarter of the second and third years of probation [Academic Planner 042]. Programme team meetings are scheduled to also take place at this time to submit their response to external examiners' reports.

226 According to the Academic Planner [042], the provider plans to conduct a review each year of its general policies and procedures, academic framework and programmes. Notably for this criterion, the Student Engagement Policy will be reviewed in quarter one of year two and the Programme Monitoring and Review Policy is due for review in year three. The Board will be subject to a review on effectiveness every two years, with the first review due in June 2022.

227 The assessment team's analysis of the evidence led to the following observations.

228 The team reviewed the Board's Statement of Primary Responsibilities [013] and noted that the Board is responsible for ensuring processes are in place to monitor and evaluate the performance and effectiveness of the provider against its strategic and operational plans and KPIs. This statement confirms that the Board is responsible for the establishment and monitoring of systems of control and accountability, including financial and operational controls, and processes to monitor and evaluate the performance and effectiveness of the Board itself. In the Board Year Planner, [014] the effectiveness review of the Board is scheduled for June 2022.

229 The draft Strategic Plan [089] and high-level KPIs were presented to the Board at its meeting in November 2020 [096] and refer to the expectations set by the Committee of University Chairs (CUC) Higher Education Code of Governance; these articulate the responsibilities of the Board. Board representatives [M4a] confirmed that the CUC code had been used to develop the Strategic Plan and the Board Year Planner [014] but that these would need to be reviewed with the publication of the revised CUC guidance in September 2020. Following the approval of the draft Strategic Plan, the Board requested several more detailed sub-strategies be developed [M4a] with objectives that will be reviewed continually throughout the year. Board representatives [M4a] articulated to the team that, at each meeting, the Board will take a 'deep dive' into one of the KPIs of specific interest. The KPIs in the draft Strategic Plan [089] cover areas such as student diversity, student satisfaction, industry engagement, graduate outcomes, employability, staff diversity and engagement, community engagement and learning and working environment. Senior staff [M1] confirmed that the financial KPIs are currently being developed and will be agreed at the February 2021 Board meeting.

230 In the New DAPs Plan [000 para 253] the provider articulates that senior staff will provide formal update reports to every Board meeting. The team reviewed a paper produced by the Dean which provided an Academic Portfolio Update Report to the Board [078], covering topics including academic programmes, finances, property, staff matters, industry and partnerships, and student recruitment. This report also contained portfolio updates for the period from June 2020 to September 2020 on areas of the provider's business such as Registry, student recruitment and admissions, academic programmes, industry and partnerships, planning and risk management. In addition, the report contained a comprehensive Risk Register which identified risks, risk rating and actions listed to mitigate these risks, for the Board's consideration. This report demonstrates that the provider has a good understanding of actions required to assess its performance in relation to the review and monitoring of its corporate obligations.

231 The team reviewed the provider's Academic Committee Regulations [015] to investigate how action is to be taken in response to feedback from external advisers, external examiners [see also B2 para 25-27] and students and self-critical review by the provider. The Academic Committee Regulations set out that the Academic Board, which reports to the Board, oversees academic quality and standards and has oversight of the framework and operation of academic regulation, policy and practices concerning the quality and standards of the provider's awards.

232 The team considered the provider's Programme Development Guidance [044] which details the expectations of programme developers in planning and designing programmes. The purpose of this guidance [044] is to ensure its programmes are relevant to market needs, reflect the provider's mission, strategic goals, current academic priorities and resources. The Guidance [044] encourages staff to liaise with colleagues inside and outside of the provider and the development team is required to take account of relevant Subject Benchmark Statements and the needs of employers and industry. The Guidance is comprehensive and the team was able to confirm that this had been used to develop the provider's programmes. Senior staff [M1] articulated that there has been significant input from PLuS Alliance members, and the curriculum was developed with the guidance of the three founding universities of the provider. The team reviewed the curriculum workshops [022] held with these members, and the slides from Industry Collaboration events [046]; both demonstrated the use of expertise from outside the provider in the development of its programmes as articulated in the Programme Development Guidance [044].

233 PARC is responsible for scrutinising new programmes or major changes to existing programmes and making recommendations to Academic Board [Academic Committee Regulations 015] about whether new programmes or amendments should be approved.

Senior staff [M8] confirmed that the introduction of PARC in October 2020 was as a direct result of consideration of the Quality and Standards Review (QSR) and report. In October 2020 PARC considered [056] the approval of the BEng and MEng and agreed a set of recommendations. Staff responsible for learning, teaching, programme design, and assessment [M3] explained that during the PARC meeting, discussions regarding the provider's programme development guidelines and the threshold criteria and the application of these was considered. Senior staff [M1] articulated that in light of the PARC outcomes, the programme development team had modified the programme so that the nodes of learning on the Learning Tree would be formative and not summative to support student learning and development. The outcome from PARC is scheduled to be considered by Academic Board by February 2021.

234 External advisers sit on PARC [terms of reference 056, Academic Committee Regulations 015], in accordance with the External Adviser Policy [055]. The role of external advisers [055] is to ensure objectivity, consistency and advise on the appropriateness of the academic standards for the programme, consider the relevance of the programme in relation to vocational/professional training and employment, consider the curriculum, programme aims and learning outcomes, and assessment. External advisers [055] are to provide a verbal report at PARC and follow up with a written report. Papers from the October 2020 meeting of PARC [057] provide evidence of the use of external advisers in the consideration of the provider's programme approval process. The papers are detailed and indicate full discussion and a broad range of appropriate questions asked of the programme proposed for approval. This is further evidenced by the minutes of PARC [079] which indicates the outcome of the provider's first approval process using its external advisers.

235 The Industry Advisory Group [Terms of Reference, 047] aims to provide scheduled ongoing independent industry input and advice on strategic objectives, priorities, and delivery approaches. Industry Advisory Groups meetings are scheduled [Academic Planner 042] throughout 2021 to discuss topics such as alignment with industry needs, and skills.

236 External examiners' annual reports will be considered by Academic Board and responses formulated by programme leaders who will develop an action plan and a rationale for any recommendations not to act. Reports are planned to be considered by the programme teams and addressed in annual monitoring reports [External Examiner Policy 058].

237 Collectively, the Academic Committee Regulations [015] and External Advisers Policy [055], External Examiners Policy 058] and evidence of implementation [057, 079], demonstrate a considered and robust approach to the use of internal and external expertise and gives confidence in the provider's planned approach over the probation period.

238 The Programme Monitoring and Review Policy [045] sets out that programmes will be subject to regular monitoring and review to ensure a continued high-quality student experience, the maintenance of academic standards and that students are supported to achieve positive outcomes. The policy sets out that students' views play a core part in the development of action plans and programme teams are asked to reflect on feedback considered through the year, including from discussions at Student Experience Committee, module evaluation outcomes, and results from surveys when compiling action plans. The team confirms that this policy is well developed and comprehensive as it considers data from a variety of sources, including student feedback, student outcomes, external examiner reports, access and participation data and that Academic Board agrees on the annual KPI for the effectiveness of student engagement arrangements for that period.

239 The Annual Programme Monitoring (APM) provides a mechanism for programme teams to review their programme's success at the end of the academic year and to capture

actions designed to enhance the programme. The APM is to be completed by the Academic Director with input from programme team members and submitted to Academic Board in the second quarter of years two and three during the probation period [Academic Planner 042] to monitor progress in achieving the APM action plan. The APM reports are expected to be updated throughout the year by the Academic Director to reflect ongoing feedback developments and new data. Action plans are to be reviewed by Academic Board biannually. The Programme Monitoring and Review Policy [045] is scheduled for review in the second quarter of year three during the probation period [Academic Planner 042].

240 The five-year periodic review process [Programme Monitoring and Review Policy 045] for the provider's programme will be due in 2026 and will therefore not be tested during the probation period. Academic Board intends to establish a panel which is stated to consist of a member of the provider's senior team as Chair, one student member, one academic external adviser, one industry external adviser and a secretary. The process as set out will involve scrutiny of documentation and meetings with the programme team and students to determine whether confidence can be placed in the academic standards of the provision and the quality of the learning opportunities available to students. The panel will identify areas of good practice for commendation and may set conditions and recommendations [045]. This process demonstrates the use of various stakeholders in the enhancement of the provider's programmes. The team considers that the provider's plans for programme monitoring and periodic review are appropriate, timely and are likely to provide a sound basis for effective ongoing scrutiny of processes and outcomes. The team considers that the provider has credible plans and clear mechanisms that exist for assigning and discharging action in relation to the scrutiny and monitoring of its academic provision.

241 The Student Engagement Policy [043], approved by Academic Board at its meeting in May 2020 [062] and updated in October 2020, is due to be implemented in September 2021 and reviewed in September 2022. It sets out comprehensively the procedures relating to student engagement at the provider. This policy focuses on how students will be able to engage with and participate in the provider's quality assurance and enhancement activities, by representation on committees, and with staff. This policy provides details on student feedback through surveys at module and programme level.

242 The Draft Evaluation Framework [090], scheduled for approval by Academic Board for the fourth quarter of 2021 [New DAPs Plan 000 para 251-252], also provides information on proposed student feedback mechanisms that include that the provider will collect and log several sources of student feedback, such as module evaluation questionnaires, information from the Student Experience Committee and individual feedback given as complaints, to enable it to self-assess its provision and that this will be consolidated into reports which will be used to review the 'health' of its programmes. It is intended that the output from surveys will feed into the annual monitoring process [contained within the Programme and Monitoring Review Policy 045] and agreed actions will be monitored through action plans from each programme by the Academic Board, commencing in the fourth quarter of the first year of probation.

243 Student feedback is to be gathered through student representation on committees, including the Academic Board and Student Experience Committee [019]. The Student Experience Committee [Academic Committees Regulations 015] is a subcommittee of Academic Board, with membership comprising the Registrar, Head of Student Recruitment and Admissions, a Student Services staff member, an IT Learning Resources staff member, programme staff and student representatives. The terms of reference [072] indicate that the committee is a forum for students to discuss their experiences with staff from across the provider, and the committee will consider the outcomes of student feedback mechanisms as identified in the Draft Evaluation Framework [090] and in-person feedback from students at the meeting. The team concludes that the provider has developed a robust mechanism for

capturing students' views to inform and enhance provision but was unable to test the effectiveness of this at this time.

244 Student-facing and academic policies will be available in the public domain in an accessible format on the provider's website from the early part of 2021 and will be reviewed regularly as part of a policy review schedule which will occur annually during the probation period [New DAP Plan 000 para 61]. The policy review schedule will be published prior to September 2021. Policies will be reviewed by the Policies Working Group prior to submission to the approving body, which is usually the Executive, the Board, or Academic Board. Where relevant, policies are checked by solicitors, providing advice on policies and other documents, such as the Student Protection Plan and the Student Terms and Conditions [New DAPs Plan para 86].

Conclusions

245 The assessment team formulated its judgement against this criterion according to the process set out in *Degree Awarding Powers in England: Guidance for Providers on Assessment by QAA, October 2019*.

246 The team concludes that the provider's planned approach to take effective action to assess its performance and respond in relation to the review and monitoring of its corporate obligations is transparent and credible. Through a clear and appropriate schedule of governance and reporting, the provider plans to monitor various aspects of its operations and performance, through benchmarking against the higher education sector to ensure outcomes and KPIs are appropriate in the higher education context. The KPIs are planned to be reported to each Board meeting and regularly monitored by senior staff so that any performance issues and associated improvement opportunities can be identified, considered and addressed. The New DAPs Plan, Board Planner and Academic Planner sets out the schedule of relevant governance meetings, associated monitoring reports and planned internal and external reviews of the effectiveness of its arrangements and clearly identifies relevant key timeframes. Following a self-critical assessment of the QSR and report, the provider reviewed and made changes to its governance structure.

247 The provider's commitment to taking effective action to assess its own performance, respond to identified weaknesses and develop further its strengths is at the core of its regulatory and governance frameworks. The Academic Committee Regulations, External Advisers Policy and External Examining Policy demonstrates to the team a considered and robust approach to the use of internal and external expertise and gives confidence in the provider's planned approach over the probation period. The provider plans to make extensive use of internal and external expertise during all stages of its programme development and monitoring. It has made use of internal and external expertise explicitly in the development of its curriculum, in its arrangements for programme design and approval, in its approach to benchmarking, and it has introduced external expertise on key academic governance committees.

248 The provider also has plans for extensive student involvement across its activities. The Student Experience Committee terms of reference, Student Engagement Policy and draft Evaluation Framework scaffold robust and credible mechanisms for student engagement in evaluation of the provider's performance. These mechanisms are realistic and demonstrate a clear understanding of the importance of gaining student feedback on their experience and engaging them in shaping and developing their programme and outcomes.

249 The provider has developed KPIs to assess its current performance and has plans to continue to develop these to assess and benchmark its academic performance. The team

considers that the provider has credible plans and clear mechanisms for assigning and discharging action in relation to the scrutiny and monitoring of its performance and academic provision.

250 The New DAPs Plan articulates how the provider plans to meet this criterion, it identifies when key pieces of evidence will be available, including annual monitoring reports, periodic reviews, KPIs, student feedback of its programmes and when and how they will be considered by its academic governance structure. The team concluded that, overall, the provider's plan for meeting this criterion in full by the end of the probation period are comprehensive, coherent and realistic.

251 The team concludes, therefore, that the provider understands this criterion and that its New DAPs Plan is credible and should enable the DAP criterion to be met by the end of the probation period.

New Degree Awarding Powers overarching criterion

252 The New DAPs overarching criterion is that 'the provider is an emerging self-critical, cohesive academic community with a clear commitment to the assurance of standards supported by effective (in prospect) quality systems'.

Conclusions

253 The team confirms that the provider has credible and robust plans to support an emerging self-critical, cohesive academic community which are evidenced throughout the assessment. For example, in the area of academic governance, through self-critical reflection of the Quality and Standards Review and report, the provider reviewed and made changes to its governance structure, introducing a Programme Approval and Review Committee as a further standing committee of Academic Board. The committee has delegated authority to scrutinise new programmes or major changes to existing programmes. In preparation for the commencement of its initial programmes, the provider described future plans to refine the academic committee structure and workload, introducing a Learning, Teaching and Quality Committee, which will be fundamental to the planning, development and implementation of all academic standards and quality enhancement activity, ensuring these are consistent with the provider's mission and strategic plan and in alignment with external regulatory frameworks. This evidences critical organisational self-reflection which prioritises consideration of academic quality and standards.

254 Critical self-assessment through a clear and appropriate schedule of governance and reporting is evident. The provider has already scheduled its regulation and policy review cycle for the next three years. It will make extensive use of external expertise to bring perspectives from outside the organisation during all stages of its development, and internally students will join all aspects of academic decision-making. The provider has developed KPIs to assess both its current organisational performance and to monitor its New DAPs Plan. The provider has plans to further develop these KPIs as annual programme monitoring data becomes available. Plans and a detailed schedule for annual, self-critical reviews of the fitness for purpose and effectiveness of its regulatory framework for consideration by Academic Board, and a longer-term cyclical review of its policies and procedures, are already in place.

255 The provider has a Learning and Teaching Strategy that sets out a very clearly described and distinctive approach to the teaching and support of students. The provider understands the way in which this strategy determines how the time of academics will be deployed: in a collaborative learning environment built around a project-based curriculum supported by self-directed online learning, and has articulated how the planned staffing numbers will be sufficient in this context. The provider has credible plans to develop a cohesive academic community through robust staff recruitment processes and professional development. The New DAPs Plan clearly articulates the provider's expectations that staff should take responsibility for their personal development planning and engage with the development opportunities on offer. A Maximising Performance Policy will enable this to be managed and monitored. The New DAPs Plan sets out plans for the provision of an online Learning and Development Toolkit that will provide a focus for the personal and professional development of staff.

256 The provider's commitment to setting and maintaining academic standards of its higher education qualifications are clear, credible, and articulated in well-developed policies. The provider's prospective initial programmes have established standards aligning with both the FHEQ and the national standards for professional engineers, in which learning outcomes will be assessed and demonstrated before credit is awarded for modules. Approaches to assessment are valid and reliable, enabling students to demonstrate the achievement of

module and programme learning outcomes. Procedures for marking assessments, verifying marks and for preventing, identifying, investigating and responding to unacceptable academic practice are well developed. The intended processes for considering academic appeals and student complaints about the quality of the academic experience are fair and should deliver timely outcomes.

257 Approaches to assuring academic quality and standards are clear, credible and articulated in well-developed policies describing both the prospective annual programme monitoring (APM) exercise and five-yearly periodic review. The APM will monitor standards by considering student achievement, student feedback and annual reports from external examiners on a continual basis, whereas the periodic review is based on an in-depth critical review of programme curriculum and student outcomes, including post-graduation employment. Student members will also join all academic governance committees, and other student representatives will be further involved in programme monitoring, review and development. Key waypoints in all the prospective processes are captured in the provider's academic calendar and will permit regular reflection on their effectiveness.

258 The team considers that the provider has demonstrated a clear commitment to the assurance of standards and quality, supported by effective (in part prospective) quality systems. Frameworks for academic governance are comprehensive, fit for purpose, and provide clear lines of accountability and oversight. Academic Board and its subordinate committees form simple deliberative fora, separated from the managerial structure, in which students sit as partners with external experts, members of the leadership team, and teaching and support staff, to determine the academic characteristics of the organisation. An academic planner contains the cycle of academic monitoring, policy reviews, management and governance meetings for the next three years, facilitating oversight of the New DAPs Plan by the leadership team and the Board.

259 The team therefore concludes that the provider has an emerging self-critical, cohesive academic community with a clear commitment to the assurance of standards supported by effective (in prospect) quality systems.

Proposed changes to the New DAPs Plan

260 The team did not identify any changes required to the New DAPs Plan at this stage of the provider's application for a New DAPs authorisation.

Annexes

Evidence

Name
000 New DAPs Plan FINAL
001 Statement from PSRB IET
002 Admissions Policy
003 Student applicant journey
004 Assessment Centre Project Marking Criteria
005 Thinking Ahead Light Up info
006 QAA QSR REPORT FINAL
007 Initial Business Plan May 2019
008 Student number forecasts
009 Staff Recruitment Plans
010 Organisational Structure
011 Sample of staff Job Descriptions
012 Joint Venture Agreement
013 Statement of Primary Responsibilities
014 Board year planner 2019-2023
015 Academic Committees Regulations
016 KCLSU letter TEDI-London affiliation agreement
017 Impact assessment template
018 Learning Teaching Strategy
019 Academic Regulatory Framework
020 Academic Board papers 2020-05-27
021 Academic Board minutes 2020-05-27
022 Curriculum workshop outputs
023 Output from Industry Projects Workshop 2020-05-19
024 Overview of curriculum
025 Information on Projects
026 QAA staff spreadsheet
027 Staff Recruitment Selection Policy
028 Student records board report
029 Learning tree outline
030 Articles of Association
031 Slides Strategic Planning Sessions
032 Policy for Policy Development
033 Policy training schedule
034 Student Discipline Policy
035 Student Charter
036 Academic Integrity Policy
037 Ethical Framework Statement
038 Board minutes 2020-06-17
039 CV coversheet

039 Staff CVs
040 Policy approval flowchart
041 Policy approval tracker
042 Academic Planner 2020-2024
043 Student Engagement Policy
044 Programme Development Guidance
045 Programme Monitoring Review Policy
046 Slides from industry collaboration events
047 Strategic Industry Advisory Group Terms of Reference
048 Policy on Due Diligence relating to Partnerships
049 Programme specifications
050 FHEQ Learning Outcomes Map
051 Programme specification guidance notes template
052 Module specification guidance notes template
053 Threshold criteria for programme approvals
054 Threshold criteria map
055 Policy for External Advisers to TEDI-London academic programmes
056 PARC Terms of Reference
057 PARC 29-10-20 papers
058 External Examining Policy
059 Academic Award Regulations
060 Planning consent form
061 Planning consent form completed
062 Academic Board 20200527 MINUTES
063 Assessment Regulations
064 Module Handbook template
065 AHEP mapping
066 External Examiner Reporting Template
067 Programme resources audit form
068 Campus 2 plans
069 Digital Strategy
070 Access Participation Plan
071 Teaching Learning Infrastructure Budget
072 Student Experience Committee Terms of Reference
073 Academic Appeals Policy
074 Student Complaints Policy
075 RAEng VP submission
076 RAEng VP award confirmation
077 Maximising Performance Policy
078 Reports to Board September 2020
079 PARC 29-10-2020 MINUTES (DRAFT)
080 Academic Board 11-11-2020 MINUTES
081 Module Specifications
082 TEDI-London SRS Board Status 13112020

083 Starting Staff Induction
084 Staff Start Dates
085 EPLOY SCREENGAB
086 Exec staff presentation
087 JOBS AC PROFILE PAGE
088 IT Usage Policy
089 Strategy KPIs
090 Draft Evaluation Framework
091 Registrar CV
092 CIO CV
093 KCL validation confirmation
094 Draft Learning and Development Toolkit Content
095 Student Services Framework
096 Extract from Board Minutes 2020-11-23
097 202122 Academic Calendar Draft Registry Version
098 ENG1102 Draft Module Handbook
099 External adviser forms
100 Reverse Engineering Assessment Brief
101 Policy and Regulations Tracker
102 ANS Design Start
103 Points of clarification
103 Points of clarification
104 Board Discussion Paper 141220
105 PARC Action Plan 08012021
106 Updated Programme Specifications
107 Updated Assessment Regulations
108 Assessment Learning and Teaching nodes
109 Planning Permission Decision Notice 7Dec20
110 Agreement for lease
111 Updated Module Specifications
112 CV Director Project Based Learning
113 CV Academic Director
114 Learning Tree Demo NDAPs
115 Assessment map
116 TEDI-London SRS Board Terms of Reference
117 Student number forecasts 13.01.2020
118 Proposed AB subcommittees
119 Node Process
120 Learning, Teaching and Quality Committee Terms of Reference Draft
121 TEDI-London Executive Decision Log
122 Business Plan Progress Update
123 Learning and Development Toolkit screenshots
124 Employability Proposal
Request for additional information 2020 11 13

Request for additional information 2020 12 15
Provider's website [https://tedi-london.ac.uk/learn/application-information/ accessed 20.01.21]
M1 – Meeting with Senior staff
M2 – Meeting with staff responsible for the development of the Learning Tree
M3 – Meeting with staff responsible for learning, teaching, programme design and assessment
M4 – Meeting with staff responsible for resourcing
M4a - Meeting with Board members
M5 – Meeting with members of Academic Board and Programme Approval and Review Committee
M6 – Meeting with staff responsible for the student journey
M7 - Meeting with staff responsible for the scholarship and the effectiveness of staff
M8 – Senior staff

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