DQB

Designated Quality Body
in England

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

Matrix College of Counselling and Psychotherapy Ltd

Review Report

January 2022

Contents

Summary of findings and reasons

Ref	Core practice	Outcome	Confidence	Summary of reasons
S1	The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks.	Met	High	From the evidence seen, the assessment team considers that the standards set for the provider's courses are in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The assessment team also considers that standards described in the approved programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies should ensure that standards can be maintained appropriately. This is because the provider uses the University's academic regulations as a framework for all aspects of its quality assurance mechanisms. Mapping of learning outcomes at different levels of study is undertaken and the team found this to be consistent with the FHEQ. The Marking Guide for Tutors presents the FHEQ framework for marking at Level 4, 5 and 6 and feedback provided on assessment for students includes the relevant FHEQ criteria and relates to the learning outcomes. Learning outcomes are appropriate to the level of study in line with the FHEQ criteria. The external examiner confirms the grades awarded to the students at the Assessment Board. The external examiner and independent external assessor confirm that threshold standards are consistent with the relevant national qualifications' frameworks, and credit and qualifications are awarded only where those threshold standards have been met. Staff understand and apply the provider's approach to setting and maintaining standards; the programme leads and tutors demonstrated understanding of the summative and

					formative assessment processes.
					The assessment team considers that, based on the evidence scrutinised, the standards that will be achieved by the provider's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The assessment team also considers that the provider's academic regulations and policies will ensure that these standards are maintained. The assessment team considers that staff fully understand the provider's approach to maintaining these standards and that the evidence seen demonstrates they are committed to implementing this approach. Therefore, based on its scrutiny of the evidence provided, the assessment team concludes that this Core practice is met.
S2	The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.	Met	Moderate		The assessment team, based on the evidence presented, determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with those set by other UK providers. The team considered that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately. Through setting and marking student assessments, the provider is executing its responsibilities for the maintenance of academic standards of awards delivered on behalf of the University. The provider's plans for maintaining comparable standards are robust and credible in that they are closely aligned with the University's well established and evidence-based regulations, and academic partnership processes. Sampled assessed student work reflects that credit and qualifications are

					awarded only where the relevant standards have been met.
					Therefore, the assessment team concludes, based on the evidence described above, that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and this Core practice is met.
S3	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.	Met	Low		The assessment team concludes that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them. This is because the provider adheres to the Academic Co-operation Agreement with the University, and by embedding the University's academic regulations and policies within its operational procedures, it implements these with vigilance through its robust processes of internal moderation, its engagement with external examiners and its engagement with the regulations of the University.

Through the application of its core assessment processes, the University remains responsible for the standards of all credits and qualifications granted in its name, including through the marking process, external involvement and the conduct of assessment boards.

The team found no evidence of standards being compromised, albeit that there were, at the time of the review itself and especially in relation to more recently introduced aspects of the provider's systems and processes, areas where there was some potential for standards to be compromised and/or for students to be |

				misinformed. The provider has described itself as 'making Awards', which is incorrect as it is neither an Awarding Body nor an Awarding Organisation and this has the capacity to potentially misinform students. The provider has also introduced additional regulations and policies for the management of partnership delivery which are inappropriate, and which have the capacity to potentially misinform students. Not all staff and governors were fully able to articulate the appropriate division of responsibility between university and provider and some of the provider regulations and policies (appeals and plagiarism) presented to the assessment team were subsequently confirmed by the provider's senior management team as having never been used, with a commitment made to reviewing these and all student-facing documentation which references them. External examiner reports, information from third parties (PSRB) and review of assessed student work confirmed to the assessment team that standards are secure, albeit that their reliability and credibility could be enhanced by simplification of processes adopted by the provider, in line with the Partnership Agreements with the University. The assessment team concludes, therefore, that the Core practice is met.
S4	The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	Met	High	The assessment team concludes that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent because there is evidence of appropriate external involvement in the University's course approval and review of the provider's courses, and similarly appropriate external involvement of the PSRB as regards course approval

| | | | | and review and, through consideration of provider responses to external examiner reports, concludes that the provider, through the University's and PSRB processes, gives due credence to external expertise.

External involvement and the role of the 'independent external assessor' in the provision, as regards their core role in marking the final assessment of the final year of the provider's programme, the assessment team concludes that the provider gives due consideration to the independent external assessor expertise.

The assessment team concludes, therefore, that the Core practice is met. |
| Q1 | The provider has a reliable, fair and inclusive admissions system. | Met | Moderate | The assessment team concludes that the provider has a reliable, fair and inclusive admissions system. The provider has policies for the recruitment and admission of students that are inclusive because they explicitly give the opportunity for applicants who do not have formal academic qualifications to apply and encourage applicants with specific needs or circumstances to discuss their applications with the provider in the first instance. The policies are transparent and accessible through the provider's website, and in the application packs provided to potential applicants. Overall, the policies are clear; however, the team identified some inconsistencies and unclear details, such as whether applicants may appeal an admissions decision or not, and who the member of staff responsible for the admissions process is. The team also identified that rejected applicants are not consistently advised on the reason for their rejection, which policy states they should be.

These inconsistencies notwithstanding, the assessment |

					team found that fair and inclusive admissions decisions had been made based on the sample of admissions decisions reviewed, aside from those with respect to a policy which has since been changed, and that the provider has credible plans for ensuring that its admissions systems are reliable, fair and inclusive for all applicants. This is supported by the provider having staff who are appropriately skilled to administer the admissions process. Students met tend to agree that the admissions system is reliable, fair and inclusive, and place particular emphasis on the quality of information provided to applicants. The team also found that the provider followed its own policies in respect of admissions complaints, of which there had been one. In summary, the inconsistencies identified do not appear to harm the integrity of the process, or present significant risk to applicants, therefore the assessment team concludes that the Core practice is met.
Q2	The provider designs and/or delivers high-quality courses.	Met	High	The assessment team concludes that the provider has in place a credible and robust approach to design high-quality courses. In meetings with the University and staff at the provider, the team was informed that the provider actively engages in the Annual Monitoring Report process, and the University's six-year review process. Further, there is clear oversight provided through the provider's Academic Board who report to the Board of Governors and the awarding body. The University actively supports the provider through providing CPD opportunities for the provider's staff and chairing assessment boards. The provider consistently draws on feedback from students (and responded by making appropriate changes to the programme). A review in 2021 by UKCP demonstrates that the PSRB has confidence in the quality of the programme. A review by

					the awarding body in 2018 demonstrates they have confidence in the quality and currency of the programme. The two teaching observations also demonstrated that the quality of the teaching delivered by the programme team demonstrates the currency of the programme.
					The external examiners regard the course as being of high quality and the PSRB notes that the provision is high quality. The assessment team considers that the documentation and support provided to students for the placement is of a high quality. The programme has a good balance between the academic skills and practical (placement) skills that students are required to achieve. Therefore, the team concludes this Core practice is met.
Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Met	High		The assessment team concludes that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. Meetings with the provider's staff indicate that the Tutor Recruitment Policy is implemented in practice and enables the recruitment of sufficient appropriately qualified and skilled staff. The provider has recruited appropriately qualified and experienced staff, which is evident from academic staff qualifications, and endorsed by the University and the PSRB. The staffing levels for teaching staff show that the provider has sufficient staff to student ratio to deliver a high-quality learning experience for students.

Staff are appropriately inducted and supported. There is an induction process, and all new staff are provided with a mentor. There is a staff development strategy and additionally all staff are required to engage with the continued professional development of their respective |

				accrediting body (either UKCP or BACP). The provider has a peer review of teaching process to monitor the quality of teaching. The provider is in the early stages of discussing membership of FHEA as part of continuing professional development for staff. The provider seeks student feedback on its modules, weekend teaching, and through Programme Voice Groups on the teaching tutors deliver. The students note that the staff team are excellent and responsive to issues that they raise. Observations of staff teaching showed that staff are knowledgeable in their subject area. In the meeting with students, they indicated that they feel the provider's staff team are appropriately skilled. The assessment team concludes, therefore, that this Core practice is met.
Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Met	High	The assessment team concludes that the provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. This is because the provider's site is the culmination of a long-term strategic vision on the provider's part, with ongoing plans for development and improvement in terms of facilities, learning resources and student support (for example the leasing and fit-out of a second, adjacent, building to the same high standards in response to growth in numbers). The provider's governors and operational team demonstrated to the assessment team that there is a unity of purpose and shared understanding of responsibilities within the provider's organisation and continued planning for further improvements. Students' views through the student submission, NSS, Programme Voice Group minutes and the student

				meeting with the team all correlated and were consistent. Overwhelmingly positive feedback is provided, on which the provider acts, with the main consistent issue being reported by students being the availability of e-journals. Nevertheless, students agree that the provider's workaround in terms of purchasing 'on request' resources works in practice, and the University is content that this does not pose a threat to quality. Direct assessment further confirms that the provider demonstrated a credible standard of service to students, having realistic regard to scale, with a demonstrable link to outcomes through oversight and awareness on the part of the University and PSRB where relevant. The assessment team concludes, therefore, that the Core practice is met.
Q5	The provider actively engages students, individually and collectively, in the quality of their educational experience.	Met	High	The team concludes that the provider has a clear and effective approach to actively engaging students, both individual and collectively, in the quality of their educational experience that is well understood by students and staff. The approach is strongly embedded in all of the provider's ways of working with students, which emphasise a relational approach to engaging its students that enables critical discussion and feedback. Students can provide feedback individually through direct conversations with staff, leaving comments in an anonymous comments box, and through surveys taken after every teaching weekend and also at the end of each year. Collectively, the student representative system represents students' interests through Programme Voice meetings and in the deliberative committee structure.

				As a result, students are confident that the provider engages with them in the quality of their educational experience and will act on their feedback. Students gave multiple examples of how feedback they had provided individually to teaching staff, or through their student representative systems had resulted in positive changes to their curriculum and resources. Student representatives feel well supported in their roles and have a variety of opportunities to provide feedback to the provider, in student-focused meetings as well as through deliberative committees. Staff also gave examples of the provider changing and improving the students' learning experience as a result of student engagement, such as student support provision and learning resources, and described their approach to student engagement as being an important part of the relationship that they model with their students. Overall, the provider's ongoing plans to continue to engage students are robust and credible. The assessment team concludes, therefore, that the Core practice is met.
Q6	The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.	Met	Low	The assessment team concludes that the provider has processes for managing complaints and appeals that should deliver timely outcomes for students. The provider's procedures for the handling of complaints and appeals are accessible to students and written in a way that is fair and generally transparent. For the most part the procedures describe timely outcomes, and though some stages do not have time stipulations there are overall time limits for the processes to complete that ensure a complaint or appeal being resolved in a timely manner.

| | | | | However, it was unclear as to whether the complaints and appeals procedures could be considered deliberative and robust. This is because of, respectively, a lack of clarity about the distinction between an informal complaint and critical student feedback and because the provider is not ultimately responsible for student awards. As well as this, the title of the staff member responsible for the complaints process is not the title of a current member of staff.

Since the provider has not received any formal complaints or appeals the assessment team was unable to scrutinise any examples to see whether the procedures were followed in practice. Both staff and students were unfamiliar with the complaints and appeals procedures but did know where they could find them if they needed them. Staff and students were also unclear about the distinction between complaints and appeals. Irrespective of this, students that the team met were confident that concerns they raised would be dealt with in a fair manner, consistent with the provider's relational approach. The team saw evidence of this relational approach being used to resolve a concern from a student in the documentation provided, and also heard that the staff team work closely together to identify student concerns at an early stage and communicate frequently as a team to ensure that any concerns are dealt with fairly. In practice, the provider's plans to deliver fair, transparent and accessible complaints and appeals procedures are supported by an ongoing review of these procedures which has so far included student consultation. This review was ongoing at the time of the visit.

Despite the lack of clarity surrounding the appeals and |

					complaints procedures, the assessment team determined that interests of students have not been harmed. Additionally the policies and procedures are accessible, clear and would provide timely outcomes if followed. The assessment team concludes, therefore, that on balance the Core practice is met.
Q8	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.	Met	Moderate		The team concludes that where the provider works in partnership with other organisations, it has in place effective arrangements and credible, robust and evidence-based plans to ensure that the academic experience is high quality irrespective of where or how courses are delivered and who delivers them, and the provider works successfully in partnership with external placement providers, within a rigorous framework set by the PSRB which supports students' high-quality learning experience. Furthermore, the provider operates within the terms of secure partnership agreements with clear and comprehensive regulations and policies from the University in support of standards and a high-quality academic experience.

The provider has developed comprehensive systems for the effective approval of placement settings and the management and monitoring of students on placement, having regard to the requirements and expectations of the PSRB and the University as well as to the needs of the students. The provider has made appropriate arrangements for the provision of full guidance on placements to students through their Student Handbook as well as in core ethical and professional codes and its Supervision Policy, and for these arrangements to be formalised through the Terms and Conditions.

Effective multilateral placement agreements are clear |

| | | | | and reflect the expectations of the PSRB and University as well as of the provider itself. Staff views, the views of students, the view of the independent external assessor, the views of placement providers and the views of the PSRB are clear and united in respect of the quality of the placements provided in partnership with external organisations.

The assessment team concludes, therefore, that the Core practice is met. |
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| Q9 | The provider supports all students to achieve successful academic and professional outcomes. | Met | High | The assessment team concludes that the provider's approach to student support, along with the embedded requirements for students' professional accreditation, facilitates students' achievement of successful academic and professional outcomes. Its plans for supporting students are robust and credible and are reviewed by the deliberative committees and through student feedback. The plans are also comprehensive, supporting students at all stages of their academic journey with a wide range of academic and professional outcomes. Staff understand their role in supporting student achievement and assessed student work demonstrates that staff provide students with comprehensive, timely and helpful feedback, though occasionally this feedback could be used to further stretch high achieving students.

Students were very positive about the support received from both academic and non-academic staff. Although students suggested it would be useful to provide feedback that encourages them to further stretch themselves when they performed well, they do otherwise agree that they are supported to achieve successful academic and professional outcomes, and |

			particularly appreciated that their teaching staff were highly skilled and knowledgeable about both the curriculum and the realities of professional practice. Therefore, the assessment team concludes that the Core practice is met.

About this report

This is a report detailing the outcomes of the Quality and Standards Review for providers applying to register with the Office for Students (OfS), conducted by QAA in January 2022 for Matrix College of Counselling and Psychotherapy Ltd.

A Quality and Standards Review (QSR) is a method of assessment QAA uses to provide the OfS with evidence about whether new providers applying to be on the OfS Register meet the Core practices of the UK Quality Code for Higher Education (the Quality Code), based on evidence reviewed by expert assessors. This report is structured to outline the assessment team's decisions about the provider's ability to meet the Core practices through detailing the key pieces of evidence scrutinised and linking that evidence to the judgements made.

The team for this assessment was:

Name: Ms Nina Di Cara
Institution: University of Bristol
Role in assessment team: Student assessor

Name: Prof Mandy Robbins
Institution: Wrexham Glyndŵr University
Role in assessment team: Institutional and Subject assessor

Name: Dr David Sillbergh
Institution: London School of Commerce
Role in assessment team: Institutional assessor

The QAA officer for the assessment was: Jo Miller

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

About Matrix College of Counselling and Psychotherapy Ltd

Matrix College of Counselling and Psychotherapy (the provider) was established in 2001 as a small and specialist counselling college that delivers a BSc (Hons) in Integrative Counselling. Integrative counselling is a combined approach to psychotherapy that brings together different elements of specific therapies tailoring therapy to the needs of the client.

Matrix is a limited company owned by the Director and Principal. The Board of Governors (the Board) was created in June 2021 to replace the Advisory Board which had previously overseen the management of the college. The Board meets termly or otherwise as

determined by the Chair. The Board at Matrix oversees the activity of the executive group, the Operational Team, who have delegated responsibility to manage the day-to-day operation of the College. The Board mandates the Operational Team to drive the strategic plan.

The Board has established an Academic Board as the senior academic authority at the College. The Academic Board acts as the overarching authority and decision-making body for matters concerning academic strategy and policies, academic standards, curriculum design and development, the organisation of teaching, assessment and research and the overall quality of learning opportunities. There is a multidisciplinary teaching faculty that covers a wide range of experience and interests.

The course is validated by Middlesex University. The course comprises a total cohort of 87 students on Certificate (Year 1) at Level 4, Diploma (Year 2) at Level 5 and BSc (Year 3) at Level 6. The course is offered face-to-face and employs a mixture of lecture-style presentation, experiential small group work and workshops. To complete the Diploma students are required to undertake 100 client hours, and to complete the BSc a further 150 client hours. For registration with the Professional and Statutory Regulatory Body (PSRB) students require a further 200 client hours of supervised counselling which is generally completed in a placement. Professional registration as a Psychotherapeutic Counsellor is with the UK Council for Psychotherapy (UKCP) as the PSRB.

The provider's strategy is a change of registration category with the Office for Students and to expand the curriculum to offer a master's degree which has the benefit of expanding the student base and of increasing the range of study options.

How the assessment was conducted

The assessment was conducted according to the process set out in Quality and Standards Assessment for Providers Applying to Register with the Office for Students: Guidance for Providers (March 2019).

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

To form its judgements about the provider's ability to meet the Core practices, the assessment team considered a range of evidence that was submitted prior to the assessment visit and evidence gathered at the assessment visit itself. [Annex 1] To ensure that the assessment team focused on the principles embedded in the Core practices, and that the evidence considered was assessed in a way that is clear and consistent with all other assessments, the team utilised Annex 4 of the Guidance for Providers to construct this report and detail the key pieces of evidence seen. Annex 4 expects that assessment teams will sample certain types of key evidence using a combination of representative sampling, risk-based sampling and randomised sampling. In this assessment, the team sampled the following areas for evidence for the reasons given below:

- The team considered examples of approved course documentation for all courses delivered by the provider (programme and module specifications and clinical placement documentation).

- The team viewed a simple random sample of assessed student work from the provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and

6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work, the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

- The assessment team considered a simple random sample of admissions records and rejection letters to assess whether reliable fair and inclusive admissions decisions were made for the applicants sampled.

- The assessment team considered a representative sample of three job profiles and accompanying academic qualifications and professional accreditations, covering senior leadership, operations staff support, and programme lead and tutor roles for staff working at the provider.

Further details of all the evidence the assessment team considered are provided in Annex 1 of this report.

Explanation of findings

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

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

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

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

The evidence the team considered

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

a   Academic Board Terms of Reference [006]
b   University Partnership Agreement [011]
c   University Memorandum of Cooperation [012]
d   University Addendum to the Partnership Agreement [013]
e   University Academic Regulations [014]
f   Student Handbook [015]
g   University Review report [016]
h   Assessment Board minutes [018]
i   External examiner reports [019; 033 and 102]
j   Academic Board minutes [020-022]
k   UKCP Standards of Training and Education (SETs) (2019) [023]
l   Mapping UKCP Standards for Evidence and Training (SETs) [024]
m   UKCP Organisational Membership Review [025]
n   Module Change form [029]
o   Programme Change form [030]
p   Annual Monitoring Report (AMR) [032]
q   Response to the external examiner report [034]
r   Assessment and Internal Verification Policy [035]

s	Readiness to Practice Information Sheet [057]
t	Statement Role of Independent Assessor [088]
u	Diploma Case Study and Viva Mark sheet [089]
v	BSc Case Study and Viva Mark sheet [090]
w	Marking Guide for Tutors [094]
x	Response to UKCP Report [103]
y	External Assessor Terms of Reference [104]
z	Programme specification [113]
aa	Module specifications [114]
bb	Meeting with Operations Team [M1, M6]
cc	Meeting with University representatives [M3]
dd	Meeting with Leads and Tutors [M4]
ee	Meeting with students. [M5]

How any samples of evidence were constructed

5   The team considered examples of approved course documentation for all courses delivered by the provider (programme and module specifications and clinical placement documentation).

6   The team viewed a simple random sample of assessed student work from the provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and 6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work, the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

Why and how the team considered this evidence

7   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

8   To identify the provider's approach to programme and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards, the assessment team considered the University Partnership Agreement, [011] University Memorandum of Cooperation, [012] University Addendum to the Partnership Agreement, [013] University Academic Regulations, [014] University Review [016] Assessment and Internal Verification Policy [035] and the Student Handbook, [015] and meetings with awarding body [M3] and the final meeting. [M6]

9   To interrogate the robustness and credibility of the provider's plans for ensuring threshold standards, the team considered the University Academic Regulations, [014] Academic Board Terms of Reference, [006] Academic Board minutes, [020-022] Student Handbook, [015] University Review report, [016] Assessment Board minutes, [018] Annual Monitoring and Review report (AMR), [032] Personal Learning Journal Information Sheet, [079] Diploma Case Study and Viva Mark sheet, [089] BSc Case Study and Viva Mark sheet, [090] Assessment and Internal Verification Policy, [035] Marking Guide for Tutors, [094],External Assessor Terms of Reference, [104] meeting with Programme Leads and Tutors, [M4] meeting with the University. [M3]

10   To test that specified threshold standards for programmes are consistent with

relevant national qualifications' frameworks, the team considered programme documentation including the University Partnership Agreement, [011] the Student Handbook, [015] Programme [113] and Module specifications, [114] University Academic Regulations, [014] Academic Board Terms of Reference, [006] Academic Board minutes, [020-022] University Review, [016] Assessment Board minutes, [018] Assessment and Internal Verification Policy, [035] Marking Guide for Tutors, [094] External Assessor Terms of Reference, [104] meeting with Programme Leads and Tutors, [M4] meeting with University, [M3] BSc Case Study and Viva Mark sheet, [090] Module Change form, [029] Programme Change form [030] and meeting with students. [M5]

11   To check that external examiners or verifiers confirm threshold standards are consistent with national qualifications' frameworks, and that credit and qualifications are awarded only where those threshold standards have been met, the team considered programme documentation including External Examiner Reports, [019; 033 and 102] Response to the External Examiner Report, [034] Assessment Board minutes, [018] Statement Role of Independent Assessor, [088] Student Handbook [015] and University Review report. [016]

12   To identify how other organisations regard threshold standards and award procedures, the team considered documentation including Student Handbook, [015] UKCP Standards of Training and Education (2019), [023] Mapping UKCP Standards for Evidence and Training (SETS), [024] UKCP Organisational Membership Review, [025] Response to UKCP Report, [103] Readiness to Practice Information Sheet, [057] and final meeting. [M6]

13   To test the students' assessed work reflects the relevant threshold standards, the team considered 50 Level 4 essays, 9 deferred Level 4 essays, 14 Level 5 essays, 16 Level 6 essays, 1 deferred Level 6 essay over the academic years 2019-20 and 2020-21, examples were also provided of feedback on summative assessment from residential teaching, including the noting of attendance requirements, Assessment and Internal Verification Policy, [035] Marking Guide for Tutors, [094] and Assessment Board minutes. [018]

14   To test that staff understand and aim to apply the provider's approach to maintaining threshold standards, the team met staff from the University, [M3] Programme Leads and Tutors [M4] and Operations Team. [M1]

What the evidence shows

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

16   A signed formal Partnership Agreement, [011] Memorandum of Cooperation [012] and University Addendum [013] exist between the provider and the University which grants permission for the provider to deliver higher education programmes validated by the University. The partnership Agreement [011] states that the validated programme is developed, delivered and assessed by the provider and quality assured by the University. These agreements state that definitive academic responsibility for the award of qualifications and the setting and maintenance of academic standards rests with the University. The programme remains the overall responsibility of the University [012] and is delivered by the provider under the provisions of the Partnership Agreement. [011] Further, all assessment is to be marked and moderated by the provider's staff and reviewed by the external examiner. In accordance with the Memorandum of Cooperation, [012] the provider follows the University's Learning and Quality Enhancement Handbook [https://www.mdx.ac.uk/about-us/policies/academic-quality/handbook accessed 15.11.2021] and adopts the University Academic Regulations. [014]

17   The University's Academic Regulations for Undergraduate Taught Programmes [014]

are clear and comprehensive because they provide detailed guidance on the programme approval processes, assessment requirements, the operation of award and assessment boards, the role of university-appointed external examiner(s) and requirements for progression and awards. There are some exceptions as noted to the University's academic regulations [014] in the Student Handbook [015; page 7] that 'Matrix follow the majority of the Middlesex University regulations' and 'Matrix has its own policies for admissions, plagiarism, student appeals and complaints'. The Assessment and Internal Verification Policy [035] provides a clear and comprehensive overview of the assessment framework and documents the different skills that are assessed throughout the students' programme of study, the provider's marking policy and the provider's understanding of formative and summative assessment.

18   The provider's plans for maintaining sector-recognised standards are robust and credible because they are closely aligned with the University's academic regulations, policies, and academic partnership processes. The provider sets and marks assessment according to their Internal Verification Policy. [035] The Marking Guide for Tutors [094] states the provider's marking process and sets out the threshold standards in relation to the Framework for Higher Education Qualifications (FHEQ) for a pass, defer and fail. Mark sheets align with the FHEQ, and the different types of assessments set as part of the students' learning journey, for example, Diploma Case Study and Viva Mark sheet [089] and BSc Case Study and Viva Mark sheet. [090] To support students to engage in self-reflection (a key part in the development of counsellor trainees) they are provided with a Journal Information Sheet. [079] The journal forms part of the students' portfolio of work. The assessments, learning outcomes, and marking criteria are set out for the students in the Student Handbook. [015]

19   The provider maintains sector-recognised standards and these standards are robust and credible as these closely align with the University's academic regulations, policies, and academic partnership processes. The provider delivers programmes, including setting and marking of student assessment, leading to the award of a qualification by the University. The provider engages fully with the University's Annual Monitoring Report [032] and the periodic review processes [014] of the University. The University notes that all reports are received from the provider in a 'timely manner'. [M3] If there are changes noted to documents such as policy, the University, through its quality assurance processes would work with the provider to ensure that they remain credible and robust. [M3] The University's periodic review report [016] states that 'the intended learning outcomes are being obtained by students, quality and standards are being achieved and the Programme Specification is being delivered'.

20   The provider's governance structure considers the sector-recognised standards whereby the Academic Board [006] reports to the provider's Board of Governors and receives reports from the Curriculum sub-group. [022] Academic Board considers and makes recommendations on curriculum development, [021] for example, suicidal ideation and trauma have recently been introduced as separate topic areas within the curriculum. This suggestion came from the student body [M5] to the Curriculum sub-group and to Academic Board. [021] Academic Board agreed to progress the change by seeking the approval of the University (Module Change form [029]; Programme Change form [030]). The University link tutor is responsible for overseeing such changes under the terms of the Partnership Agreement. [011] Any changes are scrutinised within the University Faculty responsible for the partnership following consultation with the link tutor. [M3 University representatives]

21   Academic Board is responsible for ensuring the programmes are consistent with the relevant sector-recognised standards including the FHEQ. [006] Academic Board is also responsible for ensuring compliance with threshold standards, for example a discussion on marking standards at Academic Board, including updating the mark sheets, records

discussion with student representation and consultation with the external examiner. [020] Academic Board meets once a term and can meet more frequently under the terms of reference [006] should this be deemed necessary. The membership of Academic Board is no less than four members with one being the Principal and one student representative. In practice, there are two student representatives and five members of staff. [020] Members of Academic Board/Operations Team [M1] were able to describe their responsibilities in respect of maintaining sector-recognised standards and the requirement to comply with the regulations and policies of the University. The Assessment Board is constituted in line with University Academic Regulations. [014] The external examiner attends the Assessment Board and presents a verbal report to the Board and a verbal response from the teaching team is received. [Assessment Board Minutes 018] The Assessment Board is chaired by a representative from the University (the designated link tutor). Staff at the validating University [M3] consider that the provider's staff have a sound understanding of the partnership arrangements that underpin academic standards. The assessment team concludes that the provider has credible and robust plans for ensuring that its programmes align with sector-recognised standards, both through development of its own deliberative committee structure and policy and through continued engagement with the University's quality assurance and academic partnership processes.

22   Mapping of learning outcomes at different levels of study is undertaken by the provider and the team found this to be consistent with the FHEQ. The learning outcomes detailed in the programme and module specifications [113; 114] are consistent with those set out in the Student Handbook. [015] The Student Handbook provides comprehensive and definitive information, including the programme learning outcomes and the module learning outcomes. The Marking Guide for Tutors [094] presents the FHEQ framework for marking at Levels 4, 5 and 6. Feedback provided on assessment for students includes the relevant FHEQ criteria and relates to the learning outcomes. Learning outcomes are appropriate to the level of study in line with the FHEQ criteria. The assessment team took the view that the standards articulated in the definitive course documentation are consistent with relevant national qualifications' frameworks and sector-recognised standards.

23   The provider also employs an independent external assessor who is an academic and professional in counselling practice in the discipline area. [M1] The Terms of Reference [104 and 088] for this role state that: they will mark the final case study assessment (submitted one month prior to the viva assessment) at the appropriate FHEQ level using the supplied mark sheets; they will conduct the final assessment for either the Diploma award or the BSc (Hons) award; they will discuss with the Principal (and Academic Board if necessary) matters relating to assessments and may make suggestions for improvements to the course. This independent assessment by the external assessor is also employed to ensure that students are prepared for practice. [M1; 057]

24   In the most recent report [103] the external examiner notes that 'A strength of the programme are the small sized groups which mean that each student has a high quality of support and input. All assignments are double marked, and the standard achieved across the different groups is comparable. While the honours degree offered is only graded as pass, the students are generally in the 2.1 / 2.2 range'. The external examiner reports [019; 033; 102] and responses are provided to the provider and the University. [M3 University representatives and M6 Final meeting with Operations Team] The University-appointed external examiner is integral to the assessment process and attends both Board of Studies and Assessment Board meetings. [014, 018] Part of this process is a review of the threshold standards which the Board minutes state the provider meets. [018] The Assessment Board minutes [018] demonstrate that the external examiner provides an oral report to the Assessment Board and the teaching team provide an oral response [034]. The external examiner confirms the grades awarded to the students at the Assessment Board. The Student Handbook [p8 015] informs the students about the external examiner process. The

students confirmed [M5] that they have access to the external examiner reports which are uploaded to the course management system. The team concludes that external examiners confirm that the provider properly applies the arrangements underpinning academic standards in its partnership with the validating University, and that academic standards are credible and secure.

25   The external examiner and independent external assessor confirm that threshold standards are consistent with the relevant national qualifications' framework, and credit and qualifications are awarded only where those threshold standards have been met.

26   The course is accredited by the Professional, Statutory and Regulatory Body (PSRB) the UK Council for Psychotherapy (UKCP). The UKCP Standards of Training and Education (SET) (2019) [023] sets out the framework the provider is required to meet to enable the students to gain UCKP professional accreditation on completion of their course of study. Mapping UKCP SETs [024] presents the provider's mapping of the programme to the UKCP requirements. UKCP conducted an Organisational Membership Review [025] visit to the provider in 2021 and presented a report for the provider. This review is comprehensive as it reviews programme delivery, outcomes, assessment, teaching, and student experience. The review confirms that the provider meets the requirements of the PSRB, and the report makes six requirements and 12 recommendations. The provider's response [103, Response to UKCP Report] to the Organisational Membership Review [025] notes three outstanding requirements. The final meeting [M6] confirmed that there is to date one outstanding requirement in relationship to: '… that a clause covering client informed consent for study purposes/research/publication is included in the code of ethics'. It was confirmed that this requirement will be completed within the 18-month time frame required by the PSRB.

27   Assessed student work [ASW] demonstrates that credit and qualifications are awarded only where the relevant threshold standards have been met. The outcomes recorded on mark sheets demonstrate which learning outcomes the student has met in line with FHEQ standards. Each sample included the assessed work, the marking criteria mapped against the learning outcomes, and the feedback provided to the student.

28   Staff understand and apply the provider's approach to setting and maintaining standards, the programme leads and tutors demonstrated understanding of the summative and formative assessment processes. [M4] Programme leads and tutors understand the FHEQ levels [M4] and apply these in the marking process. [094] Therefore, the assessment team's view is that approaches for maintaining threshold standards are fully understood by staff.

Conclusions

29   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

30   From the evidence seen, the assessment team considers that the standards set for the provider's courses are in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The assessment team also considers that standards described in the approved programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies should ensure that standards can be maintained appropriately. This is because the provider

uses the University's academic regulations as a framework for all aspects of its quality assurance mechanisms. Mapping of learning outcomes at different levels of study is undertaken and the team found this to be consistent with the FHEQ. The Marking Guide for Tutors presents the FHEQ framework for marking at Levels 4, 5 and 6 and feedback provided on assessment for students includes the relevant FHEQ criteria and relates to the learning outcomes. Learning outcomes are appropriate to the level of study in line with the FHEQ criteria. The external examiner confirms the grades awarded to the students at the Assessment Board. The external examiner and independent external assessor confirm that threshold standards are consistent with the relevant national qualifications' framework, and credit and qualifications are awarded only where those threshold standards have been met. Staff understand and apply the provider's approach to setting and maintaining standards, the programme leads and tutors demonstrated understanding of the summative and formative assessment processes.

31   The assessment team considers that, based on the evidence scrutinised, the standards that will be achieved by the provider's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The assessment team also considers that the provider's academic regulations and policies will ensure that these standards are maintained. The assessment team considers that staff fully understand the provider's approach to maintaining these standards and that the evidence seen demonstrates they are committed to implementing this approach. Therefore, based on scrutiny of the evidence provided, the assessment team concludes that this Core practice is met.

32   The assessment team was able to review all the evidence recommended in Annex 4, this evidence was triangulated in meetings with three different staff groups and the University. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   University Partnership Agreement [011]
b   Memorandum of Cooperation [012]
c   University Addendum to the Partnership Agreement [013]
d   University Academic Regulations [014]
e   Student Handbook [015]
f   University Review report [016]
g   Assessment Board minutes [018]
h   External examiner reports [019; 033 and 102]
i   UKCP Standards of Training and Education (SETs) (2019) [023]
j   Mapping UKCP SETs [024]
k   UKCP Organisational Membership Review [025]
l   Assessment and Internal Verification Policy [035]
m   Essay Markers meetings [038 and 039]
n   Tutors Marking Guide [040]
o   Assignment Handbook [041]
p   Statement Role of Independent Assessor [088]
q   BSc Case Study and Viva Mark sheet [090]
r   Marking Guide for Tutors [094]
s   Response to UKCP report [103]
t   External Assessor Terms of Reference [104]
u   Programme specification [113]
v   Module specifications [114]
w   Meeting with the Operations team (including members of Academic Board) [M1, M6]
x   Meeting with awarding body [M3]
y   Meeting with Programme Leads and Tutors [M4]
z   Meeting with students. [M5]

How any samples of evidence were constructed

36   The team viewed a simple random sample of assessed student work from the provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and 6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work, the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

Why and how the team considered this evidence

37   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

38   To identify institutional approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards, the assessment team considered the University Partnership Agreement, [011] the Memorandum of Cooperation, [012] the University Addendum to the Partnership Agreement, [013] University Academic Regulations, [014] University Review report, [016] Assessment and Internal Verification Policy, [035] the Student Handbook, [015] Assessment Board minutes, [018] Assessment and Internal Verification Policy, [035] Marking Guide for Tutors, [094] External Assessor Terms of Reference, [104] meeting with Programme Leads and Tutors, [M4] meeting with Awarding Body, [M3] BSc Case Study and Viva Mark sheet, [090] Student Handbook, [015] and Assignment Handbook. [041]

39   To interrogate the robustness of the provider's approach to setting and maintaining comparable standards and to ensure that this approach is credible and evidence-based, the assessment team considered University Academic Regulations, [014] University Review, [016] The University Partnership Agreement, [011] Student Handbook, [015] Assignment Handbook, [041] Assessment and Internal Verification Policy, [035] Tutors Marking Guide, [040] Marking Guide for Tutors, [094] and Essay Markers meetings. [038 and 039]

40   To test that specified standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers the team considered programme documentation including the Student Handbook ,[015] Programme specification, [113] Module specifications, [114] University Review, [016] BSc Case Study and Viva Mark sheet. [090]

41   To check that external examiners or verifiers confirm that standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers, and that credit and qualifications are awarded only where those standards have been met, the assessment team considered External Examiner Reports, [019; 033 and 102] Assessment Board minutes, [018] Statement Role of Independent Assessor, [088] Student Handbook, [015] and University Review. [016]

42   To identify how other organisations regard the standards and award procedures, the assessment team considered documentation including UKCP Standards of Training and Education (2019), [023] Mapping UKCP SETs, [024] UKCP Organisational Membership Review, [025] and Response to UKCP report. [103]

43   To test that marks and awards given to students are reasonably comparable with those achieved in other UK providers, the assessment team considered a sample of student assessed work, Operations Meeting, [M1] Marking Guide for Tutors, [094] Assessment and Internal Verification Policy, [035] Essay Markers meetings, [038 and 039] and External Assessor's Terms of Reference. [104]

44   To assess whether students understand what is required of them to reach standards beyond the threshold, the assessment team considered the meeting with students. [M5]

45   To test that staff understand and apply the provider's approach to setting and maintaining comparable standards, the assessment team had meetings with the operations team (including members of Academic Board), [M1] with the Awarding Body, [M3] with Programme Leads and Tutors, [M4] a Final Meeting with provider, [M6] and considered the University Academic Regulations. [014]

What the evidence shows

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

47   In accordance with the Memorandum of Cooperation, [012; 013] the provider follows the University's Learning and Quality Enhancement Handbook [https://www.mdx.ac.uk/about-us/policies/academic-quality/handbook accessed 15.11.2021] and adopts the University Academic Regulations. [014] An exemption was noted in the meeting with the University, [M3] the final meeting [M6] and in course documentation (see Student Handbook [015]). The exemption notes that students are awarded a pass, defer or fail. The marks from summative assessments are not differentiated any further. The 'classification' of pass or fail is given as the final outcome from the programme of study. The degree awarded is pass or fail (no classification is provided). The awarding body [M3] stated that this was part of the agreement that the provider has with the University and the University's understanding is that this is anchored to the provider's programme values. The University [M3] stated this was an approved exemption for the provider from their regulations. The non-classification of the degree was followed up in the final meeting. [M6] The team considered that students are enabled to exceed beyond threshold standards, and this is evidenced by the final mark sheet of the viva assessment, the external examiner reports, the preparation for placement and engagement with placement. Students engage in self-development which relates to their academic studies through professional supervision and personal counselling.

48   The provider's plans for maintaining comparable standards are robust and credible in that they are closely aligned with the University's well established and evidence-based regulations, and academic partnership processes: University Academic Regulations [014] and University Review. [016] The agreement with the University delegates to the provider responsibility for setting, marking and moderation of assessments. [011] The process is robust because assignments are subject to review by an external examiner. Information on progression and marks is given to the students in the Student Handbook [015] and assessments and marking criteria are provided in the Assignment Handbook. [041] The learning outcomes and Framework for Higher Education Qualifications (FHEQ) statement for the relevant level are also provided to students as part of the feedback on their assignments. [student assessed work sample] The process for marking and second marking by the provider is effectively set out because the evidence of marking guides [040 and 094] and discussions of student marks [038 and 039] present an integrated understanding of the process in line with the FHEQ. The assessment team is of the opinion that the provider's approach for setting and maintaining comparable standards is robust and credible.

49   The formative assessment section of the Assessment and Internal Verification Policy

[035] indicates that the staff team work with the students to ensure students are actively engaged with their own learning. All summative assessment is second marked. The Assignment Handbook Year 2 [041] presents an example of the information provided to students on their assessment. The handbook includes the submission dates, a description of the different types of assignments and the marking criteria. This information enables students to understand what is expected of them to enable them to go beyond the threshold standards.

50   The provider also employs an independent external assessor who is an academic and professional in counselling practice in the discipline area. [M1] Their role is to provide an impartial, objective assessment of a student's final piece of work (case study) and in the viva assessment to discuss with the student their philosophy of integration, clinical work and assess a student's ability to be an ethical practitioner. [088] The Independent Assessor marks the final case study assessment at the appropriate FHEQ level using the supplied marksheets. They also conduct the final assessment for either the Diploma award or the BSc (Hons) award and discuss matters relating to assessments and may make suggestions for improvements to the course with the provider. [Role Summary 104; ASW]

51   To test that specified standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers, the team reviewed the approved course documentation including the programme specification [113] and module specifications. [114] The approved course documentation presented in the Student Handbook [015] is clear and robust. The Student Handbook [015] provides comprehensive and definitive information, including the programme specification and module descriptors. The programme learning outcomes are mapped against modules and the teaching and learning and assessment strategies and methods to be used in modules are clearly presented. Mapping of learning outcomes at different levels of study is undertaken and the team found this to be consistent with the FHEQ. Assessment feedback sheets (such as Case Study and Viva Mark Sheet [090]) include a description of the assignment and its assessment criteria which the team considered to be appropriate to the level of study. The review undertaken by the University in 2018 [p. 4 016] confirms that the provider's approved course documentation is clear and robust. The standards described in definitive course documentation beyond the threshold level are reasonably comparable with those in other UK providers.

52   The external examiner confirms that standards beyond the threshold level are reasonably comparable with those in other UK providers, and credit and qualifications are awarded only where those standards have been met. This is because the external examiner reports [019, 033, 102] comment favourably on the nature of assessments set, the quality of marking and feedback provided, and opportunities for formative assessment and feed-forward.

53   The provider's PSRB is the UK Council for Psychotherapy (UKCP). The guidelines that the provider must adhere to are set out in the UKCP Standards of Education and Training (SET, 2019). [023] The provider has evidenced that it meets these criteria through a mapping process presented in Mapping UKCP SETs. [024] The UKCP conducted a review visit of the provider in January 2021 and a report is provided [025] demonstrating the provider meets the requirements of UKCP. To achieve professional accreditation students are required to meet both academic and professional standards. [023] UKCP also ensures that the provider is in good standing and the provider is required to respond to the outcomes of UKCP's report [103]. This has led to developments within the programme (for example with regard to ethics in both the academic and training elements of the course). The PSRB confirms that standards beyond the threshold level are reasonably comparable with those in other UK providers, and qualifications are awarded only where those standards have been met.

54   Sampled assessed student work [ASW] reflects that credit and qualifications are awarded only where the relevant standards have been met. The pass and defer are awarded appropriately in line with learning outcomes being met and the quality of the student work. Where an assignment is deferred, careful justification is provided in line with the learning outcomes. The feedback is clear and consistent and provides 'feed forward' commentary that will enable students to improve. The provider has robust systems in place to ensure marking is appropriate as is evidenced by the Marking Guide for Tutors, [094] Assessment and Internal Verification Policy, [035] and notes from the Essay Markers meeting. [038 and 039] The role of the Independent Assessor [104] provides students with the opportunity in their viva to be assessed by an expert in the field of practice [M1]. Assessed student work demonstrates that credit and qualifications are awarded only where the relevant standards have been met.

55   Students have the opportunity to achieve beyond the threshold standards because to achieve success in this programme of study students are required to develop their theoretical knowledge and understanding and also to develop high levels of self-insight/understanding to enable them to develop the necessary skills to be effective counsellors. The team met students [M5] including four student representatives from Year 3, two from Year 2, and two from Year 1. Students indicated that they understand the assessment criteria. They stated that it is in their programme handbook and is provided in the feedback from assignments. With regard to above the threshold standards they recognise that their programme of study is demanding as they are required to engage in academic study to enable understanding of theory and how that relates to practice and that they have to engage in supervision and personal counselling hours. The students in their second and third year had experience of placement. The students in Year 1 were yet to go out on placement. Students confirmed that they understood the marking process. Students noted that they have continual formative feedback, and that it does not feel negative. Feedback on summative assessment was considered by the students to be 'comprehensive and constructive'. A Year 2 student noted that there was depth to the assessment that was appreciated as the students consider that 'they do not skim over content'. The students agreed that the Student Handbook [098] is comprehensive providing the information they need on their assessment, placement, and supervision. The team concluded that students understand what is required to reach standards beyond the threshold.

56   Members of the operational team (including members of Academic Board) were able to describe their responsibilities in respect of maintaining comparable standards and the requirement to comply with the regulations and policies of the University and the PSRB. [M1] Programme leads and tutors [M4] described how the course develops the students to be the best counsellors they can be. High achieving students are challenged to engage with reading material beyond the scope of the reading list. Students are supported (through provision of space by the provider) to form study groups for peer support.

57   Overall, the team was assured that staff understand and undertake their responsibilities in respect of maintaining comparable standards. Staff understand and apply the provider's approach to setting and maintaining standards. However, the team considered that the exemption of the provider from the University's academic regulations [p. 30 table A and page 33 table B: 014] regarding classification of degrees may lead to difficulties with comparability across the sector.

Conclusions

58   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team

ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

59   The assessment team, based on the evidence presented, determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with those set by other UK providers. The team considered that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately. Through setting and marking student assessments, the provider is executing its responsibilities for the maintenance of academic standards of awards delivered on behalf of the University. The provider's plans for maintaining comparable standards are robust and credible in that they are closely aligned with the University's well established and evidence-based regulations, and academic partnership processes. Sampled assessed student work reflects that credit and qualifications are awarded only where the relevant standards have been met.

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

61   The assessment team was able to review all the evidence recommended in Annex 4. The team considered that the exemption of the provider from the University's academic regulations regarding classification of degrees may lead to difficulties with comparability across the sector, therefore, the assessment team has a moderate degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Governance Handbook Nov 2021 [005]
b   Academic Board Terms of Reference [006]
c   Matrix Organisational Structure [008]
d   Middlesex University Partnership Agreement [011]
e   Middlesex University Memo of Cooperation [012]
f   Middlesex University Academic Regulations [014]
g   Student Handbook 21-22 [015]
h   Middlesex University Review Report [016]
i   Assessment Board minutes Nov 20 [018]
j   External Examiner Report 19-20 [019]
k   Middlesex University AMR Oct 21 [032]
l   External Examiner Report 18-19 [033]
m   Quality and Standards Policy [083]
n   Responsibilities Checklist [085]
o   Student Terms and Conditions [087]
p   Matrix Appeals Policy [091]
q   Matrix Plagiarism Policy [092]
r   External Examiner Report 20/21 [102]
s   Samples of assessed student work [ASW]
t   Meetings with the provider's operational team [M1, M6]
u   Meeting with non-staff members of the governing body [M2]
v   Meeting with representatives of the University [M3]
w   Meeting with Programme Leads and Tutors. [M4]

How any samples of evidence were constructed

65   The team considered examples of approved course documentation for all courses

delivered by the provider (programme and module specifications and clinical placement documentation).

66   The team viewed a simple random sample of assessed student work from the provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and 6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work, the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

Why and how the team considered this evidence

67   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

68   To identify how the provider ensures the standards of its awards are credible and secure where these are delivered by partners, the team considered the principal Partnership Agreement [011] and Memorandum of Cooperation [012] which were scrutinised to ensure that the provider and University as awarding body were operating within a secure relationship that allows for the effective maintenance of effective standards in partnership, and further served as a benchmark against which the team could compare the Responsibilities Checklist submitted [085] and other pieces of evidence that emerged throughout the process of review. This included relevant Academic Regulations and Policies of the University, [014] and the Academic Regulations and Policies of the provider as submitted, as a means of triangulating with the expectations of the Partnership Agreement [011] and Memorandum of Cooperation. [012]

69   To assess whether the provider has credible, robust and evidence-based plans for securing standards in partnership work, the team considered plans for securing standards in partnership work reviewed through reference to the University Review Report [016] and the most recent Annual Monitoring Report submitted through the University's processes [032] with the provider's operational team [M1] and with the University's representatives. [M3] Alongside review of the partnership framework, the team reviewed the structures adopted by the provider to maintain standards in partnership with the University, especially its Organisational Structure, [008] Governance Handbook [005] and Academic Board's Terms of Reference [006] and further explored the operationalisation of these documents to support standards in partnership through meeting with the governing body of the provider. [M2]

70   To interrogate the basis for the maintenance of academic standards within specific partnerships, and that those arrangements are in line with the provider's regulations or policies, the team considered the provider's Quality and Standards Policy, [083] documents provided to students including Student Terms and Conditions, [087] Student Handbook [015] as well as the Appeals Policy [091] and the Plagiarism Policy, [092] and specific placement-related documentation including the Student Supervision Policy, [046].

71   To test whether external examiners or verifiers consider that standards are credible and secure, thus confirming the effectiveness of the underpinning arrangements and to identify how other organisations regard the standards of awards of courses delivered in partnership, the team reviewed recent External Examiner reports [033, 019, 102] as well as third party reflections [025] by UKCP as the relevant PSRB for the provider's students and

graduates, as a means of further referencing partnership practice in terms of maintaining standards with reference to the responsibilities of the awarding body as set down in the Partnership Agreement [011] and Memorandum of Cooperation. [012]

72   To test those standards of awards are credible and secure, thus confirming the effectiveness of the underpinning arrangements in place, the team sampled assessed student work (random sample of 61 students' work from a student body of 87) and the proceedings of examination boards involving the University and provider [018] as a means of determining how students' performance was considered within the partnership.

73   To test that staff understand and discharge effectively their responsibilities to the awarding body a meeting was held with programme leads and other teaching staff, [M4] and to test the awarding body's understanding of their responsibilities and how this is implemented and monitored in practice, a meeting was held with representatives of the University. [M3]

What the evidence shows

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

75   The provider is bound and guided by its agreements with the University as regards the maintenance of standards in partnership, including in respect of placements where further delivery partners (placement organisations) are involved. The assessment team noted from the University Partnership Agreement [011] and Memorandum of Cooperation [012] that the University maintains standards, subject to regular processes and review, and that programmes have been designed with reference to the Framework for Higher Education Qualifications (FHEQ) and to both the appropriate Subject Benchmark Statement and Professional, Statutory and Regulatory Body (PSRB), and to the UK Council for Psychotherapy (UKCP) requirements. This evidence is entirely supportive of the awarding body (and PSRB) being responsible for the maintenance of standards within their respective areas.

76   The University Partnership Agreement [011] makes it clear that, in regard to the validated provision delivered by the provider, the University's quality assurance processes apply and Academic Regulations [014] wholly apply in support of such standards in partnership, as stated in the University Memorandum of Cooperation. [012] The Memorandum of Cooperation [012] further states that the University's Academic Regulations [014] apply. Nonetheless, the provider's Quality and Standards Policy [083] notes that 'The safeguarding of academic standards is the process whereby Matrix ensures the Award of their qualifications are made on the basis of the achievement of the appropriate academic standard'. The provider's Quality and Standards Policy [083] goes on to further state that 'Those engaged in programme delivery are primarily responsible for assuring standards and assuring and enhancing the student experience. The Matrix Operational Team will maintain oversight of these processes'.

77   The team concurs that the partnership arrangements are unclear and do not reflect the arrangements of the University [011] as the awarding body.

78   Monitoring and evaluation of standards of delivery in partnership by the provider were considered by the assessment team, having regard to the University's expectations. The provider's Organisational Structure [008] has been devised to support the monitoring and evaluation of standards by the University, and the provider has created a clear and simple structure as set out in its Governance Handbook of November 2021 [005] consisting of a Board of Governors (providing strategic direction) supported by an Academic Board (supporting the University and PSRB in respect of Standards) and an Operational Team (supporting Quality). The assessment team did note a minor inconsistency in respect of

quoracy between the terms of reference for the Academic Board as set down in the Governance Handbook of November 2021 [005] and the Academic Board's terms of reference; [006] however, this was not felt to be a matter of concern that would affect standards or the partnership arrangements. It was determined through meeting with them that the provider's governors are responsible for terms of reference. [M2]

79   Furthermore, the provider's Student Terms and Conditions [087] make explicit reference to being 'awarded an Advanced Diploma from Matrix College' which is awarded by the provider. The Advanced Diploma is a qualification in psychotherapeutic counselling, which is a 'more than' academic activity, and which calls for the integration of knowledge, skills, personal experience and personal qualities. The Advanced Diploma acknowledges the PSRB requirement for students to undertake a further 200 client hours over and above the hours required by the awarding body. [098] This brought to the fore the question of whether the provider is giving some form of award, whether this may be a top-up element to the provision in question, and whether the same credit was potentially being used multiple times for different purposes. Following meetings with the provider's operational team [M1] and the University, [M3] the assessment team determined that the provider is not issuing any form of award nor is it ultimately responsible for the standards of awards delivered in partnership.

80   Students are registered for an award of the University and are also being prepared to meet the requirements of the PSRB and, although standards are secure (as demonstrated through the scrutiny of student work and the reports of external examiners [033, 019, 102]), the nature of this arrangement may not be fully transparent to potential or actual students from the Terms and Conditions and the team found that these [087] along with the Student Handbook [015] could infer doubt as to the status of awards earned at the provider. However, the assessment team satisfied itself that the University remains responsible for the standards of all credits and qualifications granted as evidenced by the sample of assessed student [ASW] work and the minutes of examination boards [018] and confirmed in meetings with the provider's operational team [M1] and the University. [M3]

81   In respect of the management of the partnership, the team reflected upon those arrangements and agreements with the University [University Memorandum of Cooperation [012]] which underpin the partnership, and which are clear in respect of the allocation of responsibilities. Notwithstanding this, the team found some confusion in relation to certain aspects of the allocation of partnership responsibility, for example in relation to appeals which are the preserve of the University [012] but which had been noted on the Responsibilities Checklist submitted [085] and, more significantly, in the Student Handbook 2021-22 [015] as being the responsibility of the provider.

82   Within the Student Terms and Conditions [087] the assessment team noted that, in clause 1.1 there is reference to the provider's Appeals Policy but also the provision of a generic link to the University's academic regulations, which does not help to clarify to students. Moreover, the provider's Appeals Policy [091] in turn directs students towards making an appeal to the provider in the first instance, not consistent with wholesale adoption of the University's Regulations as set out in the University Memorandum of Cooperation. [012] Thus, the provider's regulations do not properly reflect the partnership agreements, which are clear and up to date. Through meetings held with the provider's teaching staff [M4] there did appear to the assessment team to be signs of confusion in relation to these aspects of partnership management, especially as regards appeals (rather than complaints), which are clearly reserved to the University in the agreed partnership arrangements. [011, 012]

83   The assessment team also found the provider's Plagiarism Policy [092] to be inconsistent with the University Memorandum of Cooperation [012] which states the University's regulations are wholly adopted. Furthermore, in meeting with academic staff

[M4] there was lack of agreement as to how many cases of plagiarism the provider had dealt with under the policy, albeit that the assessment team accepted the provider's explanations that, since the introduction of the plagiarism detection software plug-in through the course management system (which students are permitted to use for formative purposes prior to final submission of work) there have been no recent cases.

84   The assessment team also explored the relationship between the University and provider as regards appeals and plagiarism policies in their meetings with the operational team of the provider [M1] and the staff of the University, [M3] especially in terms of the presentation of provider policies [091, 092] that were distinctive from the University's. The team's concerns in this regard were acknowledged by the provider [M1] whose operational team reported that the recently created Plagiarism Policy [092] had not been approved by the University and had not been used to date and therefore its existence would be re-considered. The University also confirmed [M3] that it expects its academic integrity framework and plagiarism policy, as agreed during the most recent institutional review, (2018) to be followed and that plagiarism should be dealt with in accordance with the University's policies.

85   The team reviewed the arrangements for external examiners appointed by the University through review of the University Partnership Agreement, [011] the University Memorandum of Cooperation, [012] the University Review Report [016] plus Assessment Board minutes, [018] and External Examiner Reports for 2018-19, [033] 2019-20 [019] and 2020-21 [102] feeding into the University Annual Monitoring Report (AMR), [032] that it would appear that external examiners are appointed by and responsible to the University. In this respect, the standards of the awards made by the University are secured through the University's moderation of assessments marked by provider's staff within the auspices of the University's assessment framework and by the subsequent input of external examiners appointed by the University.

86   While the assessment team had been concerned that the wording of some of the provider's plans and policies was unclear nor credible, a commitment has been expressed at a senior level to review any such inconsistencies, which the assessment team welcomed as it demonstrated that the management of the provider understood their responsibilities, separately and in partnership. Furthermore, the assessment team have confidence that it is the University's policies on plagiarism that have actually been applied and the University's policies on plagiarism and appeals that will be applied in future.

Conclusions

87   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

88   The assessment team concludes that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them. This is because the provider adheres to the Academic Co-operation Agreement with the University and by embedding the University's academic regulations and policies within its operational procedures, through its credible processes of internal moderation, its engagement with external examiners and its engagement with the regulations of the University.

89   Through the application of its core assessment processes, the University remains responsible for the standards of all credits and qualifications granted in its name, including through the marking process, external involvement and the conduct of assessment boards.

90   The team found no evidence of standards being compromised, albeit that there were, especially in relation to more recently introduced aspects of the provider's systems and processes, areas where there was some potential, at the time of review itself, for standards to be compromised and/or for students to be misinformed. The provider has described itself as making awards, which is incorrect as it is neither an awarding body nor an awarding organisation and this has the capacity to potentially misinform students. The provider has also introduced additional regulations and policies for the management of partnership delivery which are inappropriate, and which have the capacity to potentially misinform students. Not all staff and governors were fully able to articulate the appropriate division of responsibility between university and provider and some of the provider regulations and policies (appeals and plagiarism) presented to the assessment team were subsequently confirmed by the provider's senior management team as having never been used, with a commitment made to reviewing these and all student-facing documentation which references them.

91   External examiner reports, information from third parties (PSRB) and review of assessed student work confirmed to the assessment team that standards are secure, albeit that their reliability and credibility could be enhanced by simplification of processes adopted by the provider in line with the partnership agreements with the University.

92   The assessment team concludes, therefore, that the Core practice is met.

93   The assessment team, in considering the provider's structures and policies, as a result of some inconsistencies in staff and governor understanding and over-reaching on the provider's part in respect of descriptions of awards and that it does not seem to have wholly adopted the regulations of the University as indicated in agreements including responsibility for appeals and plagiarism, has tempered the level of confidence, therefore the assessment team has a low degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Middlesex University Memo of Cooperation [012]
b   Middlesex University Academic Regulations [014]
c   Student Handbook 21-22 [015]
d   Middlesex University Review Report [016]
e   Assessment Board minutes Nov 20 [018]
f   External Examiner Report 19-20 [019]
g   PCIPC SETS 2019 [023]
h   Mapping UKCP SETS [024]
i   UKCP OMR Report Jan 21 [025]
j   Mapping Benchmark Statement [026]
k   Programme Change form [030]
l   External Examiner Report 18-19 [033]
m   Response to EE Report 19-20 [034]
n   External Examiner Report 20-21 [102]
o   Role Description, Independent Assessor [104]
p   Samples of assessed student work, including assignment briefs, assessment criteria, feedback and evidence of moderation [ASW]
q   Meetings with the provider's operational team [M1, M6]
r   Meeting with representatives of the University [M3]
s   Meeting with Programme Leads and Tutors [M4]
t   Meeting with students. [M5]

How any samples of evidence were constructed

97   The team considered examples of approved course documentation for all courses delivered by the provider (programme and module specifications and clinical placement documentation).

98   The team viewed a simple random sample of assessed student work from the provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and 6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work,

the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

Why and how the team considered this evidence

99   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

100   To identify how external experts are used in setting and maintaining academic standards, the assessment team considered the University Academic Regulations [014] and the principal partnership agreement between the University and the provider, [012] which outlines the core expectations for the involvement of external expertise.

101   To assess the reliability, fairness and transparency of assessment and classification processes the assessment team examined the rationale for the lack of classification in meetings with the University [M3] and the provider's operational team. [M6]

102   To test whether external experts are used according to the provider's regulations and policy and input was given due consideration by the provider, the team reviewed the relevant descriptor at Level 6 on the FHEQ [026] and to the requirements of the PSRB. [024] The team also sought evidence of cyclical input of externals through monitoring and periodic review [016] and external attendance at/input to examination boards. [018] External examiner reports were scrutinised by the assessment team to gain an understanding of the level of engagement on the part of externals appointed by the University, [019, 033, 102] and responses to the same, [034] to gain an understanding of the level of engagement of the provider in terms of considering the recommendations of the externals.

103   To identify how other third-party organisations endorse the use of externals by the provider, the team noted that endorsements such as from PSRB are key to the professional education offered by the provider. The PSRB brings an additional layer of externality to the landscape of the provider's operations and the team reviewed both external input from the PSRB (PCIPC SETS 2019 [023]) and external scrutiny for the PSRB (UKCP OMR Report Jan 21 [025]).

104   To inform meetings with staff, [M4] students [M5] and the provider's operational team, [M6] the assessment team first reviewed a considerable range of documents including the Role Description, Independent Assessor [104] which define the role of the independent external assessor, a central person involved in the assessment of students at the provider.

105   To identify how students regard the reliability, fairness and transparency of assessment and classification processes, the team considered the Student Handbook 2021-22, [015] and student understanding of the role of externality was addressed in the meeting with students, [M5] in addition to the team's scrutinising the random samples of assessed student work [ASW] provided in evidence.

What the evidence shows

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

107   The team reviewed the University Partnership Agreements [011, 012] which clearly

notes that the University is responsible for the standards of awards including classifications (in this case Honours without sub-division by class), subject to regular review processes and that the University is to provide external examiners following nomination by the provider, all of which was further substantiated and triangulated through a meeting with the University. [M3]

108   The provider's assessment policies and procedures were tested by the assessment team through reference to the Student Handbook 21-22 [015] which contains all core programme, assessment and information on the Award of Honours without sub-division by class, provided to students via the course management system. The assessment team confirms the arrangements for the provision of information to students to be reliable and transparent.

109   Reference to external stakeholders in the design and development of the programmes delivered by the provider was evidenced and considered through review of and reflection upon the provider's mappings against the Professional, Statutory and Regulatory Body's (PSRB's) UK Council for Psychotherapy (UKCP) Standards of Education and Training (SETs). [024] Provider mappings to the Framework for Higher Education Qualification [FHEQ] and the appropriate Subject Benchmark Statement [026] provided further clear evidence of the provider using appropriate external frameworks in the design and development of its programmes and that course approval uses external inputs appropriately.

110   Within this broader framework of external reference points that have informed the development of the programme, examples of specific external expert input to course approval were reviewed by the team to ensure that that such course approval/re-approval processes, whether on behalf of the University or the PSRB, use external inputs appropriately. As noted above, the team considered outputs from periodic review of the provision by the University in 2018, [016] where the panel of four responsible for the review contained two external experts, both representing the profession, at the most recent course re-approval. Subsequent consideration of the provision by the PSRB in 2021 [025] resulted in a set of requirements and recommendations for the provider to address within a timeframe of 18 months (almost completed within the ongoing timeframe at the time of the review visit). The team also evidenced an example of a Programme Change form academic session 2020-21 [030] where the provider had made changes to the programme in light of external examiner comments regarding the structure of assessment of students and progression within the programme.

111   As a means of ensuring that external examiners are appropriately qualified and that there are no conflicts of interest, the University Partnership Agreement [012] is clear that the University is to provide external examiners, following nomination by the provider, minimising scope for any conflicts of interest, through the implementation of the University's procedures.

112   On reviewing the University Memorandum of Cooperation [012] the team considered that an appropriate framework is in place for external examiners to be closely involved in determination of standards by the University and that this is reliable, fair and transparent. External examiners are required to operate in accordance with the Academic Regulations [014] which have been designed by the University in such a manner as to ensure full independence of the external examiners from programme teams, with reporting to the University (including for validated partnership provision) contributing to fairness and transparency and clear frameworks for the discharge of external examiner duties by the University, and associated control measures in respect of appointment and management of external examiners underpinning reliability.

113   In terms of maintenance and application of academic standards through assessment

by external examiners, the team found clear evidence of strong external examiner input through a variety of pieces of evidence including Assessment Board Minutes November 2020, [018] the External Examiner Report 2018-19, [033] the External Examiner Report 2019-20 [019] and the External Examiner Report 2020-21. [102] The assessment team did, however, query in its meeting with the University [M3] why the Response to External Examiner Report 2019-20 [034] was directly from the provider to the external examiner with the University giving assurances that in their system the response can go either directly from the provider to the external with copy to the University or directly to the University, for onward transmission thereafter. [M3]

114   The team found, through consideration of the Student Handbook 2021-22 [015] and meeting with students, [M5] further evidence of clarity in terms of the external examiner role in the confirmation of standards plus evidence of external examiner reports being shared with students via the course management system. [M5] Students confirmed [M5] that from their perspective the process of external examining was transparent and reliable.

115   In addition to seeking, considering and responding to external input to course approvals by University and PSRB and to the confirmation of assessment, the provider also employs, directly, an 'independent external assessor' who discharges a specific role within the provision focused on students' final assessments, on the provider's behalf, and prior to external examining. Thus, the independent external assessor undertakes the very final stages of assessment for students who have both passed their final year taught modules and successfully completed both the requisite number of placement hours and personal counselling hours required by the PSRB. The name 'independent external assessor' is an academic and professional in counselling practice in the discipline area who marks assessments on behalf of the provider of the very final stage of the students' undergraduate learning journey. The independent external assessor is an expert who forms a judgment both on the academic merits of student achievement as well as on whether the student is sufficiently competent to carry on to the next phase of their professional development and to be able to practise semi-independently as graduates working towards full professional status. The independent external assessor's Role Description [104] sets down the provider's expectations in terms of the successful candidate's expertise and ability to assess having regard both to the FHEQ and PSRB.

116   The independent external assessor role supports the maintenance of standards through the provision of objective expert advice to the provider as a marker of the final student assessment ahead of the involvement of the University's external examiner. The independent external assessor is not an external examiner, but nevertheless does provide expert external input that contributes to the maintenance of academic standards.

117   The University Memorandum of Cooperation [012] confirms that there is to be no sub-division of Honours by class for the awards delivered by the provider, albeit Section J3 of the University's Academic Regulations [014] neither provides for nor explains this option further. Thus, the team explored further the rationale for why there is no sub-division of Honours by class in the final meeting with the provider's operational team. [M6] The team ultimately considered that the provider's policies and processes in this matter are in accordance with the University agreements in place and that the provider's classification processes are reliable, fair and transparent.

118   When exploring the matter of assessment and classification in the meeting with students, [M5] the assessment team heard that several students felt that the provider's assessment and classification processes were on the whole reliable and fair, and expressed that they were keen to have further guidance on how to achieve the 'highest grades beyond the threshold as part of their assessment feedback' and also noted that the classification system in use does not allow for a clear measure of differentiation for those producing the

highest standards of work. Nevertheless, students confirmed that the provider's assessment and classification processes are reliable and transparent and, within the context of the system in place, fair.

Conclusions

119   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

120   The assessment team concludes that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent because there is evidence of appropriate external involvement in the University's course approval and review of the provider's courses. Similarly there is appropriate external involvement of the PSRB as regards course approval and review and, through consideration of provider responses to external examiner reports, the team concludes that the provider, through the University's and PSRB processes, gives due credence to external expertise.

121   External involvement and the role of the 'independent external assessor' in the provision, as regards their core role in marking the final assessment of the final year of the provider's programme, leads the assessment team to conclude that the provider gives due consideration to the independent external assessor expertise.

122   The assessment team concludes, therefore, that the Core practice is met.

123   The assessment team was able to review all of the evidence recommended in Annex 4, this evidence was triangulated in meetings with students, staff and the awarding body. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Provider submission [000]
b   Memorandum of Cooperation [012]
c   Student Selection and Recruitment Policy [047]
d   Assessment of Literacy Criteria [048]
e   Equality and Diversity Policy [049]
f   Admissions Policy [050]
g   Application form [051]
h   Accreditation of Prior Learning Policy [053]
i   Admissions Appeals and Complaints Policy [076]
j   Responsibilities Checklist [085]
k   Operations Team minutes [086]
l   Rejection letters [107]
m   Rejection response email [108]
n   Student admissions complaint [109]
o   Programme specification [113]
p   Meetings with the Operations Team staff [M1]

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

- Arrangements with recruitment agents, as none are used for the recruitment of students.

How any samples of evidence were constructed

128   To test that specified threshold standards for courses sampled are consistent with relevant national qualifications' frameworks, the team considered approved course documentation (programme quality handbooks) including module records and programme specifications.

129   The assessment team considered a simple random sample of admissions records

and rejection letters to assess whether reliable fair and inclusive admissions decisions were made for the applicants sampled.

Why and how the team considered this evidence

130   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

131   To identify institutional policy relating to the admission and recruitment of students, the roles and responsibilities of staff involved in the application process, and how admission and recruitment processes are shared with the University, the team reviewed relevant academic regulations in the form of the Memorandum of Cooperation, [012] Responsibilities Checklist, [085] Admissions Policy, [050] Student Selection and Recruitment Policy, [047] Accreditation of Prior Learning Policy, [053] the Equality and Diversity Policy [049] and Operations Team minutes. [086]

132   To identify how the provider verifies applicants' entry qualifications, the team reviewed the Admissions Policy, [050] Accreditation of Prior Learning Policy, [053] the Application form [051] and the Assessment of Literacy Criteria. [048]

133   To identify how the provider facilitates an inclusive admissions system, to assess whether the provider has credible, robust and evidence-based plans for ensuring that admissions systems are reliable, fair and inclusive, the team reviewed the Admissions Policy, [050] Student Selection and Recruitment Policy, [047] Application Form, [051] Provider submission, [000] Assessment of Literacy Criteria, [048] Accreditation of Prior Learning Policy [053] and admissions records, as well as meetings with the Operations Team staff. [M1]

134   To identify how the provider handles complaints and appeals the team reviewed the Responsibilities Checklist, [085] Memorandum of Co-operation, [012] the Admissions Appeals and Complaints Policy, [076] the Student Selection and Recruitment Policy, [047] and admissions rejection letter, [107] the record of a student admissions complaint [109] and rejection response email. [108]

135   To test whether the information given to applicants is transparent, inclusive and fit for purpose, the assessment team considered information for applicants, including the provider's website, [https://matrix.ac.uk/course/bsc-hons-integrative-counselling/) accessed 30.01.2022] meetings with students [M5] and the student submission. [106]

136   To test whether reliable, fair and inclusive admissions requirements reflect the provider's overall regulations and policy, the assessment team considered approved course documentation, [113 Prog Specification], Admissions Policy, [050] and Student Selection and Recruitment Policy. [047]

137   To test whether staff understand their responsibilities, are appropriately skilled and supported and can articulate how the provider's approach to inclusivity is manifested in the admissions process, the assessment team held meetings with admissions staff. [M1 Operations team]

What the evidence shows

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

139   Responsibility for recruitment and admission of students lies solely with the provider as identified in the Responsibilities Checklist [085] and the Memorandum of Co-operation [012] between the University and the provider. The team confirmed that the provider has institutional policies relating to admission and recruitment of students, and the roles and responsibilities of staff are described in these policies. [050 Admissions Policy; 047 Student Selection and Recruitment Policy; 048 Assessment of Literacy Criteria; Accreditation of Prior Learning Policy 053; Equality and Diversity Policy 049] The Admissions Policy [050] clearly outlines the provider's requirements for admission and how these are assessed through the applicants' written application and interview [050 Admission Policy] including the personal attributes that will be assessed as part of the admissions process as well as academic ability.

140   The Student Selection and Recruitment Policy [047] also sets out the provider's commitments to applicants during the recruitment process, which includes providing students with information prior to their application and the expected timeframe that applicants should expect a reply from their interview. By making both the academic and personal requirements for entering the course clear, the policies ensure a fair process where all applicants can enter the admissions process fully aware of what is expected of them, and what they can expect from the provider. A minor inconsistency, which should be resolved by the provider's current review of their policies is that responsibility for student selection is attributed to the Head of Training, which is not a current staff title at the provider. [047 Student Selection and Recruitment Policy]

141   The provider's Admissions Policy [050] and Student Selection and Recruitment Policy [047] and processes aim to be inclusive of those who wish to complete a counselling course without having formal academic qualifications by explicitly acknowledging that applicants are not required to have formal academic qualifications in order to apply, and clearly explaining how applicants will be judged instead. Specifically, the 500-word personal statement and strengths statements in the application form are used as a means of assessing the writing abilities of prospective students in the absence of formal qualifications. [050 Admissions Policy; 051 Application Form; 048 Assessment of Literacy Criteria] The assessment team found this to be a fair and inclusive method for ensuring that candidates can meet the academic demands of the course. The expectations of the written abilities of prospective students are given in its guidance on the Assessment of Literacy Criteria [048] to ensure that this expectation is fair for prospective students. The Admissions Policy [050] also makes clear that applicants can contact the provider if they have any additional needs, questions or concerns about the course which can then be discussed with a member of senior staff prior to their application. This reduces barriers to entry that might be faced by applicants who are re-entering education after a long break, or who may not have completed their schooling, [Admissions Policy 050; Student Selection and Recruitment Policy 047] as well as applicants who are in recovery from addiction or trauma. By assessing students' ability to complete the course through the application and interview process, rather than solely relying on qualifications, the provider delivers a fair and inclusive approach to admissions that encourages students who may not otherwise complete a degree-level qualification. This approach supports the provider's inclusive approach to student recruitment and admissions.

142   In cases where applicants do have previous qualifications the provider's registrar is responsible for the process of verifying entry qualifications. This is particularly relevant in the case of direct entry to the second or third year of the course through Accreditation of Prior Learning (APL), the academic requirements for which are clearly described for each level of

entry in the provider's APL Policy. [053] This policy includes a requirement for appropriate academic credit, along with evidence of professional development, personal counselling and, for entry to Year 3 a counselling placement with appropriate supervision. This ensures that applicants can meet the professional requirements of the course needed for accreditation with the PSRB, the UK Council for Psychotherapy (UKCP). [053 APL Policy] Applications through the APL route are required to also pass the interview stage [053 APL Policy] which ensures that applicants also have the personal aptitude for counselling training and ensures a robust admissions process for applicants at all levels of entry.

143   Applicants are given the opportunity to disclose additional support needs such as specific learning difficulties on the application form, [051 Application Form] as well as to disclose mental health or emotional needs that may impact on their ability to meet the demands of the course. These are discussed at interview to ensure that the student will be able to manage the course, and to determine how the provider can accommodate the applicant's needs during the course. [050 Admission Policy; M1 Ops Team] At the visit the Operations Team [M1] gave examples of how applicants with a range of additional needs have been accommodated at interview, and how they have subsequently been supported in their studies following acceptance onto the course.

144   Submitted applications are reviewed by two senior members of staff and interviews are undertaken by a panel of two people, with a pro forma being used for all interviews to ensure consistency in approach. This approach is credible since it is evidenced by admissions records [AR] provided to the assessment team, with every applicant record containing a completed pro forma from their interview with notes on their responses to the interview questions as well as a reason for rejection if the applicant was unsuccessful. Either the Principal or the Head of Clinical Practice is one of the panellists for every interview, and they confer after the interviews have taken place to ensure that decisions are fair across the interview panels. [047 Student Recruitment and Selection Policy; M1 Ops Team] This ensures the approach to interviewing is fair and robust.

145   The provider has responsibility for the management of complaints regarding student admissions, [085: Responsibilities Checklist; 012 Memorandum of Co-operation] which they address through their Admissions Complaints and Appeals Policy. [076] The Admissions Policy [050] and the Student Selection and Recruitment Policy [047] contradict each other with respect to a student's right to appeal, and whether it is possible to appeal an admissions decision. The Admissions Complaints and Appeals Policy [076] references 'appeals' in its title but does not then use the word appeal in the policy document, instead referring to a 'challenge to the admission decision'. The Student Selection and Recruitment Policy [047] states that students may appeal against a 'selection decision'. The Admissions Policy [050] states that there is no right of appeal against a selection decision. The assessment team asked the provider to clarify this during the visit and was told that it was possible to appeal a decision not to be invited for interview, but not to appeal a final interview decision. [M1 Operations Team] This would benefit from clarification across the Student Selection and Recruitment Policy, [047] the Admissions Policy [050] and the Admissions Complaints and Appeals Policy. [036] However, outside of this inconsistency the information provided in the policies was clear and consistent, and so on balance the assessment team found that they are reliable.

146   The provider has received one complaint from an applicant [109 Admissions Complaint] following the rejection of their application for a reason that they deemed to be inconsistent with the provider's Admissions Policy. [050] The complaint was upheld by an external moderator since the reason for rejection was not within a documented policy. The provider has since revised its policies and processes as advised by the external moderator, which primarily include discussing recovery from addiction with applicants in interview, rather than only interviewing a student if they have been in recovery for a minimum of five years.

[109 Admissions Complaint] The documentation provided to the team demonstrates that the provider managed the complaint in line with their Admissions Complaints and Appeals Policy [076] and made appropriate changes in response to the advice of the external moderator which included the recording and reporting of reasons for rejection. Evidence that this has been enacted can be seen in minutes following the complaint, where rejections are reported along with reasons. [086 Ops Team Minutes] This is evidence that the admissions complaints process is robust and credible. Additionally, the complaints process appears to have strengthened the provider's approach to admissions by making it more inclusive and transparent to those who are in recovery from addiction.

147   Information for potential applicants is primarily issued through the provider's website, where there are a series of webpages that describe the course, the application process and also give examples of the teaching dates and assessment schedules. [https://matrix.ac.uk/course/bsc-hons-integrative-counselling/ accessed 30.01.2022] Information for applicants and students to download from the website include the programme specification, detailed information on the costs of the course and an application pack that includes the application form guidance, and all of the provider's admissions policies and procedures. The information on the website ensures that it is accessible for students and applicants, and the information is transparent and fit for purpose. The website has accessibility features such as allowing for text to be made bigger or to be read as plain text, which ensures that access to the information presented is inclusive.

148   Approved course documentation [113] details the course entry requirements, which are consistent with information shared on the website and in the application form, as well as reflecting the provider's Admissions Policy [050] and Student Selection and Recruitment Policy. [047] This documentation [113] also makes clear that the degree is ultimately awarded by the University.

149   Admissions records [AR] scrutinised by the team included a pro forma for every interview, which recorded the reason for which students who were rejected were not suitable for the programme. Additionally, notes were provided against each of the interview questions which allowed the assessment team to understand the basis for each applicant's acceptance or rejection. There are examples in these records which demonstrate that fair, reliable and inclusive admissions decisions were made for the applications in the sample, aside for two applications that were affected by the previous unwritten policy to reject students without interview if they had been in recovery from addiction for less than five years. This policy was revised following the complaint raised in the 2021 admissions cycle [109] as described above, and so the admissions records do not reflect the updated policy, and there has not been an admissions cycle since this change.

150   The team noted that the rejection letter template provided to applicants [107 Rejection Template] states that the provider will not provide a reason for rejection, which contradicts the Student Selection and Recruitment Policy [047] that states that applicants will be given a rationale for rejection. However, there is also evidence that when an applicant requests information or rationale for rejection of the application it is provided to them. [108 Post-rejection correspondence; 109 Admission Complaint] The assessment team also noted that students who are rejected are not explicitly made aware of the Admissions Appeals and Complaints Procedure [076] in the letter, which would increase the transparency of this process. This makes the admissions process less fair and transparent.

151   Staff that the team met understood their role in admissions and clearly described the approach taken. [M1 Ops Team]. This included how students with additional needs are considered in the application process through the provision of reasonable adjustments, with one example being that a student was provided with the interview questions in advance to enable them to prepare sufficiently. [M1 Ops Team] Staff also explained how the interview

teams work together and deliberate over applications to ensure their decisions are consistent and fair across all applicants. The staff conducting interviews are programme leads or senior staff, who are well placed to assess an applicant's aptitude for entering counselling training. While specific training for admissions staff was not highlighted to the assessment team, the team was satisfied that these staff were appropriately qualified to fulfil this role. [M1 Ops Team; 101 Academic Staff Qualifications]

152   To give potential students an insight into the course and the opportunity to talk to course staff, the provider also offers taster evenings [000 Provider Submission] which are advertised on its website. [https://matrix.ac.uk/student-life/ accessed 15.11.2021] Students that the team met [M5 Students] said that they found the information during the taster evening particularly helpful in deciding whether the course was right for them. Students also said [M5] that they appreciated the amount of information they were provided with in advance of application, since it helped to answer all the questions that they had, and considered the information provided helped to ensure that the application process, and subsequent course expectations are fully transparent to applicants and so was fit for purpose. The student submission [106] states that 41 of the 54 (91%) respondents agreed that the admissions process was fair and easy to understand. As such, the team is of the opinion that information for applicants is accessible, transparent and fit for purpose.

Conclusions

153   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

154   The assessment team concludes that the provider has a reliable, fair and inclusive admissions system. The provider has policies for the recruitment and admission of students that are inclusive because they explicitly give the opportunity for applicants who do not have formal academic qualifications to apply and encourage applicants with specific needs or circumstances to discuss their applications with the provider in the first instance. The policies are transparent and accessible through the provider's website and in the application packs provided to potential applicants. Overall the policies are clear; however, the team identified some inconsistences and unclear details, such as whether applicants may appeal an admissions decision or not, and the minor inconsistency where responsibility is attributed to the Head of Training which is not a current staff title at the provider. The team also identified that rejected applicants are not consistently advised on the reason for their rejection, which the policy states they should be.

155   These inconsistences notwithstanding, the assessment team found that fair and inclusive admissions decisions had been made based on the sample of admissions decisions reviewed, aside from those with respect to a policy which has since been changed, and that the provider has credible plans for ensuring that its admissions systems are reliable, fair and inclusive for all applicants. This is supported by the provider having staff who are appropriately skilled to administer the admissions process. Students met by the team tend to agree that the admissions system is reliable, fair and inclusive, and place particular emphasis on the quality of information provided to applicants. The team also found that the provider followed its own policies in respect of admissions complaints, of which there had been one. In summary, the inconsistencies identified do not appear to harm the integrity of the process, or present significant risk to applicants, therefore the assessment team concludes that the Core practice is met.

156   The assessment team was able to review all the evidence recommended in Annex 4, and this was triangulated in meetings with students and staff. The team identified some inconsistences and unclear details, such as whether applicants may appeal an admissions decision or not, and who the member of staff responsible for the admissions process is. The team also identified that rejected applicants are not consistently advised on the reason for their rejection, which the policy states they should be. Therefore, the assessment team has a moderate degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Teaching Programme [004]
b   Academic Board Terms of Reference [008]
c   University Partnership Agreement [011]
d   University Memorandum of Cooperation [012]
e   University Addendum to the Partnership Agreement [013]
f   University Academic Regulations [014]
g   Student Handbook [015]
h   University Review [016]
i   Assessment Board minutes [018]
j   External Examiner Reports [019, 033 and 102]
k   UKCP Standards of Training and Education (SETs) (2019) [023]
l   Mapping UKCP SETs [024]
m   Organisational Member Review Report [025]
n   Mapping Benchmark Statement [026]
o   Programme Voice Group [042, 043]
p   Annual Evaluatory Report [044]
q   Readiness to practice [057]
r   Teaching Unit Evaluation [069]
s   Placement Agreement [080]
t   Learning Teaching and Assessment Strategy [093]
u   Academic Staff Qualifications [101]
v   Response to UKCP Report [103]
w   Student submission [106]
x   Programme specification [113]
y   Module specifications [114]
z   Observation of two teaching sessions [Obs 1, Obs2]
aa   Meeting with Operations Team [M1]
bb   Meeting with Awarding Body [M3]
cc   Programme Leads and Tutors [M4]
dd   Meeting with students [M5]
ee   Final meeting. [M6]

How any samples of evidence were constructed

160 The team viewed a simple random sample of assessed student work from the provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and 6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work, the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

Why and how the team considered this evidence

161 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

162 To identify the provider's approach to designing and delivering high-quality courses, the assessment team considered the University Partnership Agreement, [011] University Memorandum of Cooperation, [012] University Addendum to the Partnership Agreement, [013] University Academic Regulations, [014] University Review, [016] Meeting with Awarding Body, [M3], Final Meeting, [M6] UKCP Standards of Training and Education (2019), [023] and Learning Teaching and Assessment Strategy. [093]

163 To assess whether the provider has credible, robust and evidence-based approaches for designing high-quality courses, the assessment team considered the University Review Report, [016] Readiness to practice, [057] Placement Agreement, [080] Organisational Member Review Report, [025] Academic Board Terms of Reference, [008] Supervisor's Placement Report Template, [040].

164 To test that all elements of the courses sampled are high quality (curriculum design, content and organisation; learning, teaching and assessment approaches) and that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes, the assessment team considered the Student Handbook, [015] Teaching Programme, [004] Programme specification, [113] Module specifications, [114] Programme Leads and Tutors, [M4] Mapping Benchmark Statement, [026] Mapping UKCP SETs. [024]

165 To identify external examiners' or verifiers' views about the quality of the courses sampled, the assessment team considered External Examiner Reports, [019, 033 and 102] and Assessment Board minutes. [018]

166 To identify students' views about the quality of the courses sampled, the assessment team considered the Meeting with Students, [M5] Student submission ,[106], Teaching Unit Evaluation, [069] Programme Voice Group, [042, 043] Operational Team, [M] and Annual Evaluatory Report. [044]

167 To identify other organisations' views about the quality of the courses for which such information is available, the assessment team considered UKCP OMR Report [025] and Response to UKCP Report. [103]

168 To assess how staff ensure courses are high quality and to assess students' views about the quality of the courses sampled the assessment team considered the meeting with Programme Leads and Tutors, [M4] meeting with Students, [M5] Operational Team, [M1] and Academic Staff Qualifications. [101]

169   To test whether course delivery is high quality, the assessment team considered observation of two teaching sessions [Obs 1, Obs2].

What the evidence shows

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

171   The provider operates within the University's Partnership Agreement, [011] Memorandum of Cooperation, [012] the University Addendum to the Partnership Agreement [013] and the University Academic Regulations. [014] The provider delivers one programme of study - BSc (Hons) Integrative Counselling with exit points at certificate (Level 4) and diploma (Level 5) levels. This programme is developed, conducted, managed, taught and assessed by the provider, under its delegated day-to-day responsibilities for the quality of the programme [M3] working with the University for programme approvals, annual monitoring and review.

172   The provider adopts the University's academic and regulatory frameworks (University Academic Regulations [014]) with exceptions being approved by the University's Registrar. For example, the exception in place with regard to classification of degrees awarded as pass or fail. [M3 and M6] The programme of study is also required to align with the Professional, Statutory and Regulatory Body (PSRB) requirements as set out by the UK Council for Psychotherapy (UKCP). [023]

173   The team has confidence that the provider has robust and credible approaches for designing and delivering a high-quality course because the University review confirms that the quality and standards achieved by the programme specification are being delivered (p.10 [016]) and the regulations are adhered to including changes to programme and annual monitoring. An example of a change to the programme that has taken place is the teaching of safeguarding as a standalone 'topic' rather than distributed through modules.

174   The one programme of study is subject to a review by the University every six years; the provider was last reviewed in 2018. [016] The University review [016] involved a review of course documentation, a visit to the provider and meetings with staff and students. The review concluded that 'the intended learning outcomes are being obtained by students, quality and standards are being achieved and the Programme Specification is being delivered and that the programme remains current and valid in the light of developing knowledge in the discipline, practice in its application, and developments in teaching and learning'.

175   Proposals for changes to the programme are made by the Operational Team following consultation with the University and considered through the provider's Academic Board as detailed in the minutes of Academic Board [021, point 4, page3] as per the Academic Board Terms of Reference. [008] The University [M3] confirmed that any proposed changes to the programme take place in consultation between the provider and the University Link Tutor. The University Link Tutor is responsible for taking proposed changes through the University committee structure for approval. The students confirmed [M5] that the student representative system is employed to ensure that they are consulted with regard to any proposed changes to their programme of study.

176   The Learning Teaching and Assessment Strategy [093] states under the heading curriculum development: 'Curriculum assessment along with student and tutor feedback gives us the chance to develop our teaching. We aim to promote the best possible learning opportunity and also impart the most up-to-date knowledge both for the students' academic achievement and also for their counselling practice working with clients. The curriculum subgroup meets when required by the Academic Board to update and review the curriculum and to recommended [*sic*] changes to the Operational Team and University'. The Academic

Board Terms of Reference [006] states that additional subgroups, including Curriculum, will meet as required and report to the Academic Board. The assessment team was informed in meetings with the Operational team, [M1] programme leads and tutors [M4] that this part of the policy is not embedded within the provider and curriculum changes go to Academic Board rather than consistently being referred to the curriculum subgroup. The assessment team notes that the Learning Teaching and Assessment Strategy [093] is due for review in June 2022. [M1]

177   The quality of clinical practice placement is a key element of the programme which needs to be set up effectively to support students. The Student Handbook [015] has comprehensive information for students regarding placements and supervision. This handbook [015] has robust and reliable information for students regarding Readiness to Practice, Clinical Placements and supervision requirements as well as practical information for students and requirements of the PSRB including student membership and access to resources. Readiness for Placement Guideline [057] provides students with an overview and understanding of the skills and abilities they will need to have achieved to be ready to undertake their placement. The Placement Agreement [080] sets out the agreement that the parties are entering into, namely the students, the placement provider and supervisor and the provider. There is guidance regarding if there are 'clinical concerns' or 'training concerns' and safeguarding is covered.

178   The provider describes curriculum delivery in the Student Handbook [015] and the schedule for the delivery is provided by the Teaching Programme. [004] The Student Handbook [015] provides a comprehensive and detailed description of the approach to teaching, learning and assessment used to assure delivery of the programme learning outcomes. The Student Handbook [015] also contains an overview of the modules and signposting for student support. The programme leads and tutors described the provider's approach to offering a high-quality provision as the integration of theory into practice, selection of placements and support whilst on placement, benchmarking against the UKCP and Subject Benchmark Statements, and stretching the students to be the best counsellors that they can be. [M4]

179   The assessment team considered the programme and module specifications [113, 114] in conjunction with the mapping process of this document to the Subject Benchmark Statement [026] and Mapping UKCP Standards for Education and Training (SETs) [024] and consider that this indicates that the teaching, learning and assessment design enables students to meet and demonstrate the intended learning outcomes in line with the programme and module specifications [113, 114] which align with the FHEQ and PSRB requirement [024] demonstrating a high-quality course provision.

180   The external examiner reports confirm that the course is of high quality [019, 033 and 102] and this is evidenced in all three reports reviewed. For example, the external examiner states, 'I particularly want to emphasise the way the modules build upon each other over the three years, appropriate both for academic development and as a preparation and support for counselling practice. It matches well the requirements of the United Kingdom Council for Psychotherapy'. [102] The external examiner noted they attended a Student Voice Group [033] and in the last academic year attended the Module Board and the Progression Board. [102] The external examiner attends the Assessment Board and provides a verbal report. [018] At the Assessment Board on the 13 November 2020 they stated that 'they [sic] particularly applauds the essay feedback that is given to the students and has been able to see the development of essays over the course of the year'. The external examiner reports confirm that the course is considered to be of a high quality.

181   The provider solicits informal and formal feedback from students. Formal feedback is provided at the end of each module through Teaching Unit Evaluations [069] and each

semester through Programme Voice Groups. [042, 043] Informal feedback is provided at the end of each residential teaching session. [M3] The Annual Evaluatory Report [044] notes that in addition to the University Annual Monitoring Report (AMR) process, feedback is collated from a number of different sources including external examiners; independent assessor; external bodies; students and the teaching team. The report also considers the National Student Survey data.

182   The Programme Voice Groups provide an opportunity for staff and students to consider feedback from students on the programme of study. Each year group has an opportunity to raise any matters of concern and to note positive aspects of their programme of study. Where possible, staff provide feedback to students on issues raised at the meeting. The minutes of these meetings [042, 043] are detailed and comprehensive. The course representative at the meeting is responsible for feedback to their cohort. The minutes from the meetings are uploaded to the course management system [M5] for all students.

183   The Operational Team [M1] acknowledged that there is more to do with regard to closing the feedback loop with students through for example 'You said, We did'. Formerly, student feedback was achieved through posters at the provider placed in student spaces. Nonetheless, the assessment team has confidence in the opportunities that students have to provide feedback on the quality of the course. This is supported by the students [M5] who stated it is easy to provide feedback and note that staff are open and responsive to feedback.

184   The student submission [106] reports the results of a survey conducted by the student representatives among the three cohorts of students. All questions asked the students to respond to a statement on a Likert Scale from agree strongly through to disagree strongly. There was the opportunity for a brief free-text response to each question. For reporting purposes the agree strongly and agree responses were totalled. The response rate is approximately 63% (54 of 87) of students across the population. Of the students who responded to the survey 52 of 54 (98%) agreed that the quality of the teaching they receive is high. The assessment team therefore considers that students regard their courses as being of high quality.

185   The awarding body [M3] confirms that the provider's staff are actively supported through the provision of continuing professional development (CPD) opportunities, including training days and invited speakers who are distinguished within the profession. The provider is also in the early stages of enabling staff to achieve Higher Education Academy (HEA) Fellowship status. The awarding body also supports the provider through providing a member of their staff to chair the provider's assessment boards.

186   The BSc (Hons) Integrative Counselling programme is accredited by the UKCP. The UKCP undertook an Organisational Membership Review (OMR) in 2021. These reviews are conducted by UKCP every five years. The OMR report is based on a review of submitted documentation and a visit to the provider by two college assessors and one UKCP staff assessor, normally from the UKCP Regulation and Quality Assurance Team. The report confirmed that 'The OMR assessors were very impressed with the rigour and thoroughness of the training at Matrix and its achievements' (p.10 [025]). The report presents six requirements and 12 recommendations to which the provider is required to respond. The provider has produced a response to the UCKP Report [103] which is an action plan providing details of their response to each requirement and recommendation and noting how and if the action is completed. The UKCP report and the provider's response demonstrate that third parties confirm that the course concerned is of a high quality.

187   Programme leads and tutors who are responsible for programme development and delivery [M4] share the Operational Team's view [M1] of the provider's approach to providing

high quality programmes. They all maintain personal professional body accreditation (see Academic Staff Qualifications [101]) that brings currency to their teaching. The programme leads and tutors demonstrated active understanding and engagement with the annual monitoring process (that is a requirement of the University) as an active process leading to improvements. [M4] The programme leads and tutors demonstrated engagement with the external examiner process and independent external assessor, that is that the external examiner provides feedback on the summative assessment and the independent external assessor on the students' ethical practice. [M4] The team concludes that staff are able to articulate what 'high quality' means in the context of the provider, and to show how the provision meets that definition. [M1 and M4]

188   Students [M5] consider their programmes to be of extremely high quality. They regard the quality of the support they receive as excellent and commended the support of the tutors and appreciated that they were all in practice and liked the way they bring their own experience to the learning. [M5] The PSRB accreditation ensures that the programme outcomes meet their professional career development needs. The students noted that the high quality of their course was supported by placement and learning support. [M5] The students share the Operational Team's [M1] and programme leads' and tutors' views [M4] that the provider models the environment and behaviour expected of counsellors in practice. The team concludes that students are able to articulate what 'high quality' means in the context of the provider.

189   The assessment team observed online (due to COVID-19 government guidance) via videoconferencing, two face-to-face teachings sessions hosted by the provider onsite. [Obs 1, Obs 2] The students and tutor were in one room and the reviewer was able to observe half an hour of each session. Rooms were an appropriate size and layout for the group and activity; there was much interaction between students and the tutors were skilled in the theory (first observation) and techniques (second observation) being taught. In the first session the students were active participants and invited to present their own perspective on the theory throughout. They were also comfortable to ask questions. In the second session before the first activity students asked for clarification. The exercise was challenging, but the tutor ensured that all the students were clear what the expectations and aims of the exercise were before they began. It was a good example of experiential learning. The content of the sessions and the knowledge of the subject matter observed were of high quality.

190   Observations of teaching and learning [Obs 1, Obs2] demonstrate clarity of objectives, good planning and organisation, a sound method or approach, good delivery, appropriate content, effective use of resources and student engagement.

Conclusions

191   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

192   The assessment team concludes that the provider has in place a credible and robust approach to design high-quality courses. In meetings with the University, and staff at the provider, the team was informed that the provider actively engages in the AMR process, and the University's six-year review process. Further, there is clear oversight through the provider's Academic Board who report to the Board of Governors and the awarding body. The University actively supports the provider through offering CPD opportunities for the

provider's staff and chairing assessment boards. The provider consistently draws on feedback from students (and responded by making appropriate changes to the programme). A review in 2021 by UKCP demonstrates that the PSRB has confidence in the quality of the programme. A review by the awarding body in 2018 demonstrates they have confidence in the quality and currency of the programme. The two teaching observations also demonstrated that the quality of the teaching delivered by the programme team demonstrates the currency of the programme.

193   The external examiners regard the course as being of high quality and the PSRB notes that the provision is high quality. The assessment team considers that the documentation and support provided to students for the placement is of a high quality. The programme has a good balance between the academic skills and practical (placement) skills that students are required to achieve. Therefore, the team concludes this Core practice is met.

194   The assessment team was able to review all of the evidence recommended in Annex 4, this evidence was triangulated in meetings with students, staff and the awarding body. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Operational Team Terms of Reference [007]
b   Provider Organisational Structure [008]
c   University Partnership Agreement [011]
d   University Review [016]
e   UKCP Standards of Training and Education (2019) [023]
f   UKCP Organisational Membership Review [025]
g   Programme Voice Group minutes [042, 043]
h   Annual Evaluation Report [044]
i   Staff Review form [056]
j   Tutor Recruitment Policy [063]
k   Head of Operations Job Description [064]
l   Tutor Induction Policy [066]
m   Teaching Observation Rota [067]
n   Tutor Observation form [068]
o   Teaching Unit Evaluation [069]
p   Programme Leader Job Description [099]
q   Tutor Job Description [100]
r   Academic Staff Qualifications [101]
s   Student submission [106]
t   Meeting with Programme Leads and Tutors [M4]
u   Meeting with students [M5]
v   Final Meeting. [M6]

How any samples of evidence were constructed

198   The team viewed a simple random sample of assessed student work from the provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and 6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work, the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

199   The assessment team considered a representative sample of three job profiles and

accompanying academic qualifications and professional accreditations, covering senior leadership, operations staff support, and programme lead and tutor roles for staff working at the provider.

Why and how the team considered this evidence

200   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

201   To identify how the provider recruits, appoints, inducts and supports staff so that it meets the outcome the assessment team considered University Partnership Agreement, [011] Operational Team Terms of Reference, [007] and Tutor Induction Policy. [066]

202   To assess whether the provider has credible, robust and evidence-based approaches for ensuring that they have sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience the assessment team considered the Tutor Recruitment Policy, [063] Tutor Induction [066] and Staff Review Form. [056]

203   To identify other organisations' views about sufficiency, qualifications and skills of staff the assessment, team considered UKCP Standards of Training and Education (2019), [023] UKCP Organisational Membership Review, [025] and academic staff qualifications. [101]

204   To identify the roles or posts the provider has to deliver a high-quality learning experience and assess whether they are sufficient, the assessment team considered the provider Organisational Structure [008] and the student submission. [106]

205   To identify students' views about sufficiency, qualifications and skills of staff, the assessment team considered the student submission, [106] Meeting with students, [M5] Teaching Unit Evaluation, [069] Annual Evaluation Report, [044] and Programme Voice Group minutes. [042, 043]

206   To assess whether the staff sampled are appropriately qualified and skilled to perform their roles effectively, the assessment team considered Academic Staff Qualifications, [101] University Review, [016] Programme Leader Job Description, [099] Tutor Job Description, [100] Tutor Observation Form, [068] Teaching Observation Rota, [067] Meeting with Programme Leads and Tutors, [M4] Final Meeting, [M6] Head of Operations Job Description, [064] and the Provider Organisational Structure. [008]

207   To test whether academic staff deliver a high-quality learning experience the assessment team considered two teaching observations. [Obs 1, Obs2]

What the evidence shows

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

209   The Partnership Agreement [011] (page 4 g) states that 'The Partner Institution shall inform the University immediately of any change in resourcing, staffing or other factors that might endanger the threshold standards or academic quality of any programmes which may be validated by the University'. The provider's Operational Team [007 Terms of Reference]

agree appointments of programme leads and tutors. They also have oversight of staff continuing professional development. The Operational Team [M1] expanded on its role in recruitment of staff advising that it decides the job descriptions and advertisements. The Operational Team [M1] also confirmed that the provider has an 'onboarding' process for new members of staff, including a check list (Tutor Induction Policy [066]), individual meetings and shadowing a member of staff. Part of the interview process is a teaching observation.

210   The Operations Team [007 Operations Team Terms of Reference, M1 Meeting with Operations Team] has responsibility for identifying staffing needs, preparing job descriptions and overseeing the advertising process. Vacancies are advertised through the provider's networks and more widely. [M1] The provider aims to widen its staff profile through encouraging applications from the BAME community through its Tutor Recruitment Policy. [063] All academic staff are required to have PSRB accreditation, either the British Association for Counselling and Psychotherapy (BACP) or UK Council for Psychotherapy (UKCP) and to be in practice; this ensures the staff are current in their subject and practical knowledge. The job descriptions for both programme leader [099] and tutor [100] require that staff continue to adhere to the requirements of their respective PSRB.

211   The provider is responsible for the selection of staff and ensuring that they hold the appropriate qualifications and have the appropriate experience. [011 Partnership Agreement] The Tutor Recruitment Policy [063] is to be read in conjunction with the Equality and Diversity Policy, [049] the Codes and Procedures Handbook [075] and the Tutor Induction Policy. [066]. The Tutor Recruitment Policy [063] details the academic qualifications, skills, experience and professional requirements for the position. Following advertisement, applicants are interviewed by the Principal and Head of Clinical Practice, with applicants being informed of the outcome within 10 working days. [063. As part of the recruitment and induction process, new tutors undertake an 'apprenticeship' where they are expected to work with a programme lead to observe the applicants' teaching skills and knowledge and relationship management with, and of, students. [063]

212   Following recruitment there is a tutor induction [066] which covers all members of academic staff. It provides a list of areas that the provider expects to be covered through the induction process, including University policy, programme-relevant information and resourcing, learning and teaching and student-facing requirements. New staff are also assigned a mentor from the staff team.

213   The Head of Operations has recently been recruited (December 2021). The job description for this role [064] includes engagement with professional development. In the final meeting [M6] it was confirmed that there was an induction process that included introduction to members of staff and Board of Governors, ensuring that access to office systems were in place, signing up to relevant industry associations. For example, the Independent Higher Education Association (IHEA), and taking part in web-based seminars with a focus on independent higher education provision.

214   The team confirms that the provider's policies for the recruitment, appointment, induction and support for staff provides a suitable mechanism to ensure that there is a sufficient number of appropriately qualified and skilled staff.

215   The Associate Tutor Programme [065] provides those who take part with the opportunity to gain teaching experience. This programme [M6 Final Meeting] in effect enables the provider to train those who may, in the future, apply for a tutor role at the provider.

216   The provider's submission [000] notes that there is one staff training day each year. In meetings with staff [M4, M1 and M6] it was noted that there are other opportunities for staff to engage in continued professional development, for example attending presentations

by invited speakers. The University also provides training that the provider's staff can access; [M3] this is optional and no register of attendance is kept.

217 The provider has a staff review process [056 Staff Review Form] which is a self-reflective development tool for staff. The form encourages staff to reflect on the past year and to consider development for the coming year. Once staff have completed their reflection and development suggestions, a meeting is held with the principal to discuss these. During the meeting the principal provides feedback on performance and at the conclusion signs off on the annual appraisal process.

218 Currently there are no staff who are members of the Higher Education Academy (HEA). The provider is in the early stages of discussing this with a view to introducing this as a means of furthering professional development for its staff. [M4 and M6]

219 The assessment team concludes that the provider has robust, credible and evidence-based approaches for the recruitment, appointment, induction and support of sufficient appropriately qualified and skilled staff.

220 The programme of study is accredited by the PSRB (UK Council for Psychotherapy, UKCP). UKCP set standards in respect of staffing of the programme (UKCP Standards of Training and Education 2019 [023]). To meet the requirements of UKCP the provider is required 'Where students and trainees achieve supervised practice through working in an organisational setting, training organisations are responsible for ensuring appropriately qualified and experienced staff are available within that setting'. (p 10 5.2). Section 8 of the UKCP Standards of Training and Education [023] provides details on staffing expectations, including appropriate numbers of qualified staff, engagement of staff in continuing professional development and providing resources to support staff. The UKCP Organisational Membership Review [025] section 6 confirms that UKCP is content with the number of staff employed at the provider and sections 12.3 and 12.4 demonstrate they are content with the CPD provision for staff.

221 Academic staff qualifications [101] demonstrate that the core 13 staff all have professional body accreditation, 11 with UKCP and two with BACP. All academic staff have professional body accreditation matching the expectations of the PSRB, the provider and the students. Of the teaching staff 10 hold a master's qualification (MSc, MA or MEd) therefore the assessment team endorses that all staff hold a relevant qualification to teach on the BSc Integrative Counselling programme. The latest PSRB reaccreditation confirmed that the tutors teaching on the programme are well qualified [025] and are registered with the UK Council for Psychotherapy (UKCP) or British Association for Counselling and Psychotherapy (BACP).

222 The University reported positively on the qualifications and skills of the provider's academic staff. [016] The job descriptions for tutor [100] and programme leader [099] align with the academic qualifications and professional body requirements outlined above demonstrating that staff are recruited according to the provider's policies and procedures. This also demonstrates that the provider passes the threshold set by its professional body which states that the majority of staff are UKCP registered. [p 11 8.2.a [023]] The six-year University review [016] notes that one staff member has recently completed their PhD and two other staff members have conducted extensive research.

223 The provider's organisational structure [008] identifies the roles and posts the provider has in place to deliver a high-quality learning experience and assesses whether they are sufficient depending on student enrolment levels. The organisational structure also presents the reporting structure within the provider. The provider currently has 87 students, 26 in Year 1, 36 in Year 2 and 25 in Year 3. [106] The Principal is engaged in teaching. There is a Head of Clinical Practice (with responsibility for placement) who also teaches on

the programme. The provider has six programme leads (a programme leader has responsibility for a year group) and five tutors. The team agrees that the provider has a sufficient appropriately skilled and qualified staff in appropriate roles to student ratio to deliver a high-quality academic experience.

224   The student submission [106] reports on a survey circulated to all students of whom 54 of 87 students (a response rate of 62%) responded. All questions asked the students to respond to a statement on a Likert Scale from agree strongly through to disagree strongly. There was the opportunity for a brief free-text response to each question. For reporting purposes the agree strongly and agree responses were totalled. In response to the statement 'The quality of the teaching is high' 98% of the students agreed. One student commented on the 'Presence, professionalism, depth of knowledge and application, kindness, academics, support. The course is hard but for me, I have always felt fully supported with the teaching'. In response to the statement 'The staff are knowledgeable and deliver a high-quality learning experience' 100% of the students agreed. The student meeting [M5] supported the results in the student submission. The students stated that the staff are in practice and working with clients so bring their own experience to teaching. They reported that the staff are respectful of each other's approaches, that staff are skilled, continuously learning and passionate.

225   Students have a number of opportunities to provide feedback on their programme of study. At the module level they have the opportunity to provide feedback on the teaching as is evidenced by the Teaching Unit Evaluation. [069] Programme Voice Groups [042, 043] provide the opportunity for students to feed back to the programme team through their student representatives. The student evaluations demonstrate that they provide positive feedback on their tutors. The Annual Evaluation Report [044] brings together student feedback from internal and external sources including the NSS. The Annual Evaluation Report provides a summary of the positive view that students have of their tutors including the support they provide for assignments and explaining academic and professional theory and practice. This quote provides an example 'The reading lists for this year gave me a good overall knowledge of the theory and I thought the tutors did a wonderful job of explaining things each weekend' (p 4 [044]). The evidence demonstrates that students agree that there are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience.

226   The provider has a peer observation of teaching process. The Tutor Observation form [068] sets out the purpose and protocol around the observation process and includes a form to be completed by the observer. The Teaching Observation rota [067] includes information on who is observing who and the date the observation takes place. The meeting with programme leads and tutors [M4] confirmed that teaching observations take place once every two years and for new staff once a year. It was further noted that this year all staff will be peer reviewed as no peer observations were conducted in the previous academic year due to COVID-19 restrictions. This process offers an opportunity for the provider to consider the skill of their staff in delivering the teaching.

227   The assessment team observed two face-to-face teaching sessions. [Obs 1; Obs 2] A member of the assessment team observed via videoconferencing as the review visit was conducted online due to COVID-19 government guidance. The students and tutor were in the same room at the provider's location. The first session [Obs 1] had clear learning outcomes while the second session [Obs 2] was experiential in nature (in keeping with course expectations). During these observations both tutors were engaging and clearly comfortable with the subject matter being taught. In the experiential session, students engaged in small group work and feedback and individual work and feedback. The assessment team therefore formed the view that the session was well organised and clearly structured. In the theory session [Obs 1] the tutor ensured that the students had understood

the concepts, in the experiential session the tutor ensured the students had understood the instructions for the group work and solo work. In both sessions the students were engaged and were comfortable in asking questions for clarification and sharing their own understanding. The observations of teaching and learning indicates that teaching staff are appropriately skilled in theory and practice. The assessment team therefore concludes that the provider has sufficient skilled staff to deliver a high-quality learning experience for students.

Conclusions

228   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

229   The assessment team concludes that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. Meetings with the provider's staff indicate that the Tutor Recruitment Policy is implemented in practice and enables the recruitment of sufficient appropriately qualified and skilled staff. The provider has recruited appropriately qualified and experienced staff, which is evident from academic staff qualifications, and endorsed by the University and the PSRB. The staffing levels for teaching staff show that the provider has sufficient staff to student ratio to deliver a high-quality learning experience for students.

230   Staff are appropriately inducted and supported. There is an induction process, and all new staff are provided with a mentor. There is a staff development strategy and additionally all staff are required to engage with the continued professional development of their respective accrediting body (either UKCP or BACP). The provider has a peer review of teaching process to monitor the quality of teaching. The provider is in the early stages of discussing membership of FHEA as part of continuing professional development for staff.

231   The provider seeks student feedback on their modules, weekend teaching, and through Programme Voice Groups on the teaching tutors deliver. The students note that the staff team are excellent and responsive to issues that they raise. Observations of staff teaching showed that staff are knowledgeable in their subject area. In the meeting with students, they indicated that they feel the provider's staff team are appropriately skilled. The assessment team concludes, therefore, that this Core practice is met.

232   The evidence underpinning this judgement reflects all evidence described in the QSR evidence matrix and, therefore, the assessment team has a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Matrix Meta Framework [001]
b   BSc Portfolio Completion Checklist [002]
c   Timetable [003]
d   Governance Handbook Nov 2021 [005]
e   Operational Team Terms of Reference [007]
f   Organisational Structure [008]
g   Matrix Strategy [009]
h   Sector Supporting Resource [010]
i   University Partnership Agreement [011]
j   Student Handbook 21-22 [015]
k   University Review Report [016]
l   UKCP OMR Report Jan 21 [025]
m   Programme Voice Group minutes [028, 042, 043]
n   University AMR Oct 21 [032]
o   Moodle Screenshots Policies [036] and information sheets [037]
p   NSS Comparison Results 2018-21 [045]
q   Readiness to Practice Info Sheet [057]
r   Head of Operations Job Description [064]
s   NSS Letter to Students [071]
t   Learning Support Report [072]
u   Quality and Standards Policy [083]
v   Student Terms and Conditions [087]
w   CPD Record – Learning Support [096]
x   Programme Lead Job Description [099]
y   Student submission [106]
z   Library System [110]
aa   AIPC Articles and Mental Health Podcasts [112]
bb   Direct observation of facilities and resources [Obs 3]
cc   Meetings with the operational team [M1, M6]

dd	Meeting with non-staff members of the governing body [M2]
ee	Meeting with representatives of the University [M3]
ff	Meeting with Programme Leads and Tutors [M4]
gg	Meeting with students. [M5]

How any samples of evidence were constructed

236   The team did not undertake any sampling for this Core practice.

Why and how the team considered this evidence

237   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

238   To identify how the provider's facilities, learning resources and student support services contribute to delivering a high-quality academic experience, the team reviewed the University Partnership Agreement, [011] Student Handbook, [015] information sheets developed for students, [001, 002, 057] information resources available within the course management system, [037] learning support report, [072] and University annual [032] and periodic review [016] reports.

239   To assess whether the provider has credible, robust and evidence-based plans for ensuring that there are sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience, the team considered the provider's Strategy, [009] Organisational Structure, [008] Governance Handbook, [005] Operational Team Terms of Reference [007] and Quality and Standards Policy. [083]

240   To identify students' views about facilities, learning resources and support services the team considered the student submission, [106] collated NSS results [045] and Programme Voice Group minutes. [028, 042, 043]

241   To identify other organisations' views about facilities, learning resources and student support services, the team considered a sector case study showcasing the provider's success in supporting students during the government restrictions due to COVID-19 [010] along with the PSRB's 2021 report on the provider [025] and met with representatives of the University as awarding body. [M3]

242   To determine whether the roles are consistent with the delivery of a high-quality learning experience, the team considered a variety of job descriptions for different categories of staff, including the Head of Operations [064] and Programme Leads. [099]

243   To test whether staff are appropriately qualified and skilled and understand their roles and responsibilities, the team considered the operational team, [M1] governing body, [M2] and academic staff. [M4]

244   To assess students' views about facilities, learning resources and support services the team met with students. [M5]

245   To test that the facilities, resources or services under assessment deliver a high-quality academic experience the team conducted a direct assessment [Obs 3] via

videoconferencing of teaching space, course management system, library resources and system [110] and online learning resources. [112]

What the evidence shows

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

247   The provider has created a clear and simple structure consisting of a Board of Governors (strategic direction), an Academic Board (with responsibility in relation to Standards) and an Operational Team (with responsibility in relation to Quality) as set out in the Governance Handbook Nov 2021 [005] and the Operational Team Terms of Reference, [007] appropriately reflected in the provider's Organisational Structure. [008] In accordance with the University Partnership Agreement [011] aspects of the facilities, resources and student support are the responsibility of the provider rather than the University, such as the library, information technology and learning support services.

248   The provider's Quality and Standards Policy [083] notes that 'Those engaged in programme delivery are primarily responsible for assuring and enhancing the student experience. The Operational Team will maintain oversight of these processes', which, through review, the team found to be an accurate reflection.

249   The provider's overarching strategy for development [009] has focused on the consolidation of all activity at a single site in Wymondham, with delivery having previously taken place at multiple sites. This consolidation gives students access to a high-quality site, specifically designed for their learning needs, with provision of eight sound-proofed rooms to run the student triads in which students practise the counselling and therapeutic sessions which are integral to their programme. The strategic approach as outlined to the team in the provider's strategy [009] was further explored in meetings with governors [M2] and staff, [M4] which confirmed, unilaterally, that the provider, in its present state of development, has successfully completed a major change process, investing to consolidate all premises on one principal site, where the provider has continued to expand and now leases two neighbouring buildings. The PSRB also reported on the provider in 2021 [025] in similar positive terms, providing the team with an opportunity to triangulate.

250   In terms of physical resource, direct assessment [Obs 3] confirmed sufficient classroom and triad space for three groups to be taught simultaneously (two in the provider's larger building plus one in the provider's smaller building). Students reported, through the student submission, [106] recent NSS results [045] and in their meeting with the team [M5] high degrees of satisfaction with the physical space, which they can access for the purposes of study individually and in groups on non-teaching days, in a way that was not possible with previous premises. Direct assessment [Obs 3] confirmed that there has been significant investment made on the provider's part in respect of the physical estate which has not only been designed specifically to suit delivery of the professional education on offer, but which has also been finished to a high standard. Significant leisure space has been provided for students, complete with kitchens, free refreshments and space for relaxation. University staff confirmed that students can access the leisure facilities at the University, but otherwise, as the agreements with the University are for validation, students are not provided with further support services by the University. [M3]

251   The present facilities appear well managed and are, as mentioned above, the culmination of a strategic approach taken by the provider. [009] A similar commitment was also seen by the assessment team in respect of the development of learning resources and student support services, in line with growth of the student body, over and above the investment in facilities. For example, meetings with teaching staff [M4] elaborated on the development of the library from sets of books, which had previously been wheeled around in

suitcases between the various sites the provider had previously used, into a collection in the new premises with a number of texts for students to access. [025, 110] The library provision on the new campus was reviewed and the provider's online catalogue [110] was also reviewed. Teaching staff [M4] confirmed the significant growth in collections in recent years. The provider holds copies of all core module texts (typically four texts per module) with students expected to read all core texts during the course of a module. The provider purchases four or five copies of each core text per group (t12 or 13 students).

252   Direct assessment [Obs 3] and access to the library catalogue [110] allowed the team to confirm that the provider also holds, for its size of provision, significant collections of wider reading, shelved using a colour-coding system to enable ease of navigation for students interested in undertaking their own further study. Meetings with teaching staff [M4] and students [M5] confirmed that the provider will, almost always, purchase any relevant text requested.

253   Given the scale of the provision, there is not a professional librarian, and students play an active part in running the library, under the guidance of staff. During periods of COVID-19 restrictions the provider has been committed to the provision of a system of postal loans, and this commitment has been seen as noteworthy in a recently published sector case study showcasing the provider's success in supporting students during the pandemic. [010] The library is open for students to use on non-teaching days and, during direct assessment [Obs 3] it was also reported by the provider that some students opt to use the city library in Norwich and they can access the library at the University of East Anglia in Norwich as external readers for the payment of a modest fee. In a meeting the University [M3] representatives confirmed that they regard the library provision as suitable to support the delivery of an Honours degree and, given the lengths that the provider goes to in the absence of e-journals, the assessment team agrees.

254   The provider does not, at present, have a subscription for e-journals, which has resulted in some (rare) negative feedback from students through their student submission [106] and in the NSS. [045] It was confirmed in the meeting with the University [M3] that the provider's students cannot access their collections (owing to licensing conditions); however, both teaching staff [M4] and students [M5] agreed that the provider will purchase off-prints from publishers on request, as well as copying, when possible, within the terms of the provider's Copyright Licencing Agreement.

255   The provider also signposts students towards open-source materials via their Student Handbook [015] including free articles of relevance through the Australian Institute of Professional Counselling and podcasts. [112] Additionally, it was reported by students when meeting the team [M5] that some of them elect to join the British Association for Counselling and Psychotherapy (BACP) as student members, to access resources which are not available through the PSRB, the UK Council for Psychotherapy (UKCP) which was confirmed in the final meeting with the provider's operational team. [M6]

256   The assessment team noted, as part of the letter sent to students from the provider regarding the NSS, [071] that a request had been made of students to not complete an element of NSS (in relation to IT resources), which was subsequently followed up in meetings with the operational team [M1] who were however unable to provide a compelling explanation as to why students had been communicated to in this way.

257   The provider uses an open-source course management system, complete with academic integrity software plugin. In addition to their learning materials and discussion boards organised by the student group, all students have access to support materials including policies, [036] a full range of information sheets [037] as well as key dates [003] and Programme Voice Group minutes. [028, 042, 043] An experienced member of the

operational team is the main course management system administrator and for more advanced technical support the provider is able to draw on their outsourced information technology contractor. [Obs 3] In terms of information technology, other than classroom audiovisual equipment, office equipment and Wi-Fi there is little provision, and the provider is clear with students that they need to have their own device. Through response to questioning as part of direct assessment [Obs 3] it was confirmed that the provider has access to the expertise of an outsourcing contractor to support networking, internet and general computing needs, on an 'as needed' basis. The team considers the arrangements in place to support students is sufficient and appropriate.

258 The provider's initial response to the COVID-19 pandemic involved moving to the use of videoconferencing for one term, starting in March 2020. All students were required to sign confidentiality agreements as regards the prudent use of an online platform during that period (for example, to ensure that the confidentiality assured on the premises by the use of soundproofed triad rooms be replicated in the online environment). No gap in teaching occurred as a result of that transition and all sessions took place. Given the nature of the delivery and the core role of triads in which students practise the counselling and therapeutic sessions which are integral to their programme, the provider returned to face-to-face delivery at the earliest opportunity with appropriate COVID-19 mitigations, evidenced by the published sector case study on the provider's COVID response. [010]

259 Pastoral (as well as academic) support, in the first instance, is provided by each student group's programme lead, with specific/additional support in respect of academic learning needs provided through a dedicated Learning Support tutor with responsibility in this area. The provider does not outsource any aspects of student support, other than Disabled Students' Allowance (DSA) assessments (with no single DSA assessor used), which was confirmed as part of direct assessment. [Obs 3] Disability support is provided through the provider's operational staff in the first instance, then the Principal. Students confirmed their awareness of these arrangements when meeting with the assessment team [M5] and regarded student support services as sufficient and appropriate, facilitating a high-quality academic experience. Evidence of continuing professional practice (CPD) in respect of student support was provided to the team, especially as regards CPD delivered by the Learning Support Tutor to other employees at the provider. [096]

260 In addition to the personalised support through the Programme Lead system, the provider supports students with a very wide range of full information sheets that have been built up over the years, for example the Matrix Meta Framework [001] directly relates the programme philosophy to students in an accessible format and the Readiness to Practice Info Sheet [057] gives very practical career-related information, again in a relevant and accessible format. Overall, the assessment team found the provision of these clear information sheets to students as summarised in information resources available within the course management system [037] to be a valuable part of the wider support offered to students at the provider. Furthermore, students are also supported in terms of their development as professionals through the provision by the provider of the BSc Portfolio Completion Checklist, [002] a particularly useful resource for students that references the different requirements of the provider, University, PSRB (UKCP) in a clear and direct fashion. When meeting with the team, [M5] students regarded these supporting resources as appropriate, facilitating a high-quality academic experience.

261 Given the mixture of academic and professional practice dimensions of the programme in combination with the mature-age profile of the student body, the provider offers a 'consolidation year' approach in support of the student experience, this is a year out of academic study whilst undertaking the course [087] allowing students time to catch up, whether that be in terms of their academic work or ensuring that the placement hours or their own counselling hours are sufficient, prior to progressing to the next stage of their

programme. 'Consolidation' is a means of supporting and retaining students who may otherwise be lost or fail to perform to their best ability, as outlined in the Student Terms and Conditions [087] with very clear information provided to students in their Student Handbook 2021-22 [015] as regards the reasons for a consolidation time frame, the costs associated with the same and the implications for student finance, in an honest, direct and appropriate fashion. In summary, although students would not typically aim to use the consolidation year arrangements, the availability of this can make a difference between continuation and failure and there can be no doubt that the reasons for the use of the consolidation year are made entirely transparent to students. The team's assessment of a consolidation year confirms that the provider offers a high-quality student support service.

Conclusions

262   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

263   The assessment team concludes that the provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. This is because the provider's site is the culmination of a long-term strategic vision on the provider's part, with ongoing plans for development and improvement in terms of facilities, learning resources and student support (for example the leasing and fit-out of a second, adjacent building to the same high standards in response to growth in numbers). The provider's governors and operational team demonstrated to the assessment team that there is a unity of purpose and shared understanding of responsibilities within the provider's organisation and continued planning for further improvements.

264   Students' views through the student submission, NSS, Programme Voice Group minutes and the student meeting with the team all correlated and were consistent. Overwhelmingly positive feedback is provided, on which the provider acts, with the main consistent issue reported by students being the unavailability of e-journals. Nevertheless, students agree that the provider's workaround in terms of purchasing 'on request' resources works in practice, and the University is content that this does not pose a threat to quality.

265   Direct assessment further confirms that the provider demonstrated a credible standard of service to students, having realistic regard to scale, with a demonstrable link to outcomes through oversight and awareness on the part of the University and PSRB where relevant. The assessment team concludes, therefore, that the Core practice is met.

266   The assessment team, in considering the provider's structures and policies, strategies, plans and implementation of actions to improve facilities, resources and support for students, finds that all sources of information available were entirely congruent and robust. The assessment team has, therefore, a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Governance Handbook and terms of reference [005-007]
b   Student Handbook [015]
c   Periodic Review Report [016]
d   External Examiners' Reports [019, 102]
e   Minutes of the Academic Board [020 - 022]
f   2021-22 Action Plan [027]
g   Minutes from Programme Voice Groups [028, 042, 043]
h   Student consultations [031; 073]
i   Annual Evaluatory Report (2020/21) [044]
j   Community Café Advert [062]
k   Student consultation on the policy review [073]
l   Student representative training presentation [074]
m   Quality and Standards Policy [083]
n   Learning teaching and assessment strategy [093]
o   Student submission [106]
p   Meetings with Operations Team [M1]
q   Meeting with Programme Leads and Tutors [M4]
r   Meeting with students, [M5]

How any samples of evidence were constructed

270   The team considered examples of approved course documentation for all courses delivered by the provider (programme and module specifications and clinical placement documentation).

271   The team viewed a simple random sample of assessed student work from the provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and 6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work, the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

Why and how the team considered this evidence

272   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

273   To identify how the provider actively engages students in the quality of their educational experience the assessment team reviewed the Quality and Standards Policy, [083] the Student Handbook, [015] the Governance Handbook and terms of reference, [005-007] and minutes of the Academic Board. [020 - 022]

274   To assess the provider has plans for engaging students, individually and collectively, in the quality of their educational experience and whether these plans are credible, robust and evidence-based, the assessment team considered the Student Handbook, [015] the provider submission, [000] minutes from Programme Voice Groups, [028, 042, 043] minutes from the Academic Board, [020-022] the provider's 2021-22 action plan, [027] 2019-20 annual programme review, [044] evidence of student consultations, [031; 073] the student representative training presentation [074] and the Learning, Teaching and Assessment Strategy. [093]

275   To illustrate the impact of the provider's approach, the assessment team sought examples of the provider changing or improving provision as a result of student engagement, specifically in the provider submission, [000] Programme Voice Group minutes, [028, 042, 043] Academic Board minutes, [020-022] External Examiners' Reports, [19, 102] the latest Period Review Report, [016] the Community Café Advert [062] and the student submission, [106] as well as in meetings with staff [M1 Ops Team; M4 Teaching Staff] and students. [M5]

276   To identify students' views about student engagement in the quality of their educational experience, the assessment team considered the Annual Evaluatory Report (2020-21), [044] minutes of the Programme Voice Group meetings, [042,043,028] minutes of the Academic Board, [020-022] student consultation on the policy review, [073] the student submission [106] and met students at the review visit. [M5]

What the evidence shows

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

278   The assessment team found that the provider has student engagement systems that allow students to engage in the quality of their educational experience individually and collectively. Student engagement with the provider's quality system is thoroughly described in the Student Handbook, [015 p29] where options for student feedback are detailed including the student representative system, feedback surveys and the role of Programme Voice Groups, which are twice-yearly forums for student representatives and senior academic staff to discuss issues pertinent to the student body.

279   The provider includes references to student engagement in the Quality and Standards Policy, [083] and states that enhancing the student experience is a key priority. The policy further states that students and student feedback are involved in programme approval, development, monitoring and review. [083] Similarly, a commitment to student engagement is stated in the Learning, Teaching and Assessment Strategy [093] with the provider stating that feedback is essential to students' development through the various

forms of feedback opportunities.

280   Notwithstanding the absence of an overarching policy or strategy to describe the provider's approach to engaging students in the quality of their educational experience, the processes and opportunities that are described through the provider's student-facing documentation demonstrate a credible approach to student engagement. This is supported by the provider's overall relational approach to engaging with its students that aims to reflect the behaviours that students are being taught as counsellors. The consistency of this approach across the available documentation and policies also shows that it is robust.

281   Core to the provider's plans for engaging students collectively in the quality of their learning experience is the student representative system, [015 student handbook] whereby each stream of each year group has two student representatives who are elected by their peers at the beginning of the year. [015 student handbook; 000 provider submission] This is described clearly and transparently for all students in their Programme Handbook. [015] Student representatives receive appropriate training from the Principal [074 rep training presentation] when elected, that covers the role of the student voice, the types of issues that they are in place to represent and how to collect and share feedback. The student representatives' main responsibility is to attend the Programme Voice Meetings to feed back from their programmes. [028, 042, 043] The team noted that the dates of Programme Voice Groups are shared with all cohorts through the Student Handbook [015] at the beginning of the year which ensures all students are properly informed about these opportunities to give feedback well in advance. This level of detail ensures that these plans are clear, credible and transparent. Student representatives are engaged in this process and provide thorough and critical feedback to the provider, [028, 042, 043 Programme Voice Group Minutes; 020-022 Academic Board Minutes] which reflects a mature and ongoing conversation about the quality of the provision at the provider. For example, student representatives have used deliberative committees to provide feedback and ideas on how students could be further supported with their academic work, [021 Academic Board April 2021] and the provider has used Programme Voice Meetings to ask students' opinions about proposed changes to the course layout. [028 PVG Minutes Nov 20] As a result, the team is of the opinion that the student representative system is credible and accessible, and so enables the provider's plans to be evidence-based and robust.

282   Two student representatives attend the Academic Board, [005 Governance Handbook] with evidence from Academic Board minutes [020-022] that students regularly attend these meetings and use them as a venue to provide feedback or ideas for improving the student experience. These feedback mechanisms described provide a wide range of opportunities for the provider to engage students individually and collectively in their educational experience.

283   Students also have individual means to provide feedback in an annual end-of-year survey (introduced in the 2020-21 academic year) [044 APR] and frequent module and teaching evaluations which take place at the end of every teaching weekend. The assessment team was informed by both students and teaching staff about how this feedback is considered, [M4 Teaching staff; M5 Students] with students confident that all their feedback is reviewed and potentially acted upon. Both students [M5 students] and staff [M1 Ops Team; M4 Teaching staff] also impressed that feedback is often exchanged directly between students and programme leads during their teaching blocks. Lastly, students reported that they can provide individual anonymous feedback through a Comments Box placed in their communal café area. [M5 Students]

284   The team also reviewed evidence that students are consulted on changes to their programme through surveys, [031 Student Consultation on removing Dip Viva] and involved in the design of upcoming programmes such as the proposed master's degree. [027 Action

Plan, Point 6] Students have also been involved in an ongoing policy review, [027 action plan; 073 student report on involvement] where a group of students were asked to give their feedback on suggested upcoming changes to the provider's policies. The variety of approaches for students to provide feedback ensures that the provider's plans are evidence-based and robust.

285   The provider's approach for engaging students in the quality of their educational experience is effective because there are multiple examples of the provider changing and improving the students' learning experience as a result of the student engagement processes described. One example is that teaching on suicide was moved to earlier in the course in response to student feedback that this would make students feel more prepared to begin their placements; this was raised in the Programme Voice Group in November 2020 [028 PVG Minutes] and then addressed in the Academic Board minutes from February 2021. [020 Academic Board Minutes] Teaching and operational staff confirmed that these changes had been put in place for the forthcoming academic year. [M1 Operations Team; M4 Teaching Staff] The assessment team was also informed by students at the visit that this change was made in response to their feedback, and that it would make a positive difference to them. [M5 Students]

286   Another example is the introduction of Community Cafés, [062] which allow students to hear from multiple external speakers. These were introduced partly in response to calls from students for more diverse speakers. [000 Submission; 044 Annual Evaluatory Report 2020/21] These now run every eight weeks and are well received by students. [042 PVG May 2021; M5 Students] These examples illustrate that students are aware of how changes are made in response to their feedback, although the provider illustrated in its 2021-22 Action Plan that it wants to be more deliberate in communicating changes back to students through using a 'You Said, We Did' approach. [027 Action Plan 2021-22]

287   The ongoing feedback cycle between students and the provider about the course resulted in change for the students and was positively recognised in the 2018 periodic review by the University [016] and by the external examiner who sat in on a Programme Voice meeting in 2020-21. [102 and 019 EE Reports] Staff met by the team were clear that ongoing discussion of feedback and using it to change and improve was an important aspect of the professional relationships they were modelling for their students as educators. [M1 Ops Team; M4 Teaching Staff]

288   Students met by the team, including student representatives, agreed that they have opportunities individually and collectively to engage in the quality of their educational experience and made reference to the strong relational approach taken by the provider as a whole which encourages ongoing critical dialogue between students and staff. [M5 Students] These students all agreed that they find it easy to provide feedback on their course to the provider, and that student representatives feel well supported to fulfil their roles. [M5 students] A report written by students on their involvement in the ongoing policy review also stated that staff have ensured that they have had meaningful involvement in helping to develop policies. [073 student report]

289   The team noted that students take an active role in quality systems at the provider, with meaningful participation in Programme Voice Groups [028; 042; 043] and Academic Board meetings, [020-022] and 78 of 91 (77%) students responding to the end-of-year student survey in 2020-21. [044 Annual Report] Of the respondents to the survey reported in the student submission [106] 51 out of 54 (96%) agreed that they had good opportunities to engage with the provider to ensure that they are offered a high-quality educational experience.

Conclusions

290   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

291   The team concludes that the provider has a clear and effective approach to actively engaging students, both individually and collectively, in the quality of their educational experience that is well understood by students and staff. The approach is strongly embedded in all of the provider's ways of working with students, which emphasises a relational approach to engaging students that enables critical discussion and feedback. Students can provide feedback individually through direct conversations with staff, leaving comments in an anonymous comments box, and through surveys taken after every teaching weekend and also at the end of each year. Collectively the student representative system represents students' interests through Programme Voice meetings and in the deliberative committee structure.

292   As a result, students are confident that the provider engages with them in the quality of their educational experience and will act on their feedback. Students gave multiple examples of how feedback they had provided individually to teaching staff, or through their student representative systems had resulted in positive changes to their curriculum and resources. Student representatives feel well supported in their roles and have a variety of opportunities to provide feedback to the provider, in student-focused meetings as well as through deliberative committees.

293   Staff also gave examples of the provider changing and improving the students' learning experience as a result of student engagement, such as student support provision and learning resources, and described their approach to student engagement as being an important part of the relationship that they model with their students. Overall the provider's ongoing plans to continue to engage students are robust and credible. The assessment team concludes, therefore that the Core practice is met.

294   The assessment team was able to review all of the evidence indicated in Annex 4, this evidence was triangulated in meetings with students and staff. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Memorandum of Cooperation [012-013]
b   Student Handbook [015]
c   Assessment Board minutes [018]
d   Action Plan [027]
e   Annual Evaluatory report [044]
f   Student consultation on the policy review [073]
g   Matrix Codes and Procedures Handbook [075]
h   2021-22 student enrolment letter [078]
i   Responsibilities Checklist [085]
j   Academic Appeals Policy [091]
k   List of Academic Staff [101]
l   Additional Evidence Request [105]
m   Student Submission [106]
n   Meeting with Students [M5]
o   Meeting with University representatives [M3]
p   Meeting with Programme Leads and Tutors [M4]
q   Meetings with Operations Team. [M1, M6]

How any samples of evidence were constructed

298   The assessment team was unable to scrutinise any samples for this Core practice as there have not been any complaints or academic appeals over the past three years.

Why and how the team considered this evidence

299   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them

are outlined below:

300 To identify the provider's processes for handling complaints and appeals, and to confirm that these processes are fair and transparent, the assessment team considered relevant policies, namely the Student Complaints and Grievance Procedure [075] and the Academic Appeals Policy, [091] as well as the list of academic staff, [101] Student Handbook, [015] the Responsibilities Checklist, [085] Memorandum of Cooperation [012-013] and the Assessment Board minutes. [018] The assessment team also considered evidence from a meeting with the University at the review visit. [M3]

301 The assessment team considered the provider's plans for complaints and appeals to assess whether the plans were credible and evidence-based and allowed for developing and operating transparent procedures for handling complaints and appeals which are accessible to all students. This included the review of the provider's Action Plan, [027] evidence of student consultation on the policy review, [073] the provider's latest Annual Evaluatory Report, [044] and meetings with staff at the review visit. [M1 Ops Team, M4 Programme Leads and Tutors, M6 Final] The assessment team also considered the Additional Evidence Request provided. [105]

302 To assess whether information for potential and actual complainants and appellants is clear and accessible, the assessment team considered the Student Handbook, [015] the public website of the provider, [https://matrix.ac.uk accessed: 15.11.2021] the 2021-22 student enrolment letter, [078] the provider's Codes and Procedures Handbook, [075] the Complaints and Grievances Procedure [075] and the Academic Appeals Procedure. [091]

303 To identify students' views about clarity and accessibility of the provider's complaints and appeals procedures, the team held a meeting with students [M5] and reviewed the student submission. [106]

What the evidence shows

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

305 The Student Complaints and Grievance Procedure [075 Matrix Codes and Procedures Handbook] consists of three phases: informal, formal and review. The informal phase is based around the provider's relational approach with students to resolving issues and encourages the complainant to discuss their concern with their programme lead. If there is no resolution then a three-way meeting with a moderator can be convened, still within the informal phase, to attempt a resolution. There is a limit of four weeks in the informal stage (or 12 weeks over a holiday period) to resolve a complaint, and any actions agreed in a three-way meeting should be communicated in writing to the student within 10 working days. If the informal process is unsuccessful the matter becomes formal. The provider recognises that in some circumstances matters may be escalated to the formal stage initially. The escalation to this formal stage should be communicated in writing within two weeks of the unsuccessful meeting in the informal stage, and this escalation should be acknowledged within two weeks of receipt. An external independent moderator will be appointed to investigate the complaint and advise whether the complaint is to be upheld or not over a period of usually no longer than one month. At the end of the formal stage the Principal will issue a Completion of Procedures letter. The time limits that are outlined within the procedure [075 Matrix Codes and Procedures Handbook] should deliver timely outcomes, although there is no time limit given for the timeframe for the provider to appoint an external moderator, which could cause delays to the process.

306 The review phase of the procedure informs students of their right to raise a complaint to the University following the formal stage if they remain dissatisfied with the outcome. Reference to the University policy is available within the provider's policy for students.

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Students are also informed of their option to refer to the Office of the Independent Adjudicator (OIA) following this if they are still concerned. The provider is a member of the OIA scheme.

307   Similarly as in Q1 the 'Head of Training' is named as the person responsible for receiving and responding to complaints; [075 Codes and Procedures Handbook] however, there is no member of staff with this title currently employed at the provider, [101 Academic Staff List and Qualifications, 015 Student Handbook p13-17] although the Head of Clinical Practice and programme leads are named in the policy and attributable to current staff. This is a minor documentation error but without a person responsible for the policy who can be recognised under a current staff title could undermine the fairness, robustness and credibility of the policy.

308   The Academic Appeals Policy [091] states that it applies to appeals against final decisions regarding not to award an Honours degree, the termination of a student's programme of study or a decision not to award a positive Fitness to Practice assessment to a student in order for them to start their professional placement. Appeals against individual assessment decisions are not listed as being possible in this policy. [091 Academic Appeals Policy] It is unusual that students cannot appeal against individual assessments, but in meetings both students [M5 Students] and staff [M4 Teaching Staff] described the current process of providing support to students who fail to complete a deferred submission as sufficient to address a student's dissatisfaction with an assessment outcome. Since awards are made on a pass/fail basis the assessment team was of the opinion that this was a functioning system but that instances may arise in the future where the possibility to appeal assessment decisions may make the difference between a student receiving their degree award or not. The general grounds for appeal are procedural irregularities, evidence of prejudiced or biased decisions, or taking a decision that no reasonable person would find comprehensible. [091 Academic Appeals Policy] Perceived shortcomings in tuition, matters of academic judgement or disagreement with an award made are not acceptable grounds for appeal. However, the policy [091 Academic Appeals Policy] also states that disagreement with the actual award made for a piece of assessed work is not grounds for appeal unless grounds can be established. The meaning of this wording was not clarified in meetings since staff were not familiar with the appeals procedures as they have not been used recently. [M1 Ops team; M4 Teaching Staff]

309   In the Responsibilities Checklist, [085] academic appeals are the responsibility of the provider. However, Assessment Boards are hosted by the University [018 Assessment Board minutes] and the University is the awarding body for awards earned by students of the provider. [012-013 Memorandum of Cooperation and updates] The provider's Academic Appeals Policy [091] states that students can appeal to the provider regarding the decision not to award an Honours degree, but also states that the Appeals Board cannot change degree awards. As such, the Academic Appeals Policy [091] cannot be considered definitive in regard to appeals against degree outcomes, including the awarding of Honours, and it is not clear in the policy how appeals against an overall degree outcome should be managed between the provider and the University. Despite this, the policy was confirmed as having been approved by the University by the Link Tutor during a meeting with the team. [M3 University]

310   Whilst the grounds for academic appeals were lacking in clarity, the steps for managing appeals that the Academic Appeals Policy [091] describes in terms of timelines and stages are clear and transparent. Appeals are first considered by the Principal and are then considered by the Operational Team to make a decision as to whether the original decision should be revised. This decision is communicated to the student within 10 working days. If the student is dissatisfied with this outcome their appeal can be considered by an internal Appeal Panel, consisting of two members of the Academic Board who have not been

involved in the original case. The decision of the Appeal Panel will be shared with the student within 10 days of the meeting; however, there is not a specific timeline for the convening of this meeting, or how long after the initial decision a student can ask for their case to be heard by the Appeal Panel. The procedure does state that the overall appeals process should take 90 days, and if not, then students will be given a revised timeline, which ensures that appeals will be dealt with in a timely manner. The policy makes students aware of their ability to appeal the decision with the University and then the Office of the Independent Adjudicator (OIA).

311   The Student Complaints and Grievance Procedure is included as part of the provider's Codes and Procedures Handbook, [075] which is shared with students upon enrolment, [072 Enrolment Letter] is available on their virtual learning environment and on the provider's website. [https://matrix.ac.uk/compliance/ accessed: 15.11.2021] The Student Handbook [015] also has a section on complaints (page 30) which points students to the provider's Codes and Procedures Handbook. [075] As such, these procedures are accessible to students. As discussed above, the timelines and stages provided by both the Complaints and Grievances Procedure [075] and the Academic Appeals procedure [091] are clear, but there is a lack of clarity on the scope of both policies with respect to informal complaints and the role of the provider in appeals against degree awards.

312   The Student Handbook [015] emphasises that the complaints procedure follows the principles of restorative justice, which are core to the relational theme of the programme itself and summarises the process for students. The Student Handbook [015] and Complaints and Grievance Policy [076] informs students that they can go to the University with the complaint if it is not upheld by the provider, and also informs them of the role of the Office of Independent Adjudicator (OIA).

313   The assessment team found in meetings that staff were unclear about the separation of complaints and appeals as two separate procedures. [M1 Operations Team, M4 Teaching Staff] This was attributed by staff to the fact that there had been no complaints or appeals in recent years, and so was not an area that staff were familiar with. [M4 Teaching Staff' M1 Operations Staff] However, staff knew that there were procedures for these processes, and that they could consult the procedures if needed. [M4 Teaching Staff] The team also found that staff were unclear on when the informal complaint process would be used, since critical feedback from students was managed through the relational approach that the provider models to address any issues that arise from the student body. [M1 Operations Team; M4 Teaching staff]

314   In order to collate information about students' informal concerns and critical feedback so that trends can be identified, the assessment team heard that staff regularly meet to share the feedback they receive from students at their Programme Lead meetings and that they would bring any such issues to these meetings to discuss them with the group [M1 Operations Team; M4 Teaching Staff; M6 Final Meeting]. Due to the small size of the provision and the ongoing communication between staff at Programme Lead meetings, all staff were confident that any informal issues would be shared in this way and themes could be identified. [M1 Operations Team; M4 Teaching Staff; M6 Final Meeting] These plans for handling issues were shared between staff in all meetings, and so the assessment team considers them to be credible. Additionally, there is credible evidence of this relational approach being used to address student concerns. For instance, a reparative conversation is reported as having taken place between a student and a staff member, who the student felt caused deliberate offence. [044 Annual Evaluatory Report, Page 10] This comment from the student was identified from written feedback, and programme staff followed it up with the student, leading to a reparative conversation that resolved the issue. [044 Annual Evaluatory Report, Page 10] Whilst this example aligns with the informal complaint process, apart from the conclusion step of sending written feedback to the student, the provider has not recorded

any informal complaints in the past five years. [105] The assessment team was of the opinion that this reflected a lack of clarity on what would be considered to be an informal complaint, whereby the student could hold the provider accountable to the timelines published in their policy and receive written feedback on the resolution. This lack of clarity results in a lack of transparency for both students and staff, and in turn affects the robustness of the provider's plans.

315   The provider has a plan [Action Plan [027] which started in January 2022, to review all codes and policies and so was ongoing at the time of the review. The team considers these plans to be credible and evidence based since they are included in the provider's Action Plan [027] and there has already been student consultation on this assessment. [073 Consultation with Students notes]

316   The provider has not received any formal or informal complaints in the past three years from students. However, one complaint was received from an applicant regarding the admissions policy for prospective applicants recovering from addiction. [000] This complaint is discussed further in Q1. The provider has also received no academic appeals in the last 10 years. [105 QSR Evidence Requests] As such, the assessment team have not been able to review any examples of specific complaints or academic appeals.

317   Students who met the team did not raise any serious concerns about the fairness, transparency or accessibility of the complaints and appeals procedures available to them, but also admitted that they were unfamiliar with these policies and what they covered since they had never needed them. [M5 Students] That said, students told the assessment team that they knew where they could find these policies if they needed them, and also that they could ask staff for this information if it was required. [M5 Students] The students met by the team were confident that if they did have a complaint or appeal then the provider would deal with this fairly, and this confidence in the provider's approach was also reflected in the survey provided in the student submission. [106 Student Submission] Students could not comment on the application of these policies since they have not been applied.

Conclusions

318   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

319   The assessment team concludes that the provider has processes for managing complaints and appeals that should deliver timely outcomes for students. The provider's procedures for the handling of complaints and appeals are accessible to students and written in a way that is fair and generally transparent. For the most part the procedures describe timely outcomes, and though some stages do not have time stipulations there are overall time limits for the processes to complete that ensure a complaint or appeal being resolved in a timely manner.

320   However, it was unclear as to whether the complaints and appeals procedures could be considered deliberative and robust. This is because of, respectively, a lack of clarity about the distinction between an informal complaint and critical student feedback and because the provider is not ultimately responsible for student awards. As well as this, the title of the staff member responsible for the complaints process is not the title of a current member of staff.

321   Since the provider has not received any formal complaints or appeals the assessment team was unable to scrutinise any examples to see whether the procedures were followed in practice. Both staff and students were unfamiliar with the complaints and appeals procedures but did know where they could find them if they needed them. Both staff and students were also unclear about the distinction between complaints and appeals. Irrespective of this, students met by the team were confident that concerns they raised would be dealt with in a fair manner, consistent with the provider's relational approach. The team saw evidence of this relational approach being used to resolve a concern from a student in the documentation provided, and also heard that the staff team work closely together to identify student concerns at an early stage and communicate frequently as a team to ensure that any concerns are dealt with fairly. In practice, the provider's plans to deliver fair, transparent and accessible complaints and appeals procedures are supported by an ongoing review of these procedures which has so far included student consultation. This review was ongoing at the time of the visit.

322   Despite the lack of clarity surrounding the appeals and complaints procedures, the assessment team determined that interests of students have not been harmed. Additionally the policies and procedures are accessible, clear and would provide timely outcomes if followed. The assessment team concludes, therefore, that on balance the Core practice is met.

323   Due to the fact that staff were generally unable to clearly describe the provider's plans for delivering complaints and appeals, there being a lack of clarity in terms of what is considered to be an informal complaint, and a lack of clarity about the provider's responsibility for appeals against academic awards, the assessment team has a low degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Governance Handbook Nov 2021 [005]
b   Academic Board Terms of Reference [006]
c   Operational Team Terms of Reference [007]
d   Organisational Structure [008]
e   Sector Supporting Resource [010]
f   Middlesex University Partnership Agreement [011]
g   Middlesex University Memo of Cooperation [012]
h   Student Handbook 21-22 [015]
i   Middlesex University Review Report [016]
j   PCIPC SETS 2019 [023]
k   UKCP OMR Report Jan 21 [025]
l   Programme Voice Minute Nov 20 [028]
m   Middlesex University AMR Oct 21 [032]
n   Programme Voice Minute Mar 21 [042]
o   Programme Voice Minute May 21 [043]
p   Student Supervision Policy 21-22 [046]
q   Placement Feedback Oct 21 [055]
r   Student Codes and Procedures 21-22 [075]
s   Independent Assessor Report [077]
t   Placement Agreement Sept 21 [080]
u   Quality and Standards Policy [083]
v   Responsibilities Checklist [085]
w   Student T&C [087]
x   QSR Student submission [106]
y   Programme specification [113]
z   Direct observation of facilities and resources [Obs 3]
aa   Meetings with Operations Team [M1]
bb   Meeting with Programme Leads and Tutors [M4]

cc   Meeting with students. [M5]

How any samples of evidence were constructed

327   The team did not undertake any sampling for this Core practice.

Why and how the team considered this evidence

328   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

329   To assess how the provider ensures courses are high quality irrespective of where or how courses are delivered or who delivers them, the team considered the relevant regulations [014] and policies of the University as referred to in the University Partnership Agreement [011] and the University Memorandum of Cooperation [012] to determine the partnership infrastructure in place, as success on placement is required for the students to graduate successfully from their programme as defined in the programme specification. [113]

330   To assess whether the provider has credible, robust and evidence-based plans for ensuring a high-quality academic experience in partnership work, the team considered the Responsibilities Checklist, [085] Governance Handbook Nov 2021, [005] Academic Board Terms of Reference, [006] Operational Team Terms of Reference, [007], the Matrix Organisational Structure [008]; the outcomes of University periodic [016] and annual monitoring reviews, [032] and a recently published sector case study showcasing the provider's success in supporting students during the pandemic. [010] The team also undertook a Direct observation of facilities and resources. [Obs 3]

331   To assess students' views about quality of courses delivered in partnership, the team met with students [M5] and considered the Student Handbook 21-22, [015] the Student Terms and Conditions [087] and, in respect of standards of ethical and professional conduct, the Student Codes and Procedures 21-22. [075] The assessment team then triangulated student feedback for consideration through review of the student submission [106] as well as through further documented sources including the Programme Voice Minutes Nov 20. [028, 042, 043]

332   To test the basis for the maintenance of high quality within specific partnerships, and that those arrangements are in line with the provider's regulations or policies, the team reviewed the key sources of information including the Student Supervision Policy 21-22 [046] set within the Quality and Standards Policy [083] and the multilateral Placement Agreement Sept 21, [080] which is the binding agreement between the provider and placement organisation as well as the professionally qualified workplace supervisor and the student.

333   To test that external examiners or verifiers consider courses delivered in partnership to be of high quality, thus confirming the effectiveness of the underpinning arrangements the team reviewed feedback from the placement organisations [055] and from the independent external assessor [077] (see S4).

334   To assess how other organisations regard the quality of courses delivered in partnership feedback from the PSRB to the provider as regards their provision, including

placements, (UKCP OMR Report Jan 21 [025]) was also considered by the assessment team.

335   To test whether staff understand and discharge effectively their responsibilities to the awarding body, the team met with the Programme Lead and Tutors [M4] and the operational team. [M1]

What the evidence shows

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

337   The Memorandum of Co-operation [012] states that the provider adopts the University's regulations. The memorandum [012] also references the University Academic Regulations [014] which describe clearly the eligibility for, and accreditation of, placements for students. Approved course documentation [113 Programme and 114 Module Specifications] details the placement requirements.

338   The team confirmed that the University validates programmes designed with reference to both the Subject Benchmark Statement and PSRB (UKCP) and that, as a consequence, the provider's arrangements for assuring quality delivery are secure. The provider has put in place simple but appropriate structures for the management of quality in partnership set out in the Governance Handbook Nov 2021, [005] the Responsibilities checklist, [085] the Academic Board Terms of Reference [006] and the Operational Team Terms of Reference, [007] which are reflected in the Organisational Structure [008] and which complement/do not contradict the expectations of the PSRB [023] or of the University. [011,012] Although the provider has created clear and simple governance oversight consisting of the Board of Governors (strategic responsibilities), Academic Board (mainly responsibilities for Standards) and an Operational Team (mainly responsibilities for Quality), none of these bodies has been explicitly formally charged with responsibility for placements delivered through external partnership with placement organisations, leaving a gap in the provider's governance responsibilities. [005 Governance Handbook, 006 Academic Board Terms of Reference, 007 Operational Team Terms of Reference] As a result the informal and undocumented nature of lines of accountability within the provider's governance structure for such a critical aspect of delivery potentially present a risk to quality and the oversight of provision.

339   Information given to students in their Student Handbook [015] is clear in terms of what is expected of them from their placement learning and their readiness to practise meaning that they have the skills, knowledge and character to practise the profession of counselling safely and effectively as assessed by the Programme Lead. The Student Handbook [015] provides detailed information regarding the placement process which includes details about the process of getting a placement, the placement agreement and a supervisor. This handbook [015] also provides information for students on the hours of placement and clinical supervision required as well as information should they have any concerns regarding their placement at any time. The Student Codes and Procedures (2021-22) [075] provides students with information regarding student conduct and discipline while on placement and details the process that will be followed should such matters occur.

340   The team is of the opinion that the Student Handbook, [015] Student Terms and Conditions [087] and Code and Procedures [075] and approved course documentation [113 Programme and 114 Module Specifications] provide credible and robust plans to ensure a high-quality academic experience for provision delivered in partnership.

341   Students initiate placement arrangements themselves, many placements are at long-standing, known settings with known partnership organisations and the provider holds a list of 'trusted' placement providers. Students are typically asked to do two or three sessions

with clients a week to start with (although this can eventually progress to as many as six per week). The provider will not agree to placements which involve going to client houses nor to work placements in high-risk environments such as prisons. As part of the direct assessment [Obs 3] further detail in terms of the practical arrangements for placements in work-based settings and the extent to which the provider aims to assure quality at all times was made available [Obs 3] confirming that all placement settings are visited by the provider for approval. This was also made known in the meeting with programme leads and tutors. [M4]

342   Following approval of a placement setting, the provider then determines the suitability of the student's professional supervisor at the placement provider. All placement supervisors [Supervision Policy 046] must firstly have the qualifications and professional registration to be acceptable to the PSRB, which, once known, results in a separate process of approval by the provider in accordance with the Quality and Standards Policy [083]. Finally, once all approvals are in place, the provider, the student, the placement provider and the placement supervisor must each agree to the multilateral placement agreement [080] which has been developed and refined over the years and which makes clear the responsibilities of each party. Agreements in place are therefore comprehensive and up to date and reflect the provider's policies, as guided by PSRB, for the management of placement partnerships. The team concurs that the provider has clear and comprehensive regulations or policies for the management of partnerships with other organisations, to ensure that the academic experience is high quality, irrespective of where or how courses are delivered and who delivers them.

343   During the COVID-19 government restrictions, the provider has been committed to the provision of clinical placement and this commitment has been seen as noteworthy in a recently published sector case study showcasing the provider's success in supporting students during the pandemic. [010] The team agrees that the provider has effective arrangements to ensure the experience is high quality.

344   There is evidence of the provider paying significant attention to student feedback [028, 042, 043] and the degree to which this feedback is further shared with partners, including the validating University, the PSRB - UK Council for Psychotherapy (UKCP) and placement providers themselves was confirmed in follow-up meetings with staff [M4] and the provider's operational team. [M1]

345   The views of the provider's placement provision, as delivered in partnership, have been positively evaluated by the PSRB, as fully detailed in its 2021 report. [025] The view of the provider's independent external assessor report [077] focused principally on the evaluation of student performance on placement is overwhelmingly positive, as are the outcomes of University periodic [016] and annual monitoring reviews, [032] including input from external examiners. The team is of the view that external examiner and verifier reports and information confirm that the academic experience is high quality.

346   In meeting with the team, teaching staff [M4] as well as the operational team [M1] and University [M3] provided reports that were consistent with the documentary evidence reviewed and with the views of the PSRB and University periodic review of provision [095] and external examiners. Staff from both the delivery partner and the awarding body/organisation understand and articulated their respective responsibilities for quality to ensure that the academic experience is high quality in partnership.

347   The team received very positive feedback from students on all aspects of their placement experience, both in written submissions [106] and meetings, [M5] entirely in keeping with all other sources of evidence and feedback on placement learning [055] delivered through partnership between the provider, student, placement organisation and supervisor. The team is of the opinion that students receive an academic experience that is

high quality irrespective of where or how courses are delivered and who delivers them.

Conclusions

348   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

349   The team concludes that where the provider works in partnership with other organisations, it has in place effective arrangements and credible, robust and evidence-based plans to ensure that the academic experience is high quality irrespective of where or how courses are delivered and who delivers them, and the provider works successfully in partnership with external placement providers, within a rigorous framework set by the PSRB which supports students' high-quality learning experience. Furthermore, the provider operates within the terms of secure partnership agreements with clear and comprehensive regulations and policies from the University in support of standards and a high-quality academic experience.

350   The provider has developed comprehensive systems for the effective approval of placement settings and the management and monitoring of students on placement, having regard to the requirements and expectations of the PSRB and the University as well as to the needs of the students. The provider has made appropriate arrangements for the provision of full guidance on placements to students through their Student Handbook as well as in core ethical and professional codes and its Supervision Policy and for these arrangements to be formalised through the Terms and Conditions.

351   Effective multilateral placement agreements are clear and reflect the expectations of the PSRB and University as well as of the provider itself. Staff views, the views of students, the view of the independent external assessor, the views of placement providers and the views of the PSRB are clear and united in respect of the quality of the placements provided in partnership with external organisations.

352   The assessment team concludes, therefore, that the Core practice is met.

353   As a result of the informal and undocumented nature of lines of accountability within the provider's governance structure for such a critical aspect of delivery, the assessment team therefore has a moderate degree of confidence in this judgement.

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

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

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

The evidence the team considered

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

a   Provider submission [000]
b   Memorandum of Cooperation [012]
c   University of Academic Regulations [014]
d   Student Handbook [015]
e   Minutes of the Assessment Board November 2020 [018]
f   Minutes of the Academic Board [020-022]
g   Annual Evaluatory Report [044] and action plan [027]
h   Annual Monitoring Report from the University [032]
i   Minutes of Programme Voice Group meetings [028, 042, 043]
j   Student Supervision Policy [046]
k   Admissions Policy [050]
l   Application form [051]
m   Student progression data [054]
n   Learning Support Report [072]
o   Personal learning journal information sheet [079]
p   Learning Support information sheet [081]
q   Overview of the annual 'What Next' Day [082]
r   CPD record for the Learning Support Tutor [096],
s   Learning Teaching and Assessment Strategy [093]
t   Marking Guide for Tutors [094]
u   Student submission [106]
v   Meetings with Operations Team [M1]
w   Meeting with Programme Leads and Tutors [M4]
x   Meeting with students. [M5]

How any samples of evidence were constructed

357 The team considered examples of approved course documentation for all courses delivered by the provider (programme and module specifications and clinical placement documentation).

358 The team viewed a simple random sample of assessed student work from the

provider's courses. The sample drew from FHEQ levels delivered (Levels 4, 5, and 6) over the academic years 2019-20 and 2020-21. Each sample included pieces of assessed work, the assignment brief, assessment and marking criteria, marked work and the feedback provided to the student.

Why and how the team considered this evidence

359   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the assessment team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the assessment team to make its judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the assessment team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

360   To identify the provider's approach to student support, including how it identifies and monitors the needs of individual students, the assessment team considered the University Academic Regulations, [014] student Handbook, [015] the Student Supervision Policy, [046] Admissions Policy, [050] Application Form, [051] Learning Support Tutor Report, [072] Learning Support Information Sheet, [081] and the Personal Learning Journal information sheet. [079]

361   To assess whether the provider has credible, robust and evidence-based plans for ensuring all students are supported to achieve successful academic and professional outcomes, the assessment team considered the provider's plans as evidenced in the Provider submission, [000] Memorandum of Understanding, [012] Annual Learning Support Report, [072] the provider's latest Annual Evaluatory Report [044] and action plan, [027] an overview of the annual 'What Next' Day, [082] Learning Support Information Sheet, [081] Learning Support Report, [072] CPD record for the Learning Support Tutor, [096] Marking Guide for Tutors, [094] Learning Teaching and Assessment Strategy, [093] minutes of the Assessment Board November 2020, [018] minutes of the Academic Board, [020-022] student progression data, [054] and the latest Annual Monitoring Report from the University. [032] The team also held meetings with staff during the review visit. [M1 Ops Team; M4 Teaching Staff]

362   To identify and assess students' views about student support mechanisms and to assess whether students who have made use of student support services regard those services as accessible and effective, the assessment team considered the Annual Evaluatory Report, [044] the minutes of Programme Voice Group meetings, [028, 042, 043] the student submission [106] and held a meeting with students. [M5 Students]

363   To test whether students are given comprehensive, helpful and timely feedback, the assessment team considered a sample of assessed student work. [Sample of Student Work]

364   To assess whether staff understand their responsibilities and are appropriately skilled and supported, the team held meetings with staff who provide academic and non-academic support. [M1 Ops Team, M4 Teaching Staff]

What the evidence shows

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

366   The Memorandum of Co-operation [012] states that the provider adopts the University's regulations while also stating that the provider's students are not entitled to access the University's student support facilities. The memorandum [012] also references

the University Academic Regulations [014] which describe clearly the eligibility for, and accreditation of, placement, attendance requirements and outline the rights and responsibilities of students. The Academic Regulations [014] state that students' suggestions on improving the student experience are an expectation and right. Relevant information from the University regarding academic support and outcomes is translated into the provider's Student Handbook. [015]

367   The provider takes a holistic approach to student support, which is embedded in the continuous communication and feedback interactions with its students. The provider's professional and academic expectations of students, from attendance requirements to their assessment schedule, are clearly and accessibly available in the Student Handbook [015] and accompanying information sheets on specific topics such as learning support. [081 Learning Support info Sheet; 079 Personal Journal info sheet] In the handbook [015] the provider also clearly describes the expectations for students to meet their professional body requirements, such as the number of required hours of placement. Students are strongly encouraged to form peer study groups so that they can support each other with their academic work. [015 Student Handbook]

368   Students are first asked to inform the provider of any additional needs they may have at the application stage through the application form, as well as being invited to have a pre-application discussion with the Principal. [050 Admissions Policy; 051 Application Form] Student needs are discussed at interview, as relevant, and once enrolled, they are supported in a number of ways depending on their needs. Students with learning needs are supported by the Learning Support Tutor. [015 Student Handbook] Students with pastoral needs are supported by their programme leads. [015 Student Handbook] This approach allows students with a diverse range of needs to be supported to achieve successful academic and professional outcomes.

369   There are a wide range of ways that programme leads identify and monitor the needs of individual students. Firstly, students meet with their programme leads three times per year for one-to-one tutorials. [015 Student Handbook] These meetings are intended as reviews of their personal progress and used for personal development planning. [015 Student Handbook] Students may also request additional tutorials. [015 Student Handbook] Secondly, programme leads read individual student's self-learning reflective logs once per term. [015 Student Handbook; 079 Personal Learning Journal Informal Sheet] Lastly, programme leads receive feedback from all students' tutors after teaching sessions and also peer feedback from reflective group work known as 'group process' and student triads. Each student is also required to have 35 hours of personal counselling per year. [015 Student Handbook] The team formed the view that, overall, the provider's approach to student support allows the provider to identify and monitor the needs of individual students.

370   Students are supported to achieve professional outcomes that exceed the expectations of their academic degree course. The course leads to accreditation from the UK Council for Psychotherapy (UKCP), which last reviewed the course in April 2021. [025 UKCP Review] This accreditation, and the provider's ongoing work towards maintaining it, is evidence of robust and credible plans to ensure students are supported to achieve successful professional outcomes. It means that students must achieve professional standards required for their accreditation in addition to the academic requirements needed to pass their degree, such as a certain number of placement hours and psychotherapeutic supervision hours. [015 Student Handbook; 046 Student Supervision Policy] Placements are a crucial complement of the student's education as practising counsellors, and both students [M5 Students] and staff [M1 Ops Team] met at the review visit emphasised the value of the quality placements arranged by the provider for ensuring that students go on to achieve successful professional outcomes after graduation. Standards and partnership arrangements for student placements are further discussed in S3 and Q8 respectively.

371   As well as the professional requirements for their accreditation, students receive support towards their professional outcomes through personal tutor meetings with their Programme Lead, where they discuss personal development planning. [015 Student Handbook] Staff also told the team about developments to learning materials to help students prepare for professional practice, such as how to have conversations about payments for sessions with clients. [M1 Ops Team; M4 Teaching Staff] Lastly, there is a 'What Next' day each year to prepare Year 3 students for their next steps after completing the course, including CV preparation, employability and personal insurance. [082] This wide range of professional development opportunities that are strongly embedded in the course represent comprehensive and robust plans for supporting students' professional development. Their integration into the curriculum, professional accreditation and relevance to students' needs ensure that they are credible and evidence based.

372   The provider's approach to academic support is robust and comprehensive to ensure that the aim is for all students to achieve successful academic outcomes, including those who enter the course without having completed formal education previously, or who may not have studied for a significant period of time. [009 Matrix Strategy] Primarily, academic support is made accessible to all students through the provision of a Learning Support Tutor who is responsible for supporting students who need extra academic support. [000 Provider Submission; 015 Student Handbook] This is not specifically targeted towards students without qualifications on entry, and instead is available to all students if they feel they need it. Staff also described encouraging students to access this support if they were concerned about the written quality of student work. [M4 Teaching Staff] In the 2020-21 academic year the Learning Support Tutor supported nine students, [072 Learning Support Tutor Report] with most of the support being related to confidence and undiagnosed dyslexia or dyspraxia. The Learning Support Tutor can help students to apply for a formal assessment of their needs, or for Disability Support Allowance. [081 Learning Support Student Info Sheet] To further support students with their academic English, four sessions on academic writing open to all students were introduced for the 2021-22 academic year. [072 Learning Support Report] The Learning Support Tutor has attended recent relevant CPD on neurodiversity, but their CPD has not recently included training on additional learning needs specifically. [096 Learning Support Tutor CPD Record 2020-2021]

373   The provider also supports teaching staff to provide helpful feedback to students through their Marking Guide for Tutors, [094] which is endorsed with the external examiner praising the quality of feedback given to students. [018 Assessment Board Nov 2020] This enables staff to support and help improve the academic outcomes for their students. The provider uses the annual monitoring process report to the University [032 AMR 2020-21 report] and Academic Board [020-021 Academic Board Minutes 2021] to review and identify areas for improvement in its provision of academic support to students, with actions identified and reported in the annual action plan. [027] This action plan [027] lists areas for development, success indicators, timelines and responsibilities for matters such as preparing additional teaching to manage students delivering online counselling in their placements due to COVID-19, and additional workshop and support for students to engage on a more academic level with the reading materials through the introduction of reading logs. [027] The team formed the view that this approach enables a robust and evidence-based plan for supporting students' academic outcomes.

374   For those students who have completed the three years of teaching and are in the process of completing their placement hours in order to qualify for registration with UKCP, the Principal monitors their engagement and progress towards completion. [054 Student Progression Data; M4 Teaching Staff] Progress toward completion is supported by the Learning Support Tutor who offers specific sessions to these students for help with writing up their final case studies required to complete the course. [M4 Teaching Staff] These plans ensure that students who are no longer attending regular teaching classes are still given

support by the provider in order to achieve their award.

375   Students at the provider tend to agree that they are adequately supported to achieve successful academic and professional outcomes. Students informed the assessment team [M5] that they particularly appreciated the responsiveness of staff to their requests for support and help, and the depth of knowledge of the teaching staff. The students also said they found it useful that teaching staff are practising professionally, and so are able to provide up-to-date information and advice on questions students have about professional practice. [M5] Student feedback from the Annual Evaluatory Report 2020-21 [044] also highlighted that students feel very positive about the impact the course has on them professionally. Another aspect that students highlighted was the Community Café which has received positive feedback in the Annual Evaluatory Report 2020-21, [044] Programme Voice Groups [028; 042; 043] and the assessment team meeting with students. [M5] Students reported positively that the Community Café gives them exposure to a wide range of ideas, peer support and external speakers which helps them to develop their counselling skills.

376   Students informed the assessment team that they were well aware of the support mechanisms available to them, such as essay-writing days and personalised support from the Learning Support Tutor. [M5 Students] Students said that they found the essay days effective, but also had suggestions for improving them which they said they had fed back to the provider and were being implemented for the following year. [M5 Students] Some student feedback from the Annual Evaluatory Report 2020-21 [044] was that students wanted more support with their academic writing. However, even though these were a minority, extra essay-writing support days were introduced in response to this feedback. [M4 Tutor Team; M5 Students] Students that completed feedback for the student submission agreed (41 out of 51 total respondents) that they were provided with enough support to achieve their professional and academic outcomes; the remaining students were neutral. [106 Student Submission] In general, students that responded to the student submission survey [106 Student Submission] were also happy with the feedback they received from their assignments, describing it as being timely and constructive, but did note that there could be more feedback for students who have done particularly well to help stretch them to further achieve. Students were particularly satisfied with the effective and timely support provided by the operational staff at the provider. [M5 Students]

377   Feedback on assessed student work seen by the assessment team is timely, with the dates the essays are received and returned recorded on the marking sheets to ensure they are returned to students within the allocated time frame, which is typically one month. [Student Handbook 015] Feedback given by staff is helpful because it identifies what students need to do to improve, especially for those students whose essays are 'deferred' and are required to resubmit. In a small number of cases feedback for high achieving essays was very positive but did not include further advice for development, but this was not true for all essays with examples of students who did well being given feedback to develop further. The feedback is also comprehensive, covering writing skills such as referencing, sentence structure and argument flow, and the students' approaches to theory, with suggestions for further reading or alternative interpretations of the theories discussed by the students to stretch them further.

378   The academic and non-academic staff that the assessment team met were clear that they understood their role in supporting student achievement and gave many examples of ways in which they work with their students to help them achieve both academically and professionally. [M1 Ops Team, M4 Teaching Staff] For instance, recommending extra books or academic articles to students who would benefit from being stretched, giving students more challenging feedback on their practical skills, or making study spaces available to students outside of usual study days. Academic staff also gave clear descriptions of the

processes through which struggling students are identified, and how these students are then supported. [M1 Ops Team; M4 Teaching Staff] They noted that students with additional needs were identified during the interview process so that they could be appropriately supported as soon as they start, but that other students with undiagnosed issues or who were simply struggling with the academic demands of the course would usually be identified by the student's Programme Lead who has continuity of oversight over a group of students. This means that they regularly interact with their student group and oversee their development and written work through submitted essays and reflective journals. Student absence would also be quickly identified since there is an attendance requirement to pass taught modules. The assessment team was of the opinion that these processes were credible because they aligned with the provider's documented approach in the Student Handbook [015 Student Handbook] and the requirement for additional needs to be declared in the application form. [015]

379   All of the teaching staff are qualified counsellors, and so undertake regular professional development in order to stay up to date with their own qualifications and skills. Staff reported that they feel supported to undertake their professional development and can request funds from the Principal to support this. The Learning Support Tutor was confident that they had the resources and training needed to fulfil their role (their role being to help students with their academic writing and evaluative skills, and support students with learning needs where required), and that if they required extra support or resources then this could be requested from the Principal. [M4 Teaching Staff]

Conclusions

380   As described above, the assessment team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

381   The assessment team concludes that the provider's approach to student support, along with the embedded requirements for students' professional accreditation, facilitates students' achievement of successful academic and professional outcomes. Its plans for supporting students are robust and credible and are reviewed by the deliberative committees and through student feedback. The plans are also comprehensive, supporting students at all stages of their academic journey with a wide range of academic and professional outcomes. Staff understand their role in supporting student achievement, and assessed student work demonstrates that staff provide students with comprehensive, timely and helpful feedback, though occasionally this feedback could be used to further stretch high-achieving students.

382   Students were very positive about the support received from both academic and non-academic staff. Although students suggested it would be useful to provide feedback that encourages them to further stretch themselves when they performed well, they do otherwise agree that they are supported to achieve successful academic and professional outcomes, and particularly appreciated that their teaching staff were highly skilled and knowledgeable about both the curriculum and the realities of professional practice. Therefore, the assessment team concludes that the Core practice is met.

383   The evidence underpinning this judgement reflects all of the evidence described in the QSR evidence matrix for this Core practice and for this reason the assessment team has a high degree of confidence in this judgement.

Annex 1

000_Matrix_QSR_submission.pdf
001_Matrix_Meta_Framework.pdf
002_BSc_Portfolio_Completion_Checklist.pdf
003_Timetable_Sept_2021.pdf
004_Teaching_Programme_Sept_2021.xls
005_Governance_Handbook_Nov_2021.pdf
006_Academic_Board_Terms_of_Reference.pdf
007_Operational_Team_Terms_of_Reference.pdf
008_Matrix_Organisational_Structure.pdf
009_Matrix_Strategy.pdf
010_QAA_Supporting_Resource.pdf
011_Middlesex_University_Partnership_Agreement.pdf
012_Middlesex_University_Memorandum_of_Cooperation.pdf
013_Middlesex_University_MoC_and_Partnership_Addendum.pdf
014_Middlesex_University_Academic_Regulations.pdf
015_Student_Handbook_21-22.pdf
016_Middlesex_University_Review _Report.pdf
017_External_Examiner_CV.pdf
018_Assessment_Board_Minutes_Nov_20.pdf
019_External_Examiner_Report_19-20.pdf
020_Academic_Board_Minutes_Feb_21.pdf
021_Academic_Board_Minutes_Apr_21.pdf
022_Academic_Board_Minutes_Oct_21.pdf
023_PCIPC_SETS_2019.pdf
024_Mapping_UKCP_SETS.pdf
025_UKCP_OMR_Report_Jan_21.pdf
026_Mapping_QAA_Benchmark_Statement.pdf
027_Action_Plan_21-22.pdf
028_PVG_ Minutes_Nov_20.pdf
029_Module_Change_Form.pdf
030_Programme_Change_Form.pdf
031_Student_Consultation.pdf
032_Middlesex_University_ AMR_Oct_21.pdf
033_External_Examiner_Report_18-19.pdf
034_Response_to_External_Examiner_Report.pdf
035_Assessment_and_Internal_Verification_Policy _21-22.pdf
036_Moodle_Screenshot_Policies.png
037_Moodle_Screenshot_Info_Sheets.png
038_Essay_Markers_Meeting_Jan_21.pdf
039_Essay_Markers_Meeting_May_21.pdf
040_Tutor_Marking_Guide.pdf
041_Assignment_ Handbook_Yr 2.pdf
042_PVG_Minutes_Mar_21.pdf
043_PVG_MInutes_May_21.pdf
044_Annual_Evaluatory_Report_20-21.pdf
045_NSS_Comparison_Results_2018-21.pdf
046_Student_Supervision_Policy_21-22.pdf
047_Student_Selection_and_Recruitment_Policy.pdf
048_Assessment_of_Literacy_Criteria_21-22.pdf
049_Equality_Diversity_Policy.pdf
050_Admissions_Policy.pdf
051_Application_Form_2021-22.pdf
052_Application_Guidelines.pdf

053_APL_Policy.pdf
054_Student_Progression_2018 -2021.pdf
055_Placement_Feedback_Oct_21.pdf
056_Staff_Review_Form.pdf
057_Readiness_to_Practice_Info_Sheet.pdf
058_Student_Letter_May_20.pdf
059_Online_Triads_Protocol.pdf
060_Teaching_Arrangements_20-21.pdf
061_Graduate_Case_Studies.pdf
062_Community_Cafe_Flyer.png
063_Tutor_Recruitment_Policy.pdf
064_Head_of_Ops_Job_Description.pdf
065_Associate_Tutor_Programme.pdf
066_Tutor_Induction.pdf
067_Tutor_Observation_Rota.pdf
068_Tutor_Observation_Form.pdf
069_Teaching_Unit_Evaluation.xlsx
070_Moodle_Essay_Improvements.png
071_NSS_Letter_to_Students.pdf
072_Learning-Support_Report.pdf
073_Student_Report.pdf
074_Student_Rep_Training.pdf
075_Student_Codes_and_Procedures_21-22.pdf
076_Admissions_Complaints_and_Appeals_Policy.pdf
077_Independent_Assessor_Report_20-21.pdf
078_Enrolment_Letter_21-22.pdf
079_Personal_Learning_Journal_Info_Sheet.pdf
080_Placement_Agreement_Sept_21.pdf
081_Learning_Support_Info_Sheet.pdf
082_What's_Next_Information.pdf
083_Quality_and_Standards_Policy_21-22.pdf
084_List_of_Appendices.pdf
085_Responsibilities-checklist-for-providers-without-degree-awarding-powers.pdf
086_Operational_Team_Minutes_Oct_21.pdf
087_Student_Terms_Conditions_2021_22.pdf
088_Statement_Role_of_Independent_Assessor.pdf
089_Diploma_casestudy_and_viva_marksheets.pdf
090_BSc_casestudy_and_viva_marksheets.pdf
091_Academic_Appeals Policy_21_22.pdf
092_Plagiarism_Policy_21_22.pdf
093_Learning_Teaching_Assessment_Strategy_21_22.pdf
094_Marking_Guide _for_tutors.pdf
095_Confirmed_report_Review_BSc_Integrative_Counselling_Jan_2018.pdf
096_Henry_Adeane_CPD.pdf
097_Codes_and_Procedures_STUDENTS_2020_21.pdf
098_Matrix_College Student_Handbook_2021_22.pdf
099_Matrix_PL_job_description.pdf
100_Matrix_tutor_job_description.pdf
101_Academic_Staff_qualifications.pdf
102_EE_Report_Matrix_2021_2021.pdf
103_Response_to_UKCP_report.pdf
104_External_Assessor_Terms_Reference.pdf
105_QSR_QAAO_request.pdf
106_Matrix QSR Student submission.pdf
107_Rejection_letters.pdf

108_rejection_response_email.pdf
109_Complaint_Timeline_and_all_docs.pdf
110_library system.pdf
111_Observation_of_Teaching.pdf
112_AIPC_and_podcasts.pdf
113_ProgSpec.pdf
114_ModSpecs.pdf

Meetings with Operations Team [M1, M6]
Meeting with non-staff members of the governing body [M2]
Meeting with University representatives [M3]
Meeting with Programme Leads and Tutors [M4]
Meeting with students [M5]