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

Stratford College London

Review Report

July 2021

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	Moderate	From the evidence seen, the review team considers that the standards set for the College's HND Business programme are in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The review 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 application of the College's academic regulations and policies should ensure that standards can be maintained appropriately. The review team considers that, based on the evidence scrutinised, the standards that will be achieved by the College's students are expected to be line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. Based on this information the review team also considers that the College's academic regulations and policies will ensure that these standards can be maintained. Although the programme is not yet being delivered, the College has produced programme and module documentation which show its plans for delivery and assessment, and the College's policies for assessment constitute an appropriate overarching framework to support the maintenance of academic standards at the sector-recognised level. Staff who will be delivering the HND Business programme demonstrated an understanding of how the College is proposing to put these systems into place, how alignment with the relevant national quality frameworks is assured, and how the academic staff team will operate in order to

| | | | | | maintain standards. The staff understand the College's approach to maintaining standards, and its relationship to the requirements of Pearson. The team considers that the arrangements put in place to manage the operations of the academic team should enable the College's policies and procedures to be applied and thus to ensure the standards of the programme. Although the team identified some issues with the clarity, coherence and presentation of policy and regulatory documentation, the team found that the regulations and policies overall provide an appropriate framework for assuring standards. Although the team identified some issues concerning the extent to which the Advisory Group will be able to provide the College with advice on standards, the role of the Academic Board in overseeing standards is clearly articulated and the committee structure therefore provides an adequate basis for oversight of standards. |
| 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 review team, based on the evidence presented to it, determined that the standards set for students to achieve beyond the threshold on the College's courses are reasonably comparable with those set by other UK providers. The review team considered that the standards described in the approved programme documentation and in the College's academic regulations and policies should ensure that such standards are maintained appropriately. The review team determined that, based on the evidence seen, the standards that will be achieved by the College's students beyond the threshold are expected to be reasonably comparable with those achieved in other UK providers. The team considered that despite some issues of clarity, coherence and presentation of the College's academic regulations and policies, the |

				academic regulations and policies should ensure that standards beyond the threshold are maintained. Based on the detailed scrutiny of the evidence, the review team considered that staff fully understand the College's approach to maintaining such standards and have opportunities for engagement with peers and external experts in teaching and assessment activities. The review team considers the College's plans for maintaining comparable standards appropriate, well documented and understood by staff members. Therefore, the review team concludes, based on the evidence described above, that students who are awarded qualifications should have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.
S3	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.	Met	Moderate	The team concludes that where the College is working in partnership with Pearson it has credible plans to secure academic standards and that management understand well the responsibilities applicable to themselves and Pearson. The team was satisfied that partnership agreements are in place, are clear and comprehensive, up-to-date and that these reflect the College's regulations and policies. Although there were some issues identified by the team with the clarity, coherence and presentation of some of the policy and regulatory documents, overall the College's policies and regulations cover the necessary aspects to ensure that awards delivered in partnership with Pearson will be credible and secure. While the team was not able to see current external examiner reports in order to confirm that the standards of awards delivered in partnership are credible and secure, previous reports seen reinforce the confidence in the College's knowledge and

					understanding of the processes and responsibilities required to ensure appropriate standards. The review 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	Moderate		Management and academic staff understand the requirements for the use of external examiners, and the College assessment and classification processes. Plans for using external examiners in maintaining academic standards and assessment and classification are robust and credible and there is a structure in place to support scrutiny of external examiners' reports and actions. The College follows Pearson's Quality Assurance Handbook and has developed its own assessment policies which are aligned to Pearson's requirements. Assessment tasks demonstrate the application of Pearson assessment and classification requirements and academic staff and managers showed a clear understanding of the expectations regarding setting assessment and classifications. The College's Programme Specification clearly indicates the requirements for the award and for classification at each level. External examiner reports from past delivery, and the College's responses to them, confirm that the College previously made appropriate use of external expertise and gave that expertise due consideration, and these arrangements will continue once the College is operational again. External examiner reports confirmed that when the College previously operated the programme its assessment and classification processes were reliable, fair and transparent. Academic staff and managers have a clear reporting structure in place for external examiner reports and academic staff are clear on their responsibilities regarding the reliability, fairness and transparency of assessment. The College's plans

					for using external advice other than the external examiner are currently limited to the Advisory group.
Q1	The provider has a reliable, fair and inclusive admissions system.	Not Met	High		The review team concluded that the College does not have a reliable, fair and inclusive admissions system. The admissions requirements set out in approved course documentation are inconsistent with the College's policies and procedures because there are additional application tasks the applicant has to undertake such as the interview and literacy and numeracy tests. The review team finds the College's admission policies, procedures and related documentation contradictory and unclear as there are conflicting processes identified across different documentary sources and as described by the staff; and furthermore some forms and templates are not fit-for-purpose. The admissions process includes committee consideration of admissions decisions; however, this function is not part of the relevant committee's terms of reference and the requirements for committee consideration are not consistently described in the documentation. The requirements for committee scrutiny extend the timescales for decision-making and communication of outcomes such that the applicant may be disadvantaged. Furthermore, the role of the Admissions Committee more generally is absent from policy documentation and there are inconsistencies in the stated membership. The arrangements for consideration of applications for RPL are not described in sufficient detail to provide an adequate framework for their effective operation.

The review team considers that the policies for the recruitment and admission of students are not inclusive as the terms and conditions suggest that applicants who |

					are aged over 60 are not eligible to apply. The plans to utilise external expertise in admissions are not clearly defined and therefore the benefit of the proposed arrangement to the admissions process are poorly articulated. The review team considers that information for applicants is opaque and not fit-for-purpose. This is because the entry requirements are not fully articulated on the website and are contradictory in other sources. The review team found that staff involved in admissions are appropriately skilled and trained but given the inconsistencies in the process it was unclear as to whether they would be able to understand their responsibilities fully.
Q2	The provider designs and/or delivers high-quality courses.	Met	Moderate		The team concludes that the College designs and will deliver high-quality courses. Approved course documentation indicates that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes. External examiner reports for the same qualification delivered by the College previously indicate that the previous HND course was generally considered high quality. Staff are able to articulate what 'high quality' means in the context of the College and their role within it, and gave several examples of how they will ensure that the provision meets that definition.
Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Met	High		The review team, based on the evidence presented to them, determined that the College's regulations and policies for the recruitment, appointment, induction and support for staff will provide for a sufficient number of appropriately qualified and skilled staff. It has robust and credible plans for the recruitment, appointment and induction of sufficient appropriately qualified and skilled academic staff, which are focused on a small core of

				full-time staff supplemented by freelance staff. There are plans for the provision of internal staff development and also a commitment to supporting external development opportunities where appropriate, and there is evidence that a similar approach to staff development has been taken in the past. The plans for staff recruitment and support should ensure that there are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience. Samples of staff recruitment records demonstrate that staff have been recruited, appointed, inducted and supported according to the College's policies.
Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Met	Moderate	The review team concludes that the College will have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. While the College does not yet have all of its facilities and learning resources in place, due to its current position, the team saw evidence that the accommodation and facilities are being developed in preparation for delivery. The virtual tour of resources undertaken by the team identified that there is space suitable for the delivery to the proposed numbers, although accommodation of those numbers will require careful management of timetables in order for the proposed numbers to be feasible in the accommodation available. Library resources to support the HND Business programme were, at the time of the visit, limited but the College indicated an intention to ensure that this is addressed and that the teaching team will be consulted on books to purchase as e-books and in hard copy. Relevant support and academic staff who met the team were able to demonstrate understanding of their roles and responsibilities in supporting students. There are plans in place for a reporting structure for facilities,

					learning resources and student support and evidence of a range of student feedback mechanisms to feed into this. The College's plans for student support include the use of external expertise, although the precise arrangements for this were not evidenced to the team. The team considers that the College will have in place facilities, learning resources and student services that will deliver a high-quality student experience.
Q5	The provider actively engages students, individually and collectively, in the quality of their educational experience.	Met	Moderate		The review team concluded that the College has credible plans to actively engage students, individually and collectively, in the quality of their educational experience. This will occur collectively through a student representative system involving the SRC and SSLC with involvement in committees and feedback mechanisms. There are plans to train student representatives to support them in their role. In relation to individual student engagement, the College has plans to utilise surveys and questionnaires to elicit views from across the student body, and the outcomes of these will feed into the annual monitoring processes. There is evidence that student feedback was considered in the College's monitoring processes in the past, and that action was taken to address issues raised by students. There are also plans for communication with students through, for example, the VLE and newsletters.
Q6	The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.	Met	Low		The review team concludes that the College has fair and transparent procedures for handling complaints and appeals which are accessible to all students. As the College is not currently delivering higher education, there are no recent examples of the application of the policies to establish either trends in complaints or appeals or whether the current policies and procedures are followed in practice. The College's complaints and

				appeals policies and procedures are generally well articulated and, if implemented as described, should support fair consideration of complaints and appeals. The team considers that the formal complaints procedure has timescales which may prove administratively unrealistic, particularly in relation to complex complaints, and that the timescale for completion of each stage could be more clearly articulated in the documentation. Although the appeals process is not aligned with OIA recommended good practice on proportionality, it has clear timescales which would enable the College to complete investigations well within the 90-day period recommended by the OIA. There are plans to provide training for staff involved in complaints and appeals. Policies are included in the Student Handbook, and the College has plans to cover complaints and appeals at student induction and to provide training for student representatives. The College has plans to include the outcomes of complaints and appeals in its monitoring processes and to learn lessons from them that can be taken forward into improvements. The introduction of a process for recording informal complaints demonstrates a commitment to resolving issues informally and avoiding escalation where possible, as well as ensuring that informal issues are captured and recorded and used to inform future practice.
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	Met	Moderate	The review team concludes that working in partnership with Pearson the College has robust and credible plans to ensure that the academic experience will be high quality. The team was satisfied that partnership agreements in place are clear, comprehensive, and up-to-date and that these reflect the College's regulations

	irrespective of where or how courses are delivered and who delivers them.			and policies. The College has a good understanding of the planned infrastructure, framework and responsibilities that will be required to ensure that it works within Pearson's expectations in provision of a high-quality academic experience. Although given the stage of development of the College there were no current external examiners' reports, those relating to past delivery were generally positive and the College has plans for monitoring its provision including considering external comments and understands the importance of these processes. The review team concludes, therefore, that the Core practice is met.
Q9	The provider supports all students to achieve successful academic and professional outcomes.	Met	Low	The review team concludes that the College's approach should enable it to support all students to achieve successful academic and professional outcomes. Although the College does not evidence mechanisms to identify differing trends and patterns in performance in students with particular characteristics, overall the College's planned approach to student support is likely to facilitate successful academic and professional outcomes. The College has plans for enhancing student employability, including recruiting staff with relevant industry experience, and thus supporting successful professional outcomes. Plans for proving feedback on assessed work demonstrate that students are likely to receive comprehensive, helpful and timely feedback. Staff understand their responsibilities in supporting student achievement. The review team concludes, therefore, that on balance 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 July 2021 for Stratford College London (the College).

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

The team for this review was:

Name: Anne Harbisher
Institution: Staffordshire University
Role in review team: Institutional Reviewer

Name: Rong Huang
Institution: University of Plymouth
Role in review team: Institutional reviewer and Subject Reviewer Business and Management

Name: Helen Molton
Institution: Independent, formerly Bishop Burton College
Role in review team: Institutional Reviewer

The QAA Officer for the review was Julia Baylie.

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

About Stratford College London

Stratford College London was established in 2002 and is located in Tottenham Hale, East London. The College's mission is 'to provide excellent teaching and learning facilities to support students from different backgrounds; and to make our College a place of choice for prospective students by putting the needs of students at the heart of our College planning and strategic values'.

The College previously delivered an HND in Business but following an unsuccessful QAA Higher Education Review in 2017 the College has had no students since the end of the 2017-18 academic year. The College is now seeking to recommence its operations. The College is overseen by a Board of Directors and is managed by the Director of Studies who is also on the Board of Directors. The Principal of the College reports to the Director of

Studies, forming the senior staff team, and manages the academic staff. The College plans that when the College recommences operations, academic staffing will consist of a Programme Leader, Course Co-ordinator and lecturers (three full-time, two part-time and six fractional freelance tutors). Academic staff - including a Programme Leader and three lecturers who worked for the College when it was previously operational - have confirmed a willingness to return to the College to deliver the HND. The College proposes to also employ a number of freelance lecturers who previously taught on the HND at the College and at other higher education providers.

The College's academic governance structure is headed by the Academic Board which has eight sub-committees: Admissions Committee, Programme Management Committee, Assessment Board, Quality Enhancement Committee, Attendance Management Committee, Student Representative Council, Student Welfare Committee and Staff Student Liaison Committee.

The College proposes to restart its operations in October 2021 by offering the Higher National Diploma (HND) in Business as a non-funded programme. The College already has Pearson approval to deliver this programme with a recruitment ceiling of 75 students, rising to 100 in the second year of delivery.

Once the HND Business has been re-established the College plans to then introduce further Pearson programmes, commencing with a Diploma in Education and Training which the College proposes to deliver from 2022/23.

Stratford College London and Pearson Education Ltd: Responsibilities

The HND programme that Stratford College London intends to offer should lead to an award from Pearson Education Ltd (Pearson) for all successful students. Pearson is an awarding organisation that has its qualifications, examinations and assessments regulated by the Office of Qualifications and Examinations Regulation (Ofqual). As an awarding organisation, Pearson creates Ofqual-regulated curricula, which include detailed learning outcomes as well as programme specifications and handbooks. Pearson also issues awards (and certificates) to students when providers submit evidence that its students have completed the relevant programme of study to the standard required.

Pearson devolves responsibility for the recruitment, teaching, support and assessment of students to providers. Pearson uses information gained from its initial approval of a provider, and subsequent external examiner visits, to assure itself that relevant sector-recognised standards continue to be met through the delivery of its programme(s). Pearson also expects the provider to have in place processes and procedures to ensure that the learning materials and the learning and teaching strategy are regularly reviewed and modified to ensure their continued relevance and validity.

As set out in BTEC Centre Guide to Quality Assurance (2020-21), providers are specifically responsible for:

- Preparing for external examiner visits and seriously considering and acting upon recommendations which are outcomes of visits.

- Designing effective learning materials and a learning and teaching strategy that meets the learning outcomes of the Higher Nationals.

- Putting in place processes and procedures to ensure that the learning materials and the learning and teaching strategy are regularly reviewed and modified as appropriate to ensure their continued relevance and validity.

- Providing definitive programme information relating to the Higher Nationals as delivered at their institution, including a tailored programme specification.

- Operational responsibility for ensuring that students have appropriate opportunities to show they have achieved the intended learning outcomes and grading descriptors (where appropriate). This includes responsibility for setting assessments in direct compliance with Pearson requirements.

- First marking of students' work.

- Giving feedback to students on their work.

- The admission of students, including promoting and marketing the programme; setting admissions criteria; selecting applicants; making offers and enrolment, induction and orientation of new students and making student registrations in a timely fashion.

- Widening access so that all students have an equal opportunity to access their qualifications and assessments.

- The appointment of teaching staff and ensuring they have the right skills and experience to deliver a high-quality programme.

- Delivery of the programme, including provision of learning resources and all aspects of learning and teaching strategy. Appointment of teaching staff. Strategic oversight of the identification and provision of learning resources to enable students to develop their academic, personal and professional potential, including provision for students with additional learning needs.

- Developing, implementing and facilitating arrangements and processes that ensure the engagement of students, individually and collectively, in the enhancement and assurance of the educational experience.

- Ensuring appropriate processes are in place to routinely monitor and periodically review the programme as delivered by them and to keep under constant review all aspects of standards management, quality assurance and day-to-day delivery of the programme.

- Implementation of a fair and accessible complaints procedure for the informal, and where appropriate formal, investigation and determination of a student complaint.

Prior to delivery, any provider must be approved by Pearson to deliver the relevant qualifications. Once approved, providers must annually register students with Pearson and upload the results of assessments once they have been moderated and finalised. Providers are also subject to annual visits from Pearson-appointed external examiners to determine whether the delivery of the qualifications, and the assessment of students, is in line with the published specifications. Providers are also required to annually submit to Pearson evidence of their ongoing review(s) of their higher education provision. Some Pearson-approved providers are subject to additional annual academic management review (AMR) visits.

As such, Pearson does not have direct relationships with the students of a provider but does provide online support materials (https://hnglobal.highernationals.com). Pearson also

accepts complaints or academic appeals from students if the students do not feel that these issues have been dealt with appropriately by the provider.

How the review was conducted

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

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

To form their judgements about the provider's ability to meet the Core practices, the review team considered a range of evidence that was submitted prior to the review visit and evidence gathered at the review visit itself [Annex 1]. To ensure that the review team focused on the principles embedded in the Core practices, and that the evidence they considered was assessed in a way that is clear and consistent with all other reviews, they utilised Annex 4 of the Guidance for Providers to construct this report and detail the key pieces of evidence seen.

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

Annex 4 expects that review teams will sample certain types of key evidence using a combination of representative sampling, risk-based sampling and randomised sampling. However, because the College is planning to deliver a single programme initially, the team was able to see all documentation relating to that programme. Given the College's situation at the time of the review the team was not able to sample student assessed work, admissions records or complaints and appeals documentation. Some sampling was, however undertaken in respect of records of staff recruitment (see further details in Core practice Q3).

Due to the small size of the College, four review meetings were conducted on a thematic basis rather than by staff group. These themes were: Academic Standards [Meeting 1]; Admissions and student engagement [Meeting 2]; Facilities, resources and staffing [Meeting 3]; Teaching and learning and student support [Meeting 4]. There was also a final clarification meeting with the two senior staff [Meeting 5].

At the visit the team met the two senior staff - the Director of Studies and the Principal; three academic staff including the Programme Leader (all of whom have previously worked at the College and have committed to return once operations recommence); and two support staff (the Admissions Officer and Receptionist). A third member of support staff - the Student Support and Welfare Officer - was not available to meet the team during the visit.

Explanation of findings

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

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

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

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

The evidence the team considered

4 The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Brief Market Research on Pearson HN Programmes 2021 [001]
b   Academic Board Approval Meeting Minutes [002]
c   Pearson HND Business Specification [003]
d   Pearson Responsibilities Checklist [004]
e   Programme Specification HND in Business L5 [005]
f   HND Business Unit Specifications [006]
g   Academic Board Extra Meeting Agenda 19 March 2021 [007a]
h   Academic Board Meeting Minutes 19 March 2021 [007b]
i   SCL Staff CV Booklet [008]
j   Staff Training and Development Policy [009a]
k   Training-evaluation staff [009b]
l   Staff Training evaluation survey [009c]
m   AMR and APMR (Academic Management Review and Annual Programme Management Review) [010]
n   Assessment Board TOR [012]
o   External examiner reports [013a-k]
p   Board of Directors Meeting Extra on 25 March 2021 [014]

q	SCL Policies Booklet [015]
r	SRC Feedback on Programme and Module Evaluation Summary [016]
s	HND SOW Business 2021 [017]
t	Pearson HND in Business Assessment Grid 2021 [018]
u	Staff Training Seminar Sessions [020a-f]
v	Training-evaluation staff [020g]
w	Pearson internal verification procedures (btec-hn-internal-verification-of-assessment-decisions) [024a]
x	Academic Regulations for HND [029]
y	Pearson Guide to Quality Assurance and Assessment [031a]
z	Pearson Guide to External Examining [031c]
aa	Programme Team Meeting Agenda Template [032]
bb	Standardisation Policy [043]
cc	Academic Board Terms of Reference [044]
dd	Committee Terms of Reference [045]
ee	Lesson observation and teaching evaluation policy [049a]
ff	Learning Resource Team Terms of Reference [056]
gg	Student Engagement Strategy [067]
hh	SRC Terms of Reference [068]
ii	Staff Student Liaison Committee Terms of Reference [069]
jj	Feedback system [070]
kk	Policy on Extenuating Circumstances [084]
ll	Provider Submission [086]
mm	Annual Programme Monitoring process [088d]
nn	Teaching and Learning Strategy [089]
oo	Approval-centre-agreement Pearson [093]
pp	Range of Mechanisms for Monitoring [0110]
qq	SRC Feedback on Programme and Module Evaluation Summary [0111a-b]
rr	SCL Statement on CAG [112a]
ss	CAG (Draft) Meeting Agenda 2021 (2) [112b]
tt	HND Qualification Approval HNs in Business [127]
uu	Meeting on Academic Standards and Assessment [M1]

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

6   The team was not able to see a sample of student assessed work or third-party endorsements. Given the College's situation at the time of the review, it was not possible for the team to see current or recent external examiner reports. However, external examiner reports from the period when the College was previously operational were available and the team considered these to provide context to the College's current arrangements.

How any samples of evidence were constructed

7   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

8   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such, several pieces of evidence will have been considered to allow the review team to make their judgement regarding the provider's ability to meet this Core practice. To ensure consistency in decision-making and to ensure that those decisions were focused on outcomes, the

review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below.

9   To identify the institutional approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification, the team considered: the Programme Specification for HND in Business [005], SCL policies [015], Academic Regulations for HND [029], Standardisation Policy [043], Academic Board Terms of Reference [044], Lesson Observation and Teaching Evaluation Policy [049a], Academic Appeals Policy and Procedure [074], Policy on Extenuating Circumstances [084], Teaching and Learning Strategy [089]. The team also held meetings with staff on Academic Standards and Assessment [M1], and teaching, learning and student support [M4].

10   To interrogate the robustness and credibility of the College's plans for ensuring threshold standards, the team considered: the Pearson HND Business Specification 2021 [003]; Pearson Responsibilities Checklist [004]; Academic Board Extra Meeting Agenda 19 March 2021 [007a]; Academic Board Meeting Minutes 19 March 2021 [007b]; SCL Staff CV Booklet [008]; Staff Training and Development Policy [009a]; staff training [009b]; staff training evaluation survey [009c]; Assessment Board Terms of Reference [012]; Minutes of Board of Directors Meeting [014]; SRC Feedback on Programme and Module Evaluation Summary [016]; Staff Training Seminar Sessions [020a-f];Training-evaluation staff [020g]; IV Unit 1 BBE Assignment Brief 2021 [027]; Pearson Guide to Quality Assurance and Assessment [031a]; Pearson Guide to External Examining [031c]; Programme Team Meeting Agenda Template [032]; Academic Board TOR [044]; Committee Terms of Reference [045]; Student Handbook [055]; Learning Resource Team Terms of Reference [056]; Student Engagement Strategy [067]; SRC Terms of Reference [068]; Staff Student Liaison Committee Terms of Reference [069]; Feedback system [070]; Provider submission [086]; Approval-centre-agreement Pearson [093a-b]; SCL Statement on CAG [112a]; CAG Meeting Agenda [112b]; and HND Qualification Approval HNs in Business [127].

11   To test that specified threshold standards for courses sampled are consistent with relevant national qualifications frameworks, the team considered: Pearson Responsibilities Checklist [004]; Pearson HND Business Specification 2021[003]; Programme Specification HND in Business [005]; HND Business Units Specification [006]; HND Scheme of Work Business 2021 [017]; Pearson HND In Business Assessment Grid 2021 [018]; and the Provider Submission [086].

12   To understand the extent to which external examiners for the College's programme, when it was previously operational, confirmed that threshold standards were consistent with national qualifications frameworks, and that credit and qualifications were awarded only where those threshold standards had been met, the review team considered external examiner reports from the period when the College last had students (2016-18) [013].

13   To test that staff understand and apply the College's approach to setting and maintaining threshold standards, the review team had meetings with senior management, academic and professional staff regarding standards and assessment [M1, M5].

What the evidence shows

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

15   The College is seeking to recommence delivery of programmes initially with a Higher National Diploma (HND) in Business which will be awarded by Pearson. The College has a partnership agreement (Centre Approval) with Pearson Education Ltd [093] and in June 2021 the College received written confirmation from Pearson of approval to deliver the HND Business [127]. Responsibilities and expectations within this partnership are defined in the Pearson Responsibilities Checklist [004] and expectations and guidance are set out in the Pearson guide to Quality Assurance and Assessment [031a]. Under the terms of the relationship with Pearson, Pearson is responsible for setting standards and ensuring that they align with sector-recognised standards, ensuring that the HND Programme Specification is consistent with the FHEQ at Levels 4 and 5. The College has devolved responsibility from Pearson for the maintenance of standards and has therefore articulated its intended approach to maintaining standards in the submitted evidence in relation to content and curriculum, assessment design, marking and moderation processes.

16   Pearson's HND Business Specification [003] indicates that the HND Business programme is consistent with Level 4 and 5 of nationally-recognised frameworks (FHEQ and the RQF) [003]. The Pearson Specification includes a range of module choices, and the College has designed its own Programme Specification [005] that specifies the programme and modules it intends to deliver, contextualised for delivery at the College in the light of research it has undertaken on market and local needs [001]. The specification strictly follows the Pearson HND Business Specification 2021 [003] - for example, in terms of the credit requirements and the balance of core and option modules. The units chosen by the College are set out in the HND Business Unit Specifications document [006] which provides intended learning outcomes, essential content, learning outcomes and assessment criteria, and recommended sources. The College's Scheme of Work [017] provides further details on session content and sample learning activities, and the team found that these documents are consistent with relevant units of the Pearson HND Business Specification [003, 018]. Therefore, the review team formed the view that the sector-recognised standards described in definitive course documentation are consistent with the relevant national qualifications framework.

17   The College has developed a series of plans for maintaining standards which were articulated in the provider submission [086]. The submission indicated that compliance with the College's academic regulations will be overseen through the academic governance structure with the Academic Board terms of reference indicating that it has a remit to ensure that all programmes provided by the College are consistent with national standards and meet the academic standards prescribed in the FHEQ [044]. Board of Director minutes [014] indicate that Board members approved commencement of the HND in Business from October 2021 (subject to OfS approval and approval of Pearson as the awarding organisation). The College has designed its own programme specification for the HND Business [005] and its alignment with the published Pearson Specification for Business [003] - in terms of structure, credit and modules - should ensure that the new programme will result in a qualification whose sector-recognised standards are consistent with the FHEQ [003, 004]. Senior staff confirmed [M1] that, although the College is assured that the design and structure of the HN programme is consistent with the relevant national qualifications frameworks [004], because it is aligned to the Pearson specification for HN Business, its academic governance framework ensures that the programme offered (for example, in respect of module choices) is agreed by the Programme team and approved by Academic Board prior to delivery [M4].

18   The College has developed a range of policies and procedures in relation to

teaching, learning and assessment which will be applied to the operation of the HND programme. Its Teaching and Learning strategy [089] provides direction on a range of matters including some relating to assessment and feedback - for example, the approach to reviewing standards through peer observation, assessment feedback and analysis of assessment outcomes. The policies and procedures related to assessment are set out in the Policies Booklet [015] including, for example, policies on the assessment process, standardisation, internal verification, extenuating circumstances, academic misconduct and academic appeals [074]. Although the policies individually address Pearson requirements, there are a few issues with overall coherence. For example, in the Assessment Policy, assessment feedback is mentioned in two different places, with different levels of detail and different focus but also with some repetition. The expectation that feedback should be constructive but not overly prescriptive is stated in two different places; the timescale for giving feedback is also stated in two places - but in one place it is 15 working days and in another, three weeks. The team considers that the number of individual policies may impact on the extent to which students and staff will understand them and the team considers that the polices could be consolidated, with some potentially being addressed as processes rather than policies if the College is to run smoothly with the existing staff base.

19   The team particularly sought clarification about the Internal Verification Policy [015] which states that the internal verifier should verify samples of work - 'one third of all students per unit and ensure all students' work is scrutinised throughout the duration of the course' - as it was unclear whether this meant that all students' work would be looked at in the process. Senior staff were questioned about this and emphasised that the internal verification process was to ensure assessed work consistently meets relevant national standards [M1], and that a percentage of scripts would be looked at but there would be some flexibility; for example, for a new staff member the verification process may look at all of their marked work cohort for their marking, but for an experienced assessor it would be only 20%; but samples would always cross the range of marks and if verification identified some inaccurate decisions, the sample size would be increased for that particular assessor. Therefore, the intention is that all student work is in the scope of the sampling process, but not that all student work is necessarily always looked at. The team found that the stated approach of varying sample sizes based on staff experience is consistent with Pearson guidance [031a].

20   The College has designed an Academic Regulations document [029] that explains assessment issues, requirements for the award and approaches to classification. It contains a number of academic policies. The Academic Regulations document does not include all of the college policies on academic issues (such as additional educational needs, standardisation and internal verification) which are included in the Policies Booklet [015], and it includes information that might more usually be included in a student handbook (for example, a welcome from the principal, term dates and course structure). However, the team noted that the stated purpose was to provide guidance for students and staff, and in the introduction students are advised to cross-refer to their Student Handbook and Programme Specification. The team considered that in places there could be more integration between sections - for example, there is a separate section on the use of anti-plagiarism software, which the team thought could have been integrated into the policy relating to academic misconduct. The team also noted that there were two differently titled policies relating to academic conduct - one called Academic Malpractice and Consequence in the Academic Regulations whereas in the Policies Booklet [015] the policy is titled Academic Misconduct, and furthermore the detail of penalties is not included in the document in the Academic Regulations, although they are in the Policies Booklet [015]. During the meeting in relation to academic standards and assessment [M1], the senior staff articulated that they had recently reviewed the relevant policies and confirmed that the current and correct policy is the Academic Misconduct Policy as it encompasses different forms of malpractice and related procedures and penalties. Although the team identified issues with the clarity, coherence

and presentation of some of the policy and regulatory documents, overall the team considers that together the College's policies and regulations cover the necessary aspects to ensure that awards will be credible and secure.

21   The College has introduced a Corporate Advisory Group [025,112a,112b], the purpose of which includes providing externality in the academic governance process and to give advice on quality and academic standards related issues. In a clarification statement to the team [112a], the College said that the Advisory Group has not yet met but that its members have attended the Board of Directors to provide input into its discussions. An outline agenda for a meeting of the Group [112b] indicated that discussions may include issues such as items of report from/to the Academic Board or Board of Directors, and review of college policies and information. The team noted that the current members [025] generally have business or legal backgrounds rather than education, and therefore questioned whether the membership would support the stated aims of this forum. Although the team was told by senior staff that one member has past experience in higher education, no further detail of this experience was provided [M1] and the team considers that the current membership of this group is unlikely to fully support its stated objectives.

22   To ensure that staff are aware of the required levels and standards for the HND Business programme, the College, through its policies, provides guidance on how staff should design, mark and moderate assessments and confirm that the sector-recognised standards of the programme are maintained [Policies Booklet 015, Standardisation Policy 043]. Furthermore, the staff training plan [020a] and training for assessors [020b] indicate that it will provide further training to guide its academic staff on sector-recognised standards.

23   The assessment policy [015] states that the academic team will be required to participate in assessment standardisation meetings before delivery and assessment of student work begins. This is to ensure that all staff have common understanding of unit learning outcomes and assessment criteria. The team found that the internal verification process for assessment tasks includes checking a number of issues including clarity of unit information, appropriateness of deadlines and timescales, clarity of context and scenario, and clarity of the assessment criteria and their alignment with the unit learning outcomes. The College has also developed a 'Lesson Observation Policy and Teaching Evaluation' process [015, 049a] to ensure that the College monitors that staff meet the required standards and evaluates whether the pedagogic approach and student support mechanism adopted is in line with the College's expectations. The team considers that the application of the assessment standardisation process [027] should ensure that the assessments are set at the appropriate level of the FHEQ and therefore to enable the student to demonstrate whether they meet the required standards.

24   The College's monitoring process [088d] includes arrangements for annual monitoring at module and programme level, including monitoring the implementation of appropriate academic standards. As required by Pearson, external examiners [031a,c] will give the College external insights to ascertain the extent to which it is meeting the required academic standards. Furthermore, module evaluation reports, internal verification reports, teaching observations and student feedback will contribute to the review of the programme and modules [016]. Actions and recommendations by external examiners will contribute to the review of operations to assist in enhancing the maintenance of academic standards [086]. Annual programme monitoring reviews (APMR) are required by Pearson [031a, 086] and require the College to comment on its maintenance of academic standards, as well as commenting on any issues raised by the external examiner concerning standards. This will provide a further opportunity for the College to analyse and reflect on standards. The review team formed the view that the College has comprehensive plans for maintaining sector-recognised standards and that the plans appear robust and credible.

25   The College provided external examiner's reports from the period when it was previously delivering the HND Business programme [013], covering 2016-18. External examiners are required by Pearson to state whether the design and nature of the assessments permits the aims and learning objectives of the programme to be met and are of a standard appropriate to the qualification level. All of the reports seen by the team indicated that assessments were, at that time, appropriately aligned to the learning aims and objectives, were suitably pitched and worded, and enabled students to demonstrate whether they met the learning objectives and level required. External examiners also confirmed that grading was fair and consistent, and that they agreed with the assessment decisions. The review team found that when the College previously delivered the HND Business, external examiners confirmed that sector-recognised standards were consistent with national qualification frameworks and that credit and qualifications were awarded only where threshold standards had been met.

26   Senior and academic staff who met the team [M1, M5] articulated the College's approaches to the mapping of learning outcomes against the relevant national qualifications frameworks, processes for assessment setting and approval, the ways in which the academic team will operate, and the role of monitoring in maintaining standards. The team found that staff have a good understanding of their role in maintaining standards, and how the College's approach relates to the requirements of Pearson, and the team formed the view that they are fully committed to applying this approach once programme delivery has started.

Conclusions

27   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

28   From the evidence seen, the review team considers that the standards set for the College's HND Business programme are in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The review 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 application of the College's academic regulations and policies should ensure that standards can be maintained appropriately. The review team considers that, based on the evidence scrutinised, the standards that will be achieved by the College's students are expected to be line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. Based on this information, the review team also considers that the College's academic regulations and policies will ensure that these standards can be maintained.

29   Although the programme is not yet being delivered, the College has produced programme and module documentation which show its plans for delivery and assessment, and the College's policies for assessment constitute an appropriate overarching framework to support the maintenance of academic standards at the sector-recognised level. Staff who will be delivering the HND Business programme demonstrated an understanding of how the College is proposing to put these systems in place, how alignment with the relevant national quality frameworks is assured, and how the academic staff team will operate in order to maintain standards. The staff understand the College's approach to maintaining standards, and its relationship to the requirements of Pearson. The team considers that the arrangements put in place to manage the operations of the academic team should enable the College's policies and procedures to be applied and thus to ensure the standards of the

programme. Although the team identified some issues with the clarity, coherence and presentation of policy and regulatory documentation, the team found that the regulations and policies overall provide an appropriate framework for assuring standards. Although the team identified some issues concerning the extent to which the Advisory Group will be able to provide the College with advice on standards, the role of the Academic Board in overseeing standards is clearly articulated and the committee structure, therefore, provides an adequate basis for oversight of standards. Therefore, the review team concludes that this Core practice is met.

30   While the evidence underpinning this judgement reflects the majority of the evidence described in the QSR evidence matrix, it was not possible for the team to see current or recent external examiners' reports, third-party endorsements or assessed student work. The team identified some issues concerning the clarity, coherence and presentation of the regulatory and policy documentation and with how these will operate in practice and, due to the College's current position, the team's understanding of some aspects of the oversight of standards relies on the oral testimony of the staff. The review team therefore has a moderate 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

32   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.

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

The evidence the team considered

34   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Brief Market Research on Pearson HN Programmes 2021 [001]
b   Academic Board Approval Meeting Minutes [002]
c   Pearson HND Business Specification 2021 [003]
d   Pearson Responsibilities Checklist [004]
e   Programme Specification HND in Business L5 2021 [005]
f   HND Business Unit Specifications [006]
g   Academic Board Extra Meeting Agenda 19 March 2021 [007a]
h   Academic Board Meeting Minutes 19 March 2021 [007b]
i   SCL Staff CV Booklet [008]
j   Staff Training and Development Policy [009a]
k   Training-evaluation staff [009b]
l   Staff Training evaluation survey [009c]
m   AMR and APMR (Academic Management Review and Annual Programme Management Review) [010]
n   Assessment Board TOR March 2021 [012]
o   External examiner reports [013]
p   Board of Directors Meeting Extra on 25 March 2021 [014]
q   Link to SCL policies [015]
r   SRC Feedback on Programme and Module Evaluation Summary [016]
s   HND SOW Business 2021 [017]
t   Pearson HND In Business Assessment Grid 2021 [018]
u   Quality Enhancement Activities - Interview and CV writing - Survey DRAFT [019c]
v   Quality Enhancement Activities Schedule - Oct 2021 DRAFT [019d]
w   Staff Training Seminar Sessions [020a-g]
x   New Assessment Feedback Form Draft/Summative assignment feedback for Unit 3 [021]
y   4-Tier Tutorial System 2021 [022]
z   Assignment Brief - BBE [023]

aa   btec-hn-internal-ex-of-assessment-decisions [024a]
bb   Academic Regulations for HND 2021 [029]
cc   Pearson guide to quality assurance and assessment [031a]
dd   Pearson guide to external examining [031c]
ee   Programme Team Meeting Agenda Template [032]
ff   Standardisation Policy [043]
gg   Academic Board TOR [044]
hh   Committee Terms of Reference [045]
ii   Lesson Observation and Teaching Evaluation Policy [049a]
jj   Quality Enhancement Activity Schedule [053]
kk   Student Feedback - Tutorial System [054b]
ll   Feedback-Form-for-Teachers [054c]
mm   Recommended websites 2020 [057b]
nn   Quality Enhancement Activity Cycle [058a]
oo   Turnitin Training Students 2020 [059]
pp   Student Engagement Strategy [067]
qq   Student Representative Council (SRC) Terms of Reference [068]
rr   Staff Student Liaison Committee TOR Mar [069]
ss   Feedback system [070]
tt   Policy on Extenuating Circumstances [084]
uu   Provider Submission [086]
vv   Annual Programme Monitoring [088d]
ww   Teaching and Learning Strategy [089]
xx   Programme Team TOR Mar [091a]
yy   Formative Assessment Template 2021 [092]
zz   Approval-centre-agreement Pearson [093]
aaa   Range of Mechanisms for Monitoring [0110]
bbb   SRC Feedback on Programme and Module Evaluation Summary [0111a-b]
ccc   SCL Statement on CAG [112a]
ddd   CAG (Draft) Meeting Agenda 2021 (2) [112b]
eee   HND Qualification Approval HND Business [127]
fff   Academic Standards meeting [M1] and final meeting [M5]

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

36   As the College is not currently operational, the team was not able to see samples of assessed student work, recent external examiner reports or third-party endorsements. It was also not possible for the team to meet students.

How any samples of evidence were constructed

37   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

below.

39   To identify the 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 team considered: the Pearson Responsibilities Checklist [004]; the Pearson Guide to Quality Assurance and Assessment [031a]; the College's Programme Specification for HND in Business [005]; college policies [015]; Academic Regulations for HND [029]; Standardisation Policy [043]; Academic Board Terms of Reference [044]; Committee Terms of Reference [045]; Lesson observation and teaching evaluation policy [049a]; Academic Appeals Policy and Procedure [074]; Policy on Extenuating Circumstances [084]; and the Teaching and Learning Strategy [089].

40   To interrogate the robustness of the College's plans for setting and maintaining comparable standards and to ensure that plans are credible and evidence-based, the team considered: Brief Market Research on Pearson HN Programmes 2021 [001]; Pearson HND Business Specification 2021[003]; Programme Specification HND in Business L5 2021[005]; HND Business Units Specification [006]; training-evaluation staff [009b]; Staff Training evaluation survey [009c]; SRC Feedback on Programme and Module Evaluation Summary [016]; HND SOW Business 2021 [017]; Quality Enhancement Activities – Harvard Referencing [019a]; Quality Enhancement Activities – Interview and CV writing [019c]; Quality Enhancement Activities Schedule [019d]; Staff Training Seminar Sessions [020a-g]; training-evaluation staff [020g]; New Assessment Feedback Form DRAFT/summative assignment feedback for Unit 3 [021]; 4-Tier Tutorial System 2021[022]; Summative Assignment Feedback Form [024b]; Pearson guide to quality assurance and assessment [031a]; Pearson guide to external examining [031c]; Programme Team Meeting Agenda Template [032]; Quality Enhancement Activity Schedule [053]; Student Feedback – Tutorial System [054b]; Feedback-Form-for-Teachers [054c]; Recommended websites 2020 [057b]; Quality Enhancement Activity Cycle 2021 [058a]; Turnitin Training Students 2020 [059]; Student Engagement Strategy [067]; Feedback system [070]; Annual Programme Monitoring [088d]; Programme Team Terms of Reference [091a]; Formative Assessment Template [092]; and the Range of Mechanisms for Monitoring [0110].

41   To test that specified standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers, the team considered: Pearson HND Business Specification 2021[003]; Pearson Responsibilities Checklist [004], Programme Specification HND in Business L5 2021[005]; HND Business Units Specification [006]; HND Scheme of Work Business 2021 [017]; Pearson HND In Business Assessment Grid 2021 [018]; Assignment Brief - BBE - New 2021 [023]; Provider Submission [086]; and HND Qualification Approval HNs in Business [127].

42   To understand the extent to which external examiners for the College's programme, when it was previously operational, confirmed that threshold standards were consistent with national qualifications frameworks, and that credit and qualifications were awarded only where those threshold standards had been met, the review team considered external examiner reports from the period when the College last had students (2016-2018) [013].

43   The team held meetings with the senior and academic staff regarding academic standards and assessment [M1], and teaching, learning and student support [M4], and held a final meeting with the senior staff [M5] to test that staff understand and apply the College's approach to setting and maintaining comparable standards.

What the evidence shows

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

45   The College is an approved Pearson centre to deliver the HND Business course

[086, 093a/b, 127]. Pearson sets the standards for the College's HND Business programme [004, 031a]. The Pearson HND Business Specification 2021 [003] indicates that the standards of the programme are consistent with those at Level 4 and 5 of nationally-recognised frameworks (FHEQ and RQF) [003]. The College has designed a programme specification contextualised to its needs, for delivery and assessment [001, 005] but strictly following the requirements of the Pearson HND Business Specification 2021 [003, pp39-41] as indicated in its HND Business Units Specification [006]. For each unit, each learning outcome forms the basis of the approach to teaching sessions [086] and the College's scheme of work and sample activities [017] provide details of how learning outcomes will be delivered and assessed. Modules and activities from the Scheme of Work [017] cover all essential contents as required by Pearson [003] but also other research and class discussion activities. Assessment briefs [023] are designed in line with the module learning outcomes, indicating that threshold standards must be met; grading criteria clearly indicate pass, merit and distinction criteria to be met under each learning outcome [005, 018]; and the requirements for the assessment are clearly explained in the assessment brief [023]. The College's Academic Regulations [029] set out the requirements for the HND award and how it will be classified, and explains how students can achieve marks at pass, merit and distinction level; and these are aligned with Pearson requirements [003]. Therefore, the review team formed the view that the course documentation describes standards above the threshold that are reasonably comparable with those at other UK providers.

46   Academic staff [M1] articulated an understanding of standards above the threshold and how students would be supported to achieve them. The team was told that through standardisation meetings, the teaching team will generate a common understanding of standards beyond the threshold and the internal verification process - which involves verification of a sample of assessed work - should ensure that marking is consistent and fair. The three academic staff the team met [M1] demonstrated full awareness of the College's approaches - for example, awareness of the academic regulations [029]; Standardisation Policy [015, 043]; internal verification [015]; feedback system [070] - and shared examples of how they had supported students in understanding how to achieve beyond the threshold and how they had used external examiner feedback to improve practice. Hence, the review team formed the view that staff understand and are likely to apply the College's approach to setting and maintaining standards.

47   The College has developed a number of policies and procedures related to assessment design, marking and feedback (including policies on assessment, standardisation, internal verification, extenuating circumstances, academic misconduct [015] and academic appeals [074]). The College's Standardisation Policy [015] states that all assessors must participate in assessment standardisation meetings before assessment of student work begins, to ensure all assessors of the unit have common understanding of the unit learning outcomes and assessment criteria. The Programme Leader confirmed that such a meeting is not only for standardisation of course design and approval of the scheme of work and lesson plans, but also assessment briefs [M4]. Furthermore, the College's Internal Verification Policy [015] is designed to ensure that internally assessed work consistently meets national standards. The College's Academic Regulations document [029] was developed to serve as the basis for management and quality assurance of the course in the delivery and it explains requirements for the award and approaches to classification. As noted in paragraph 20, the team identified issues with the clarity, coherence and presentation of some of the policy and regulatory documents; however, overall the team considers that together the College's policies and regulations cover the necessary aspects to ensure that awards will be credible and secure.

48   The College has developed a range of plans for maintaining comparable standards. To maintain standards in teaching, learning and assessment of the HND Business programme, schemes of work have been developed based on the module learning

outcomes as prescribed in module specifications [003, 005, 006, 017]. The HND Business Unit Specification [006] and Assessment Briefs [023, 086] are clear on the pass, merit and distinction level achievement requirements. Students will have guidance on the assessment expectations and the evidence requested to address the tasks as samples of the schemes of work include specific sessions (average four sessions per unit) to support students to understand and undertake assessments [017]. Staff also propose to provide exemplars to students, illustrating the differences between work at pass, merit and distinction level [M1]. As an additional tool for supporting students in assessments, the Learning Outcomes weeks [007, 026] are planned to provide sessions for students on understanding learning outcomes and how they can demonstrate how they meet them, to provide tutorials on related academic skills and to help students to understand what they need to do to achieve grades at each level. In this way, students will be supported to understand the assessment expectations in terms of the assessment criteria which reflect the threshold standards and beyond [086]. The College also plans quality enhancement activities [019d, 053, 059] through which it aims to support students in relation to evaluative and critical thinking skills to achieve standards beyond the threshold.

49   The College indicates in the Programme Specification [005] that it intends to provide students with both formative and summative assessment feedback. The College has developed its own template for formative feedback [092] which indicates to staff that such feedback should be constructive and developmental. The College also has a template for summative feedback which is based on the Pearson template [024b] and which also stresses the expectations that feedback will be constructive and will enable the student to understand how they can improve in future assessments. The intention is that students will be able to use this feedback to understand their performance in assessments and be in a better position in the future to achieve standards beyond the threshold. The Internal Verification Process [024] requires internal verifiers to review and comment on the quality of feedback provided on assessed work including whether it identifies opportunities for improvement in the future.

50   The team noted that the 2017-18 external examiner report [013] commented that feedback could be more supportive to assist students' understanding of how to achieve the highest grades. The College responded to this in its subsequent Annual Programme Monitoring Report (AMPR) to Pearson, noting that staff training on feedback had been provided, that the format for assessment briefs had been updated; and the team also noted [024b] that the examiner's recommendation that the team use the Pearson summative feedback template has been acted on. The team noted that proposed staff training [020b] will provide guidance to staff on giving feedback and includes a task involving writing feedback examples. Furthermore, the College plans to deliver a tutorial system [022] involving activities designed to support students to acquire evaluative writing skills, and critiquing and analytical skills to enhance their opportunities to achieve the higher-grade criteria in unit assessments. The provider submission [086] indicates that meetings of the programme team [091a] will review assessment outcomes to inform tutorial support activities aimed at ensuring that students have the opportunity to achieve higher grades; and to ensure that all tutors and assessors understand how to support students to achieve above the threshold, the College plans ongoing internal training [020a, 020b] which will be evaluated to identify improvements [009b-c, 020].

51   The College's monitoring process [088d] includes its internal arrangements for annual monitoring at module and programme level, including monitoring the implementation of appropriate academic standards. As required by Pearson, external examiners [031a,c] will give the College external insights to ascertain the extent to which it is meeting the required academic standards. Furthermore, module evaluation reports, internal verification reports, teaching observations and student feedback will contribute to the review of the programme and modules [016]. Actions and recommendations by external examiners will contribute to

the review of operations to assist in enhancing the maintenance of academic standards [086]. Annual programme monitoring reviews (APMR) are required by Pearson [031a, 086] and require the College to comment on its implementation of academic standards, as well as commenting on any issues raised by the external examiner concerning standards. This will provide a further opportunity for the College to analyse and reflect on standards. The review team formed the view that the College has credible plans for maintaining comparable academic standards.

52   The team considered external examiners' reports dating from the period when the College previously delivered the HND Business (2016-18) [013]. External examiners are required by Pearson to state whether the design and nature of the assessments permits the aims and learning objectives of the programme to be met and are of a standard appropriate to the qualification level. Where the reports seen comment specifically on standards beyond the threshold, they indicate that assignment instruments reflected a very thorough and careful approach to ensuring good adherence to the unit specifications and that assignment briefs showed the merit and distinction grading criteria and the centre was using the guidelines from the specifications [013]. Hence, the review team formed the view that external examiners confirmed that standards beyond the threshold for the previous course sampled were reasonably comparable with those achieved in other UK providers. When the College is operational again, the HND Business programme will be subject to oversite by an external examiner appointed by Pearson, and through this oversight the staff will have opportunities to engage with external expertise in teaching and assessment activities.

Conclusions

53   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

54   The review team, based on the evidence presented to it, determined that the standards set for students to achieve beyond the threshold on the College's courses are reasonably comparable with those set by other UK providers. The review team considered that the standards described in the approved programme documentation and in the College's academic regulations and policies should ensure that such standards are maintained appropriately. The review team determined that, based on the evidence seen, the standards that will be achieved by the College's students beyond the threshold are expected to be reasonably comparable with those achieved in other UK providers. The team considered that despite some issues of clarity, coherence and presentation of the College's academic regulations and policies, the academic regulations and policies should ensure that standards beyond the threshold are maintained. Based on the detailed scrutiny of the evidence, the review team considered that staff fully understand the College's approach to maintaining such standards and have opportunities for engagement with peers and external experts in teaching and assessment activities. The review team considers the College's plans for maintaining comparable standards appropriate, well-documented and understood by staff members.

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

56   While the evidence underpinning this judgement reflects the majority of the evidence described in the QSR evidence matrix, it was not possible for the team to see current or recent external examiners' reports, third-party endorsements or assessed student work. Although staff were able to articulate in meetings how they will support students to achieve beyond the threshold, due to the College's current situation little documentary evidence of how this will be implemented in practice was available and therefore the team's understanding of the plans for meeting the Core practice relies partly on oral testimony from the staff. The review team, therefore, 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

58   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.

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

The evidence the team considered

60   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   External examiner reports [013]
b   College Policies [015]
c   Internal Verification templates [024a and b]
d   Internal Verification of Assessment example [027]
e   Corporate Advisory Group Terms of Reference [025]
f   Annual Monitoring Reports [010a-h]
g   Assessment Board Terms of Reference [012]
h   Academic Board Terms of Reference [044]
i   Academic Regulations [029]
j   Pearson Guide to Quality Assurance and Assessment [031a]
k   Analysis of student achievement data [030]
l   Pearson Centre Agreement [093]
m   Clarification Statement on the proposed running of the courses [096]
n   Annual Monitoring Policy [088d]
o   Academic Management Report documentation [094]
p   Pearson approval to run the HND Business [127]
q   Academic Standards meeting [M1] and final meeting [M5]

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

62   The College's current circumstances meant that the team was not able to consider third-party endorsement or view student-assessed work.

How any samples of evidence were constructed

63   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

65   To assess whether the College has credible, robust and evidence-based plans for securing standards in partnership work, the review team considered: the College's Written Submission [086]; Pearson Responsibilities Checklist [004]; External examiner reports [013]; Internal Verification templates [024a-b]; Internal verification examples [027]; and Annual Monitoring Reports [010a-h]. In addition, the review team evaluated the terms of reference for the Corporate Advisory Group [025], Assessment Boards [012], and the Academic Board [044]. The review team also considered the Pearson Centre Agreement [093]; a clarification statement on the planned running of the courses [096]; College policies [015]; Academic Regulations [029]; Pearson approval to run the HND Business [127]; and a Meeting with Senior Management and Teaching Staff [M1].

66   To interrogate the basis for the maintenance of academic standards within partnerships, and that those arrangements are in line with the College's regulations or policies, the team reviewed: the College's Written Submission [086]; Pearson guides on Quality Assurance and External Examining [031a,c]; Pearson Centre Agreement [093]; Pearson Responsibilities Checklist [004]; the analysis of student achievement data [030]; Academic Management Report documentation [094]; the Pearson approval to run the HND Business [127]; Internal Verification templates [024]; and the Assessment Board terms of reference [012].

67   To understand the extent to which external examiners for the College's programme, when it was previously operational, confirmed that threshold standards were consistent with national qualifications frameworks, and that credit and qualifications were awarded only where those threshold standards had been met, the review team considered external examiner reports from the period when the College last had students (2016-18) [013].

68   To test whether staff understand and are likely to discharge effectively their responsibilities to the awarding organisation, and how this is planned to be implemented in practice, a meeting was held to discuss academic standards with senior and academic staff [M1].

What the evidence shows

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

70   The College intends to deliver the HND Business programme for which it has recently been given approval. The review team considered the provider submission [086] and relevant partnership agreements to indicate whether agreements for the partnership with Pearson are in place and up-to-date. It was found that there is a Pearson centre approval agreement (which includes the conditions that the College is required to operate under) [093]

and a letter confirming Pearson approval to run the HND Business [127], dated June 2021. The approval from Pearson to deliver the HND in Business states that the College can recruit up to 75 students in the first year of operation and up to 100 in the second year. As the College will be delivering Pearson provision, the academic standards for the HND Business programme will be set by Pearson and the College will be responsible for implementing those standards and operating in accordance with Pearson requirements. The review team reviewed the Responsibilities Checklist [004] which indicates where Pearson and the College's responsibilities lie. For example, Pearson will allocate external examiners while the College produces assessments, marks and second-marks student work. To give further detail on the process and the College's understanding of the responsibilities and processes on academic standards, the Pearson Guidance on Centre Quality Assurance and Assessment [031a] and to External Examination [031c] were submitted as evidence and considered by the team. The College has produced Academic Regulations [029] and a range of policies [015] which set out how it will ensure that it meets the responsibilities it has under the agreement with Pearson. The College is also expected [031a] to identify a Quality Nominee, who acts as the main institutional liaison contact with Pearson, and the College Principal undertakes this role.

71   The Assessment Board terms of reference [012] indicates its function of ratifying marks and also monitoring academic standards, and the College's Policies Booklet [015] document includes policies for assessment, standardisation and internal verification. Although the review team considered these policies as comprehensive, the number of individual policies and the expectation for staff and students to understand these polices (as the College indicated to the team [M1]) meant that the review team thought these were excessive and could be brought together in a smaller number of overall policies. Some policies were thought to be better addressed as processes if the College is to run smoothly with the existing staff base. An example of this is having various assessment policies rather than a single document on assessment and, in the team's view, the handing in of student work could be better addressed in a student handbook rather than a separate policy. The College has also put together an Academic Regulations document [029] which provides the framework for awards and grades and associated policies although, as noted in paragraph 20, the team considered that there could be some consolidation of this information. However, although there were some issues identified by the team with the clarity, coherence and presentation of some of the policy and regulatory documents, overall the College's policies and regulations cover the necessary aspects to ensure that awards will be credible and secure.

72   To ascertain the plans for the maintenance of academic standards within the Pearson framework, and linking with the College understanding of their role in this, the review team found that the College in their submission [086] and in the meeting on standards and assessment [M1], clearly articulated this framework. The College stated that the curriculum has been developed by Pearson to achieve the desired learning outcomes as set at the appropriate FHEQ level. Pearson provides the overall specification for the HND Business [003] and ensures that it is aligned with the appropriate levels of the FHEQ. However, in line with Pearson requirements, the College has produced its own Programme Specification [005] which includes the structure of the programme and the units that it will be offering, unit specifications, learning materials and draft assessments for the course, and therefore the review team were reassured that the design of the course is in line with Pearson requirements.

73   The review team found that partnership agreements with Pearson are in place and that the College understands its responsibilities within that partnership, and that the staff understand their respective responsibilities for academic standards.

74   The staff clearly articulated in meetings with the team how its partnership with

Pearson operates and its understanding of its responsibilities within the partnership [M1-M4] and the review team considered there to be a clear understanding of the responsibilities of the College for having mechanisms for quality assurance and underlying systems for securing standards in partnership work [086]. In terms of the planned governance of academic standards, the Academic Board [044] is indicated to have the overall responsibility within the College for ensuring academic standards. In the submission [086], the College describes the planned process of assessment setting and has set out an internal verification process [027] and arrangements for external examiners from Pearson to then verify assessment briefs and assessed work. The review team considered this to be a sound and thorough description of the processes. This was also explored at the meeting to discuss standards [M1] and senior staff detailed the process and confirmed the commitment and role of the College in securing standards. The team found that there are credible plans to secure standards in the provision delivered in partnership with Pearson.

75   The HND in Business was previously offered by the College until 2018 and so provided some evidence of historical documents that evidence that the College is aware of its role in securing standards in partnership with Pearson. These documents include previous external examiner reports [013], annual monitoring reports [010a-h] and internal verification templates [024a,b] which use the template provided by Pearson. The review team considered that these showed the College had demonstrated a comprehensive knowledge of the expectations of the processes and documentation on securing standards. Providers who work with Pearson are required to engage with Pearson's annual programme monitoring system and to submit an annual evaluative report - the Annual Programme Monitoring Report (AMPR) - to Pearson. The College is also subject to visits from a Pearson representative who provides a report on findings in relation to quality, standards and administrative issues - the Academic Management Review (AMR).

76   The College's monitoring process [088d] includes arrangements for annual monitoring at module and programme level, including monitoring the implementation of appropriate academic standards. As required by Pearson [031a,c], external examiners will give the College external insights to ascertain the extent to which it is meeting the required academic standards, and the College will be required to respond to those comments in its annual reports to Pearson. Furthermore, module evaluation reports, internal verification reports, teaching observations and student feedback will contribute to the review of the programme and modules [016]. The provider submission indicates that actions and recommendations by external examiners will contribute to the review of operations to assist in enhancing the maintenance of academic standards [086]. The Annual Programme Monitoring Reports (APMR) required by Pearson [010, 031a, 086] require the College to comment on its implementation of academic standards, as well as commenting on any issues raised by the external examiner concerning standards. The examples of APMRs and AMRs provided by the College [010] indicated that it had engaged fully with the Pearson process for monitoring previously and understood its responsibilities. The review team also viewed an analysis of student achievement data [030] submitted for 2014-18 which was not in the scope of this review in terms of analysis of the metrics but as this type of information has been gathered in the past and is expected to continue (as confirmed by staff [M1]) it demonstrates a commitment to monitoring and maintaining academic standards. This was confirmed in the meeting with management [M1]. The review team formed the view that the College understands its responsibilities for monitoring within the partnership with Pearson.

77   Although the review team was not able to see current external examiner reports to ascertain recent views on whether standards are credible and secure, previous reports were considered and demonstrated that the College has a good understanding of the systems for monitoring of quality and standards, and that examiners endorsed the standards that were achieved when the HND Business was previously offered. The review team considered annual monitoring reports [013] alongside the provider submission [086] which outlines the

planned internal verification and external examining process, and the subsequent role of the assessment board which is encompassed in Terms of Reference [012]. The review team looked at previous external examiners' reports [013] and internal verification arrangements [024]. The review team found these reports to be supportive of the course when the College was last operational, and reports endorsed the standards at the time. The planned processes for assessment boards [012] support the team's view that the College is committed to the continuation of these systems in its future delivery.

Conclusions

78   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

79   The team concludes that where the College is working in partnership with Pearson, it has credible plans to secure academic standards and that management understand well the responsibilities applicable to themselves and Pearson. The team was satisfied that partnership agreements are in place, are clear and comprehensive, up-to-date and that these reflect the College's regulations and policies. Although there were some issues identified by the team with the clarity, coherence and presentation of some of the policy and regulatory documents, overall the College's policies and regulations cover the necessary aspects to ensure that awards delivered in partnership with Pearson will be credible and secure. While the team was not able to see current external examiner reports in order to confirm that the standards of awards delivered in partnership are credible and secure, previous reports seen reinforce the confidence in the College's knowledge and understanding of the processes and responsibilities required to ensure appropriate standards. The review team concludes, therefore, that the Core practice is met.

80   The evidence underpinning this judgement reflects all of the evidence (apart from current external examiners' reports and assessed student work) described in the QSR evidence matrix. This lack of evidence is due to the College's current situation. The review team identified some issues with the clarity, coherence and presentation of some policy and regulatory documents and the review team, therefore, has moderate confidence in its judgement.

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

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

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

The evidence the team considered

83   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Responsibilities Checklist for providers with Pearson [004]
b   Pearson guide to Quality Assurance and Assessment [031a]
c   Pearson Programme Specification HND in Business [005]
d   External examiner reports [13a-k]
e   Academic Board Terms of Reference [044]
f   Academic Board Minutes Approval of HN Business [007]
g   Sample HND Assignment brief [023]
h   Programme Team Meeting Agenda Template [032]
i   SCL Staff CV booklet [008]
j   Standardisation Policy [015]
k   IV Policy [015]
l   HND Business assessment grid [018]
m   Pearson HND Specification [003]
n   Annual Monitoring Policy [088d]
o   Module evaluation reports [088 a and b]
p   Annual programme evaluation 17-18 [088a]
q   Staff Training plan 2021-22 [020a]
r   Academic Standards meeting [M1] and final meeting [M5]

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

85   The College's current circumstances meant that the team was not able to meet students or to see assessed student work or third-party endorsements.

How any samples of evidence were constructed

86   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

88   To assess whether plans for using external expertise in setting and maintaining academic standards and plans for assessment and classification processes are credible, robust and evidence-based, the team considered: the Responsibilities Checklist for providers with Pearson [004]; external examiner reports [13a-k]; the Annual Monitoring Policy [088d]; module evaluation reports [088a]; Annual programme evaluation reports 17-18 [088a]; the Pearson HND Specification [003]; the College's Programme Specification for HND in Business [005]; the HND Business assessment grid [018]; Staff Training plan 2021-22 [020a]; the Programme Team Meeting Agenda Template [032]; the Pearson quality Assurance Handbook 2021 [031a]; the Standardisation Policy [043]; and the internal verification (IV) Policy [015]; and the SCL Staff CV booklet [008].

89   To assess the reliability, fairness and transparency of assessment and classification processes, the team considered: the Responsibilities Checklist for providers with Pearson [004]; the HND Business assessment grid [018]; Assessment sample provided [023]; Standardisation Policy [043]; and IV Policy [015]. The team also held a meeting with senior and academic staff to discuss academic standards and assessment [M1].

90   To assess the use of external examiners or verifiers, and whether the provider considers and responds to externals' reports regarding standards appropriately, and to identify externals' views about reliability, fairness and transparency of assessment and classification processes, the team considered: external examiner reports [13]; Academic Board Terms of Reference [044]; Academic Board Minutes [007]; Programme Team Meeting Agenda Template [032]; Staff CVs [008]; and held meetings with senior and academic staff to discuss standards [M1].

91   To assess whether staff understand the requirements for the use of external expertise, and the assessment and classification processes, the team held a meeting with senior and academic staff to discuss understanding of standards issues [M1].

What the evidence shows

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

93   The standards for HND Business are set by Pearson and therefore the College does not directly influence the setting of award standards. The Responsibilities Checklist and Pearson Quality Assurance Handbook [004, 031a,c] indicate that Pearson makes the external examining arrangements and specifies the criteria for externals on which to consider and report. The College is responsible for maintaining academic standards within the operation of its processes for assessment and classification of students. The College will be offering the HND Business and has produced its own Programme Specification which specifies the programme structure and modules that it will be offering. The College has a range of policies and procedures relating to assessment, including the Standardisation Policy [043] and the Internal Verification (IV) Policy [015].

94   The College's Programme Specification [005] is clear on the expectations that

assessment will test whether students have met the learning outcomes; and also sets out the criteria for achievement of pass, merit and distinction classifications both at the assessment/unit level and award level. As the Pearson awards are national awards, the College cannot alter the overall grading criteria and must strictly adhere to Pearson requirements [004, 031a] and the Pearson HND Business assessment grid [018] is therefore applied to assessment at the College. The review team confirmed that an example of an assessment task for the new course [023] evidenced the application of Pearson assessment and classification contextualised for the students. The requirements of the assessment were transparent and provided a framework for reliability and fairness as a result of the set taxonomy for classifications. The external examiner reports from previous delivery [013] indicated that the College was able to produce assessment tasks that were appropriate and addressed Pearson requirements at that time.

95   The College has a Standardisation Policy [043] which confirms that the quality nominee, Programme Leader and the Internal Verifier (which is a role required by Pearson, with responsibility for 'conducting quality checks on assessment processes and practice to ensure that they meet national standards and that all students have been judged fairly and consistently') must facilitate mandatory standardisation activities in which all tutors/assessors must participate prior to assessment being released to students. Pearson further states that the internal verifier can be anyone involved in the delivery and assessment of the programme that is able to give an expert 'second opinion'. The internal verifier is required to facilitate mandatory standardisation activities in which all tutors/assessors must participate prior to assessment being released to students. The College's Internal Verification (IV) Policy [015] confirms that each course will have an identified internal verifier who is not otherwise involved in the assessing or setting of work which they are asked to verify, and which is aligned to Pearson policy [031a]. The IV Policy [015] confirms that internal verifiers are responsible for verifying assignment briefs prior to distribution to students, verifying a sample of assessment decisions, developing the skills of assessors, especially those new to assessment, and maintaining the consistency of assessment decisions by holding standardisation meetings. Although, as noted in paragraph 20 there were some issues identified by the team with the clarity, coherence and presentation of some of the policy and regulatory documents, overall the College's policies and regulations cover the necessary aspects to ensure that processes for assessment and classification should be reliable, fair and transparent.

96   External examiner reports [013a-k] from when the College previously delivered the HND Business do not indicate any concerns regarding the standards of the award. The Annual Monitoring Policy [088d] indicates that external examiners' reports will be used to inform the annual monitoring process. Examples of module evaluation reports from when the College was previously operational [088 a and b] evidenced that external examiners' comments were previously included in module review. The Programme Team Meeting Agenda Template [032] also evidences that there is the intention for the programme team to discuss external examiner reports at their meetings and formulate actions in response to their comments. The Pearson Guide to Quality Assurance and Assessment [031a] states that centres must give full and serious consideration to the comments and recommendations contained in external examiners' reports, and the review team saw evidence that the College has plans to fulfil this requirement. The College's procedures for annual monitoring indicate that consideration of the external examiners' reports will form part of the evidence used to support the monitoring process [088d]; and the Terms of Reference of the Programme Management Committee [045] indicate that this committee is responsible for considering external examiners' reports and formulating responses to their comments. The team found that the College, in working within the requirements of Pearson's external examining arrangements, has credible plans to use external expertise in maintaining academic standards and, through its monitoring processes, is likely to give that expertise due consideration.

97   External examiner reports [013] were looked at to provide context to the approach previously taken when the College offered HND awards. One report indicated areas of development required in respect of the presentation of assessment tasks (which were too rigidly aligned to learning outcomes, rather than being holistic) and the feedback on assessment but there are no issues raised regarding the validity, reliability and standards of the programme. The subsequent Annual Programme Monitoring Report to Pearson [010g] indicated that these recommendations had been acted on. The Academic Board Terms of Reference [044] evidence how it is planned that the committee structure at the College will ensure that external examiner reports and actions will be fed upwards to the Academic Board. The Programme Team Meeting Agenda Template [032] evidenced that there is the intention to discuss external examiners reports and agree action plans. The job description for the Programme Leader in the staff CV booklet [008] identifies that programme leaders will have responsibility for ensuring recommendations made by external examiners are considered. Evidence on external examiners is limited due to the programmes not currently running but the intended processes suggest that appropriate systems will be in place for considering their reports, reporting to academic board and responding to their recommendations.

98   The College does not have its own policy and procedure for the appointment of external examiners, as this is Pearson's responsibility, although appointment of external examiners is listed as a responsibility within the job description of the Programme Leader [008]. The team asked about this in the meeting regarding standards [M1] and was told that this had been included in the job description should they need to identify their own examiners in the future; (for example, if the College was to establish any partnerships with other awarding bodies). The team was also told [M1] that the College may in the future bring in further external academic expertise to provide an additional external perspective to that provided by the Pearson external examiner. The College has introduced an Advisory group which, it aims, will provide advice on quality and standards, although, in the team's view, it is unlikely that this group will have sufficient understanding of higher education standards to fulfil its stated role effectively. The review team noted, therefore, that credible plans for the use of external expertise are currently limited to the Pearson external examiner.

99   The staff training plan [020a] evidences that standardisation training for the programme team will be scheduled prior to the start of the academic year and that staff will also undertake Pearson training on quality and grading at the start of the academic year. In the meeting with staff to discuss standards [M1], academic staff were able to confirm their understanding of Pearson's expectations regarding classifications, the requirement for assessment to be aligned to criteria and learning outcomes, and the operation of standardisation and internal verification processes to ensure that briefs are fit-for-purpose. Staff also articulated knowledge of FHEQ and the differences in expectations between Level 4 and 5, stressing the expectations for demonstration of analysis and critical understanding of concepts at Level 5, and articulating what students would be expected to do in order to achieve higher grades at each grade level. Academic staff also said that students will receive guidance to develop their assessment literacy to help them understand the expectations of tasks. Staff were clear on the process to make standardised judgements and described how the internal verification process would be adapted to increase the level of scrutiny for marking of new tutors. The Programme Leader confirmed that external examiner comments will be considered at Programme Management Committee meetings, and staff gave a number of examples of how they had acted upon external examiner feedback to enhance the provision when the programme was running previously. The team concluded that staff understand the assessment and classification processes and the arrangements for external examining.

Conclusions

100   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

101   Management and academic staff understand the requirements for the use of external examiners, and the college assessment and classification processes. Plans for using external examiners in maintaining academic standards and assessment and classification are robust and credible, and there is a structure in place to support scrutiny of external examiners' reports and actions. The College follows Pearson's Quality Assurance Handbook and has developed its own assessment policies which are aligned to Pearson requirements. Assessment tasks demonstrate the application of Pearson assessment and classification requirements, and academic staff and managers showed a clear understanding of the expectations regarding setting assessment and classifications. The College's Programme Specification clearly indicates the requirements for the award and for classification at each level. External examiner reports from past delivery, and the College's responses to them, confirm that the College previously made appropriate use of external expertise and gave that expertise due consideration, and these arrangements will continue once the College is operational again. External examiner reports confirmed that when the College previously operated the programme, its assessment and classification processes were reliable, fair and transparent. Academic staff and managers have a clear reporting structure in place for external examiner reports and academic staff are clear on their responsibilities regarding the reliability, fairness and transparency of assessment. Although there were some issues identified by the team with the clarity, coherence and presentation of some of the policy and regulatory documents, overall the College's policies and regulations cover the necessary aspects to ensure that processes for assessment and classification should be reliable, fair and transparent.

102   The team considers that the College's plans for using external advice other than the external examiner are currently limited to the proposed Advisory group. The review team therefore concludes that, on balance, the Core practice is met.

103   The evidence underpinning this judgement reflects all of the evidence, apart from current external examiners' reports, third-party endorsements and assessed student work, described in the QSR evidence matrix. The team was satisfied that the plans for using external examiners and for assessment and classification are robust and credible; however, the team identified some issues with the clarity, coherence and presentation of some policy and regulatory documents, and the plans for using external advice beyond the external examiner are currently limited to the development of the Advisory group which the team did not regard, based on its current constitution, as a credible plan for providing externality on standards. The review team, therefore, has moderate confidence in this judgement.

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

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

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

The evidence the team considered

106   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Pearson Responsibilities Checklist [004]
b   Admissions Policy [033]
c   Review of the Admissions Policy [028]
d   HND Business Entry Qualifications [034]
e   Admission staff training [036]
f   Fees Refund Policy [037]
g   Verification of applicant documentation [039]
h   Admissions Committee [040]
i   Academic Board Terms of Reference [044]
j   Independent advisor on admissions [041]
k   Annual review on admissions [042]
l   Student admission screening document [038b]
m   Literacy and numeracy tests [035]
n   HND Business Programme Specification [005]
o   Admissions Interview stage [038a]
p   HND Business Entry Qualifications [034]
q   Website – application form [Web 01 – downloaded 24 May]
r   Website – web pages [Web 02 – screenshot 11 June]
s   Clarification statement on the planned running of the courses [096]
t   Clarification statement on the use of educational recruitment agents [095]
u   CV, job description and recruitment record for Admissions Officer [099e] [125]
v   Admissions Appeal example [0106b]
w   Admissions Appeals and Complaints Procedure [0108]
x   Terms and Conditions of Enrolment [113]
y   Recognition of Prior Learning Policy [121]
z   Enquiry Form for Admissions [123]
aa   Interview template [124]
bb   Meetings with senior, academic and support staff [M2, M3]
cc   Meeting with senior staff [M5]

107   Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered

during this review are outlined below.

108   Any evidence from third-party recruitment agencies on how they understand the College's admission policy and process. The College confirmed in a written clarification statement that it does not use third-party recruitment arrangements.

109   It was not possible to directly assess whether reliable, fair and inclusive admissions decisions were made to applicants through scrutiny of admissions records as there are currently no students on the course.

How any samples of evidence were constructed

110   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

112   To identify institutional policy relating to the recruitment, selection and admission of students, roles and responsibilities of staff involved in the admissions process, support for applicants, how the provider verifies applicants' entry qualifications, how the provider facilitates an inclusive admissions system and how it handles complaints and appeals, the review team evaluated: the Provider Written Submission [086]; Pearson Responsibilities Checklist [004]; Admissions Policy [033]; Pearson Guide to Quality Assurance and Assessment [031a]; Review of the Admissions Policy [028]; HND Business Entry Qualifications [034]; Admission staff training [036]; Fees Refund Policy [037], Verification of applicant documentation [039]; Admissions Committee [040]; CV and Job Description for Admissions Officer [099e,125b]; Admissions Appeals and Complaints Procedure [0108]; Terms and Conditions of Enrolment [113]; Recognition of Prior Learning Policy [121]; Academic Board terms of reference [044]; and meetings with senior and support staff [M2] and senior staff [M5].

113   To assess whether the provider has credible, robust and evidence-based plans for ensuring that admissions systems are reliable, fair and inclusive, the team considered: the Provider Written Submission [086]; Independent advisor on admissions [041]; Annual review on admissions [042]; Website - application form [Web 01]; Website - web pages [Web 02]; Student admission screening document [038b]; Enquiry Form for Admissions [123]; Interview template [124]; Job description Admissions Officer [099e, 125]; and meetings with senior, academic and support staff [M2] and senior staff [M5].

114   To test whether the information given to applicants is transparent, inclusive and fit-for-purpose, the team considered: the Provider Written Submission [086]; Literacy and numeracy tests [035]; Programme Specification [005]; Admissions Interview stage [038a]; HND Business Entry Qualifications [034]; Admissions Policy [033]; Clarification statement on the planned running of the courses [096]; Website - application form [Web 01]; Website - web pages [Web 02]; Enquiry Form for Admissions [123]; Interview template [124]; Job description Admissions Officer [125]; meetings with management and admissions staff [M2]; and meetings with senior, academic and support staff [M3] and senior staff [M5].

115   To test whether staff understand their responsibilities, are appropriately skilled and supported and can articulate how the provider's approach to inclusivity is manifest in the admissions process, the review team considered the job descriptor for the admissions tutor [125], meeting with the Management and Admissions Officer [M2], and meeting with support staff [M3].

What the evidence shows

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

117   The review team considered the information on admissions provided by the College which, from its website, seems to be open for October 2021 admissions for the HND Business programme. The website also refers to a Diploma in Education and Training programme stating that it would be available for 2022-23. The team, therefore, requested a clarification statement [096] on the planned running of the programmes and the College confirmed that it is planning to run the HND in Business from October 2021, initially as a self-funded course, and the Diploma in Education and Training from 2022.

118   Pearson indicates in its guidance [031a] that the recruitment and admission of students is mainly the responsibility of the provider but that providers have to act with integrity and provide Pearson with details of student registrations. The provider submission [086] described the College's approach to admissions, including a sequential description of the process. The team reviewed the Admission Policy and Procedure [033] which the introduction states is cross-referenced to the Quality Code, and which commences with a code of practice and purpose and includes a diagram of the stages of the admissions process. The review team also considered the information for applicants on the college website, including the application form and the web page which explains the admissions process [Web1-2]. From its scrutiny of documentation and its discussions with staff [M2, M5], the team identified a number of contradictions in documentation in a number of areas, and some lack of clarity concerning admissions forms, the information provided for applicants, the Recognition of Prior Learning (RPL) Policy [121], terms and conditions of enrolment [113], the status of the interview and literacy and numeracy tests, the proposed independent advisor on admissions, and the role of committees in the admissions process. These issues and the team's findings are further discussed in the paragraphs below.

119   The college website [Web1-2] contains applicant information and an application form. Staff told the team [M2] that prior to the application form being completed, there is an enquiry form which is not on the website as there is an expectation that most enquiries will be in person at 'the front desk'. The team found that the enquiry form [123] is a very brief form, asking for contact details, qualifications and course interest, that it is poorly designed as it includes questions that assume that English is not the applicant's first language, that the applicant was not born in the UK, there is only a single line for 'educational qualification' and under 'staff use' the form states 'is he coming back with his documents'. The team was told by staff [M2], that the form is also an opportunity for the enquirer to ask questions; however, there is no indication on the form that this is the case, and no space for it to be used for this purpose. The review team found the application form available on the website [Web1] not usable in its current format and not fit-for-purpose. It is very brief, could not be filled in online and, if downloaded and completed by hand, had very limited space for employment records and qualifications. The form includes a disability declaration, which has a tick box for 'other' without room to state details, and does not include an option to not disclose, and an ethnic monitoring declaration. The form also has a separate disability and ethnic monitoring section attached to it, which has different and wider lists of types of disability and ethnicity than the main application form, which the team considers could lead to discrepancies in any equality data collected.

120   The review team was also concerned that the applicant has to sign the application form, not only to confirm accuracy of the information provided but also to accept the conditions of enrolment appended to the form [Web 1,113], which include that enrolment and payment of the fee constitutes a binding agreement to follow the course. The team considered that the terms and conditions should not be part of an application form and that it should not be a requirement for applicants to agree to these at application stage. The website indicates   that applicants have 14 days to fulfil any conditions of an offer, although staff told the team [M5] that this could be extended if it related to a pending qualification; and that they have   14 days from receiving their offer letter to 'cancel their admission' which the team thought may be restrictive for the applicant and may put pressure on the applicant's decision-making.

121   The link to fees goes to the policy page of the website where the fees and refund policy [037] - which the College states is aligned with CMA guidance on Consumer Protection Law - mainly covers cases where the course is discontinued by the College; although there is a reference to students withdrawing within two weeks of the start date having no fee liability, and after that point the liability is pro-rata if the student withdraws and this is reiterated in the terms and conditions of enrolment [113]. The review team concluded that the forms used in the application process are not fit-for-purpose and that the requirement to agree to terms and conditions of enrolment at the time of submitting an application is unfair.

122   Following application, the admissions officer will check and verify applicant documentation using a checklist [039], which the team confirmed is appropriate. The Admissions Policy includes a 'Student Document Checklist' which includes a range of documents including, for example, evidence of qualifications and passport. There is a reference to a 'Medical fitness form' which is not referred to anywhere else in the documentation, and which the review team considered may deter disabled applicants from applying.

123   The review team queried the purpose and application of literacy and numeracy tests in the admissions process as there were some differences across documentation as to whether they were compulsory for all students. The Admissions Policy [035], and applicant information on the website [Web2] indicate that the tests are a requirement for all applicants. However, the admissions criteria document for the HND Business [034] states that applicants '*may* also be asked to sit for literacy and numeracy tests', which implies they do not apply to all applicants. There is no reference to the tests in the entry criteria listed in the Programme Specification [005]. The provider submission [086] stated that the tests are used to ascertain potential but also to give indications for learning support. At the meeting on admissions and in the final meeting [M2, M5] the College explained that the tests were used to plan support for students. It was further explained that, previously, the College had a high proportion of non-traditional students for whom English was not their first language and the College felt that even if those applicants had a B2 Level English qualification, the tests helped to ensure targeted support. The senior staff [M5] confirmed that if an applicant had Level 2 qualifications in English and Maths that had been studied in the UK, they would normally not be required to take the tests. The review team concluded that although the tests would be useful to identify support requirements, their status was not clearly communicated to applicants as it is not clear that they are not required for all applicants and no information is provided on the criteria for deciding who is required to take them.

124   The Admissions Policy [033] states that the College has in place mechanisms for the recognition of prior learning (RPL) but provides no further detail. The RPL Policy [121], which the College provided when requested, is not on the website and although there is a reference in the Admissions Policy to there being processes for RPL, the RLP Policy is not explicitly cross-referenced from the Admissions Policy and would therefore not be accessible

to prospective students. The team found that the policy was in line with the Pearson policy on recognition of prior learning; however, most of it was directly attributable to the Pearson documentation and did not specify the process the College itself would be implementing. The policy suggests that the College will seek external advice on all claims and it was confirmed by senior staff [M2, M5] that RPL would be used, where applicable, to consider the granting of credit against HND modules to applicants who have previously studied modules that were in similar subject areas and comparable in credit and level. It was also noted that the Principal had previously received some training in the assessment of prior learning but that the College regards this as a technical area and that guidance on applications would therefore be sought from Pearson if the College considered this necessary. The team found that the RPL Policy lacks detail of process and responsibilities for its implementation at the College and it is not readily available to applicants.

125   The Admissions Policy [033] provides contradictory information on the interview process. A diagram of the admissions process included in the policy document states that there is 'an informal interview … so students can be given more information and admissions staff can also judge if a prospective student is suitable for the programme'. However, the narrative description in the policy makes no explicit mention of an interview and merely states that applicants will have 'a discussion with the Admissions Officer who discusses the details of the programme you wish to study and ascertains whether the applicant is suitable for the programme in terms of background, interest and expression and meeting the entry requirements'. The team noted that there are other discrepancies within the Admissions Policy including, for example, that the diagram makes no reference to the literacy and numeracy tests. The interview is not referred to in the entry requirements for the HND [034], or in the information for applicants on the website [Web2] which also refers only to 'a discussion with the Admissions Officer'. A separate document was provided on the 'Interview Stage' [038a], which is not cross-referenced in the Admissions Policy and which states that there is an informal interview, and that this will be conducted by the Principal with the assistance of up to two of the support staff. The Interview Stage document also indicates that applicants may request to speak to a Personal Advisor if they would feel more comfortable talking to them about learning needs [038a], although it was unclear to the team how this process is instigated and how it relates to the interview. The team was told [M2] that the Principal is the Personal Advisor for admissions and that if an applicant has indicated any learning needs on their application or in their interview, the Principal would invite them to discuss what support the College could provide. The team was told that it was a separate process from the interview to allow a confidential discussion to take place, which the team found confusing given that the list of areas covered in the interview [038a] includes 'special education needs'.

126   Senior staff told the team that the admissions interview is informal [M2, M5] but that the College was considering making it formal following a recent discussion with a representative of Pearson, which would require the approval of Academic Board. The team was concerned that if the interview forms part of the decision-making process on suitability of the applicant, then it is by definition formal and should be included in the admissions criteria. This view was further reinforced by documentary evidence of the admissions interview [38b, 124] which indicated that the outcome of the interview is a decision as to whether the applicant is considered suitable; and the fact that the admissions appeal procedure [0108] allows applicants to appeal against 'an interview decision'. The team considers that notwithstanding how the College currently defines the status of the interview, it is a compulsory part of the admissions process that is not articulated as such in the applicant-facing information, and the information about its purpose and status provided in different sources is contradictory. Furthermore, the team considers that for transparency more detail of what to expect and how to prepare for the interview should be provided to applicants. The review team found that there are discrepancies and confusion between the admissions process as described in different documentation and by staff, which

compromises the transparency of the admissions process, and that the approach to the interview and its role in the admissions process is unclear and not adequately described to applicants.

127   The review team considered the Admissions Committee's terms of reference [040] and found that the stated primary aim of this committee is to ensure that admissions processes are compliant with the UK Quality Code and ensures equal opportunities. The subsequent purposes and responsibilities of the committee include strategically evaluating the internal admissions function and external factors, such as regulatory and legal changes; and the review team considered these functions to be appropriate and useful to the College. The terms of reference indicate that it will regularly report to Academic Board on all recruitment and admission matters. The team found the membership of the committee to be inconsistent with staff roles as the named member of staff identified in the membership as the 'Admissions Officer/Chair' is actually the Student Support and Welfare Officer. Conversely, the individual who is actually the Admissions Officer is not named as a member of the committee. The review team also noted that there is no reference to the Admissions Committee in the Admissions Policy [033].

128   The Provider Submission [086] stated that 'Admissions Committee will further verify all documents of selected applicants to ascertain the validity of the screening and selection process carried out by the admissions officer' and that 'The Admissions Committee will finalise the list of prospective students and forward the list to the Academic Board for approval'. The role of the Admissions Committee in verifying decisions is not mentioned in the Admissions Policy [033] and neither the Admissions Committee nor Academic Board has its role in approving admissions decisions included in its Terms of Reference [040,044]. Although the information for applicants on the website refers to the requirement for Academic Board approval, it makes no reference to the Admissions Committee. Senior staff said that the role of the Admissions Committee is to ensure transparency and that admissions criteria were correctly applied and that the Academic Board stage is an additional quality assurance check to which entry criteria have been adhered [M5]. However, the review team considers that there is no information as to what further criteria the Academic Board would base any application decisions over and above the scrutiny by the Admissions Committee, and further, that as the membership of the Academic Board includes student representatives there may be an issue concerning confidentiality of applicants' personal details.

129   The review team had concerns regarding the timeliness of decisions given the stated frequency of meetings of the Admissions Committee and Academic Board (twice and four times per year respectively). Senior staff [M5] told the team that there would be a short window for applications to be processed in the month prior to enrolment and that the two committees involved would meet specifically for this purpose. The Admissions Policy states that unsuccessful applicants will be notified of the decision on their application within three weeks of application. The team noted that the fact that there is a limited application window is not mentioned in policy documentation or on the website [Web2]. The team was also told that if a candidate applied outside of the window they would have to wait for a decision until the whole cohort had been processed. It was therefore unclear to the team how the decision timescale of three weeks would operate for applicants who apply outside of the window, and the team considers that the decision timescale may not give sufficient time for unsuccessful applicants to find places elsewhere. The review team concluded that the conflicting explanation and documentation on the process of committee approval of admissions decisions calls into question the integrity of the procedures for oversight of admissions.

130   The College stated in its submission [086] that it proposes to appoint an independent advisor on admissions through a service level agreement [041] as part of the plans for 'strengthening transparency and inclusivity in the admissions system'. The review

team found from the agreement [041] that the responsibilities of the advisor include participation in interviews, and that the advisor would attend the Admissions Committee to participate in the process of checking applications, although the advisor role is not listed in the terms of reference of this committee [040]. The agreement also indicates that the advisor would be involved in supporting prospective students in the application process, which in the team's view could conflict with their stated role in attending interviews and being involved in the Admissions Committee's decision-making process. The team found the role to be poorly defined and its overall purpose unclear. In seeking clarification, the team was told by staff [M2] that the role was new, and the aim was to acquire external advice and guidance on the College's processes, that the advisor should be experienced in higher education admissions and that their role in the interviews would be limited to observing and providing feedback. However, the team found this explanation to be contrary to the role descriptor provided [041].

131   The Admissions Appeals and Complaints Procedure [0108] contains some repetition and a few confusing references. For example, there is some confusion about the initial contact point for submitting an admissions appeal, and the difference between a complaint and an appeal could be more clearly stated, as although definitions are provided for both, grounds are only specified for appeals. The timescales are relatively short - for example, applicants must make an informal complaint no later than five working days from the incident, a formal complaint within 10 days, and appeal within 14 days. The appeals procedure states that after the first stage, which is a screening by the Principal to assess whether there are appropriate grounds, the applicant does not have any further recourse if they are dissatisfied with the outcome and the Principal's decision is final. If their appeal is considered to have been made on appropriate grounds, there are then two further stages outlined where they can appeal against the decision on procedural grounds which, it is stated, will be considered by the Admissions team and Programme Leader, with the stage three appeal being heard by the Director of Studies.

132   The admissions complaints procedure has three stages, commencing with an informal verbal stage and, if the applicant remains dissatisfied or the complaint is particularly serious, a formal stage where their complaint is considered by the Principal. If the applicant remains dissatisfied, there is a further formal stage and if the complainant wishes to take their complaint further they can escalate it to the Director of Studies. The team noted that the involvement of the Principal and the Director of Studies in the admissions process, whether directly or through their membership of the Admissions Committee and Academic Board, is likely to make it difficult to operate the procedures as described without compromising independence in the processes. The team found that there was some lack of clarity in the procedures for admissions complaints and appeals and that the fairness of these procedures may be compromised by the involvement of staff who are also involved in the admissions process.

133   The provider submission [086] stated that the admissions procedure is inclusive and the admissions policy [033] and admissions website [Web 2] state that there is a commitment to equal consideration regardless of age, disability, race, nationality, gender, religion, sexual orientation, marital status, or other personal circumstances. The team noted from the application form [Web1] and Terms and Conditions of Enrolment [113] that the College states that an applicant would need to be less than 60 years of age on the first day of the academic year of their course. This was queried with senior staff [M5] who stated that this was aligned to the Student Finance England rules for funding. However, this is not the case and students aged 60 and over can have access to student finance tuition fee loans and, in some cases, maintenance loans given certain conditions. Notwithstanding this, there may be applicants who do not wish to apply for Student Finance England funding. As the application form and Terms and Conditions do not explain the reasons for the upper age limit, a potential applicant would not be aware that they could still apply for the course if they

wished to do so. The review team, therefore, considered this policy to be unfair and discriminatory.

134   The HND Business Programme Specification [005], Admissions Policy [033] and the HND Entry Qualifications document [034] state the academic qualifications required for entry to the course with a route for mature students with supervisory work experience. The review team found that these documents align in respect of articulating the qualifications required for entry to the programme and that they are consistent with the College's policies. However, as noted in paragraphs 123 and 125-6 above, the team identified other requirements - the interview and the literacy and numeracy tests which, as required elements, the team considers should, for transparency, be included in the entry requirements for the programme.

135   The College has a procedure [028, 042] for annually reviewing the admissions process. This sets out the issues that will be covered in this review and how the evaluation will operate. The team noted, however, that the review procedure includes mostly closed questions and it was not clear who would be conducting the analysis, nor how the feedback would be gathered. The procedure notes that the evaluation analysis would feed back on findings to the Academic Board.

136   There is currently one Admissions Officer, which is proportionate to the size of the College and its initial plans to deliver a single programme. There is a comprehensive job description [125b] for the Admissions Officer and the team found that the postholder, who was recently appointed, has the required skills and experience for the role according to their CV [099e]. The Admissions Officer confirmed to the team [M3] that they felt they had received adequate induction, training and support. The documentation [099e] also included their induction details that covered course information, entry requirements, admission appeals, competition and markets authority legislation, and the role of the Office of the Independent Adjudicator (OIA). Also submitted were presentation slides on the admission staff training [036], although the team noted that this included references to courses that are not currently offered at the College. The review team considers that the admissions staff are appropriately skilled and are supported in their duties. However, bearing in mind the issues identified in the paragraphs above, the review team concluded that because of the identified issues in the policy and procedural framework under which the staff will be operating, it is unlikely that admissions staff will be effective in ensuring reliable, fair and inclusive admissions

Conclusions

137   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

138   The review team concluded that the College does not have a reliable, fair and inclusive admissions system. The admissions requirements set out in approved course documentation are inconsistent with the College's policies and procedures because there are additional application tasks the applicant has to undertake such as the interview and literacy and numeracy tests. The review team finds the College's admission policies, procedures and related documentation contradictory and unclear as there are conflicting processes identified across different documentary sources and as described by the staff; and furthermore some forms and templates are not fit-for-purpose. The admissions process includes committee consideration of admissions decisions; however, this function is not part

of the relevant committee's terms of reference and the requirements for committee consideration are not consistently described in the documentation. The requirements for committee scrutiny extend the timescales for decision-making and communication of outcomes such that the applicant may be disadvantaged. Furthermore, the role of the Admissions Committee more generally is absent from policy documentation and there are inconsistencies in the stated membership. The arrangements for consideration of applications for RPL are not described in sufficient detail to provide an adequate framework for their effective operation.

139   The review team considers that the policies for the recruitment and admission of students are not inclusive as the terms and conditions suggest that applicants who are aged over 60 are not eligible to apply. The plans to utilise external expertise in admissions are not clearly defined and therefore the benefit of the proposed arrangement to the admissions process are poorly articulated. The review team considers that information for applicants is opaque and not fit-for-purpose. This is because the entry requirements are not fully articulated on the website and are contradictory in other sources. The review team found that staff involved in admissions are appropriately skilled and trained but given the inconsistencies in the process it was unclear as to whether they would be able to understand their responsibilities fully. The review team concludes, therefore, that the Core practice is not met.

140   The evidence underpinning this judgement reflects the majority of the evidence described in the QSR evidence matrix. Although the review team was not able to see samples of the admissions procedures in operation and was not able to meet students to ascertain their views on the admissions process, the team had access to a range of documents, forms and policies and had meetings with the college staff to explore issues that arose and therefore has sufficient evidence on the proposed admissions process and how the College proposes to implement it, to make its judgement. Therefore, the review team has a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

143   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Academic Board Extra Meeting Minutes on 19 March 2021 [002a]
b   Pearson HND Business Specification 2021 [003]
c   Pearson Responsibilities Checklist [004]
d   Programme Specification HND Business L5 2021 [005]
e   HND Business Unit Specifications [006]
f   Academic Board Extra Meeting Minutes 19 March 2021 [007b]
g   Staff Training Development Policy [009a]
h   training-evaluation staff 2021 [009b]
i   Staff Training evaluation survey 2021 [009c]
j   External examiner reports [013a-f]
k   Board of Directors Meeting Extra on 25 March 2021 [014]
l   Link to SCL policies [015]
m   SRC Feedback on Programme and Module Evaluation Summary [016]
n   HND Scheme of Work Business 2021 [017]
o   Pearson HND in Business Assessment Grid 2021 [018]
p   Quality Enhancement Activities – Harvard Referencing – Survey DRAFT [019a]
q   Quality Enhancement Activities – Interview and CV writing – Survey DRAFT [019c]
r   Quality Enhancement Activities Schedule – Oct 2021 DRAFT [019d]
s   Staff Training Seminar Sessions (1) [020a-f]
t   training-evaluation staff [020g]
u   New Assessment Feedback Form DRAFT/summative assignment feedback for Unit 3 [021]
v   4-Tier Tutorial System [022]
w   Assignment Brief - BBE - New 2021 [023]
x   summative-assignment-feedback-form [024b]
y   Learning Outcomes Week 2021 [026]
z   Academic Regulations for HND 2021 [029],
aa   Pearson Guide to Quality Assurance and Assessment [031a]
bb   Pearson Guide to External Examining [031c]
cc   Programme Team Meeting Agenda Template [032]
dd   Standardisation Policy [043]
ee   Academic Board Terms of Reference [044]
ff   Committee Terms of Reference [045]

gg	Lesson Observation and Teaching Evaluation Policy [049a]
hh	Quality Enhancement Activity Schedule [053]
ii	Student Feedback - Tutorial System [054b]
jj	Feedback-Form-for-Teachers [054c]
kk	Recommended websites 2020 [057b]
ll	Quality Enhancement Activity Cycle 2021 [058a]
mm	Turnitin Training Students [059]
nn	Student Engagement Strategy [067]
oo	Governance Chart committee chart [079]
pp	Feedback system [070]
qq	Academic Appeals Policy and Procedure [074]
rr	Special Considerations Procedure [081]
ss	Equal Opportunities and Fair Assessment Policy [082]
tt	Additional Needs Policy [083]
uu	Policy on Extenuating Circumstances [084]
vv	Provider Submission [086]
ww	Annual Programme Monitoring [088d]
xx	Pearson BTEC Certification Procedure 2021 [097]
yy	HND Qualification Approval HNs in Business [127]
zz	Meeting with senior, academic and support staff [M3, M4]

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

145   The team was not able to meet students or third parties, conduct teaching observations or see third-party endorsements due to the current situation of the College.

How any samples of evidence were constructed

146   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

148   To identify the provider's approach to designing and delivering high-quality courses, the review team considered: Pearson HND Business Specification 2021 [003]; Pearson Responsibilities Checklist [004]; Programme Specification HND in Business L5 2021[005]; Staff Training Development Policy [009a]; Link to SCL policies [015]; Academic Regulations for HND 2021 [029]; the Pearson guide to quality assurance and assessment [031a]; Standardisation Policy [043]; Lesson Observation Policy and Teaching Evaluation [049a]; Student Engagement Strategy [067]; Academic Appeals Policy and Procedure [074]; Special Considerations Policy [081]; Equal Opportunities and Fair Assessment Policy [082]; Additional Needs Policy [083]; Policy on Extenuating Circumstances [084]; Annual Programme Monitoring process [088d]; Teaching and Learning Strategy [089]; Pearson BTEC Certification Procedure 2021 [097]; and Meeting 1 Academic Standards and

Assessment [M1].

149   To assess whether the provider has credible, robust and evidence-based plans for delivering high-quality courses, the review team considered: Academic Board Extra Meeting Minutes on 19 March 2021 [002a]; Pearson HND Business Specification 2021[003]; Pearson Responsibilities Checklist [004]; Programme Specification HND Business 2021 [005]; HND Business Unit Specifications [006]; Academic Board Extra Meeting Minutes 19 March 2021 [007b]; training-evaluation staff 2021[009b]; Staff Training evaluation survey 2021 [009c]; SRC Feedback on Programme and Module Evaluation Summary [016]; HND Scheme of Work Business 2021 [017]; Quality Enhancement Activities - Harvard Referencing - Survey DRAFT [019a]; Quality Enhancement Activities - Interview and CV writing - Survey Draft [019c]; Quality Enhancement Activities Schedule - Oct 2021 Draft [019d]; Staff Training Seminar Sessions (1) [020a-g]; training-evaluation staff [020g]; New Assessment Feedback Form Draft/summative assignment feedback for Unit 3 [021]; 4-Tier Tutorial System [022]; Assignment Brief - BBE - New 2021 [023]; summative-assignment-feedback-form [024b]; Learning Outcomes Week 2021 [026]; the Pearson Guide to External Examining [031c]; Programme Team Meeting Agenda Template [032]; Academic Board Terms of Reference [044]; Committee terms of reference [045]; Quality Enhancement Activity Schedule [053]; Student Feedback - Tutorial System [054b]; Feedback-Form-for-Teachers [054c]; Recommended websites 2020 [057b]; Quality Enhancement Activity Cycle 2021 [058a]; Turnitin Training Students 2020 [059]; Feedback system [070]; Governance Chart Committee Chart [079]; Provider submission [086]; and HND Qualification Approval HNs in Business [127].

150   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 review team considered: the Pearson Responsibilities Checklist [004]; Pearson HND Business Specification 2021[003]; Programme Specification HND in Business L5 2021[005]; HND Business Units Specification [006]; HND Scheme of Work Business 2021 [017]; Pearson HND in Business Assessment Grid 2021 [018]; Assignment Brief - BBE - New 2021[023]; and Provider Submission [086].

151   To identify external examiners' views about the quality of the course when the College was previously operational, the review team considered external examiner reports from the period 2016-18 [013].

152   The review team met staff with responsibilities for facilities, resources and staffing [M3] and teaching, learning and student support [M4] to assess how staff ensure courses are high quality.

What the evidence shows

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

154   The College has a partnership with Pearson, as the awarding organisation, to deliver the HND programme in Business [004, 127]. Pearson designs the specification for the HN Business programme and ensures that it is consistent with the FHEQ levels [003] and sets the standards [004]. The College has designed its own version of the HND programme, based on the Pearson Specification [005], through selecting the modules that it will offer and within which it has set out the programme and module structure and details. The learning outcomes and assessment criteria are therefore consistent with Pearson requirements and with the levels of the qualification as prescribed in the FHEQ [005]. The programme specification and modules have been approved by the Academic Board [002, 007] for delivery at the College [044, 045]. The Scheme of Work and sample activities [017]

provide details of how learning outcomes are delivered and assessed. The Scheme of Work and sample activities [017] cover all essential contents as required by Pearson [003] but also other research and class discussion activities. Assessment briefs [023] are designed in line with the module learning outcomes indicating the threshold standards to be met; grading criteria indicate pass, merit and distinction criteria to be met under each learning outcome [005, 018], and the assessment brief articulates the assessment requirements [023]. Therefore, based on the evidence presented, the review team formed the view that approved course documentation indicates that the teaching, learning and assessment design enable students to meet and demonstrate the intended learning outcomes.

155   The College has a number of regulations and policies which directly relate to course delivery. The Academic Regulations [029] provide a range of course delivery information including, for example, the course structure, teaching patterns, duration and contact details for staff. The Academic Regulations also explain assessment information and requirements for the award and approaches to classification and includes the Assessment Policy, Academic Appeals and Complaints, Academic Malpractice Policy, and the Equal Opportunities and Fair Assessment Policy. The Teaching and Learning Strategy [089] serves as guidance for the maintenance and management of quality teaching and learning with an overall aim of ensuring that mechanisms adopted enhance the achievement of programme aims and the academic goals of the students.

156   To ensure that the course is delivered to a high quality, the College has developed a Lesson Observation and Teaching Evaluation Policy [049a] to ensure the quality of teaching, the maintenance of academic standards and enhancement of quality of teaching and learning. The policy [049a] is detailed regarding what the observation is looking at - for example, clarity of aims and outcomes, the extent to which students are engaged in the session and the use of resources and handouts. The Staff Training Development Policy [009a; 015] states an aim to develop excellence in teaching through continuing professional development (CPD). The policy is brief but sets out principles and a commitment to providing training both internally and externally, aims to ensure that staff are provided with sufficient training to undertake their role responsibilities as well as providing opportunities to undertake training which will enhance their personal development and potential. The policy also indicates a commitment to provide funding for training requests that are aligned with institutional objectives. The Quality Enhancement Strategy [015] sets out a number of areas of focus, including enhancement and enrichment of the student experience through excellence in teaching and learning, and encourages everyone involved in teaching and supporting learning to be involved in enhancing and ensuring quality, to sustain an environment where excellence in teaching, learning and assessment is celebrated and curriculum innovation supported and fostered.

157   The College has several relevant policies in relation to assessments including, for example, Assessment Policy [015], Standardisation Policy [043], Internal Verification Policy [015], Academic Appeals Policy and Procedure [074], Equal Opportunities and Fair Assessment Policy [015], Special Considerations Policy [015], Extenuating Circumstances Policy [015, 084], Academic Misconduct Policy [015], Certification Policy and Procedures [097], with key assessment policies also being included in Academic Regulations [029]. These policies individually address Pearson requirements [031a]. The College is responsible for the design of assessment tasks, and the Internal Verification Policy sets out the process for ensuring that assessment tasks are appropriate to the module learning outcomes and fit-for-purpose. As noted in paragraph 20, the team found that there are some issues regarding the clarity, coherence and presentation of policies; however, the review team nevertheless formed the view that the College's regulations and policies for course design and delivery should facilitate the design and delivery of high-quality courses.

158   To monitor its course delivery, the College has developed a Feedback System [070]

which includes module and programme evaluation including annual programme monitoring and teaching and resource evaluation, as well as consideration and response to external reports. The team found that the documentary evidence of this system was lacking in detail of how it would be implemented in practice and not yet well developed. The Annual Monitoring policy [088d] sets out the expectations for the monitoring of modules and programmes. The activities, which cover the monitoring of modules and programme, have a focus on enhancing curriculum provision, assuring and safeguarding academic standards and quality, and sharing features of good practice. Module evaluation reports, assessors' reports, teaching observations and student feedback will contribute to the review of the programme and modules [016]. Recommendations from external examiners will be included in the annual monitoring process and actions will be agreed to respond to their comments [086]. In addition to the College's internal monitoring processes, the College is also required to engage with Pearson's monitoring processes which includes submitting annual programme monitoring reviews (APMR) to Pearson [031a, 086]. This provides a further opportunity for the College to analyse and reflect on the previous teaching year. Therefore, based on the evidence presented, the review team formed the view that the College has credible plans for delivering high-quality courses.

159   The external examiners [013] for the College's delivery of the previous HND programme raised no essential actions but identified a range of good practice. This included the support for students; the thorough approach to internal verification; the quality of materials; good practice linked to themes such as entrepreneurial activity, literacy, digital activity, and links and visits to employers; and good preparation for jobs and careers, support for study skills and soft skills; and the generally clear and helpful assessment feedback. Although the examiner report for 2017-18 raised some issues regarding the helpfulness of feedback in supporting students to improve and this is discussed under Q9. Therefore, based on the evidence presented, the review team formed the view that the previous course delivered by the College was high quality and that the College's past experience and current plans for operating the new programme should enable them to deliver a high-quality course.

160   Academic staff who met the review team collectively demonstrated a sound knowledge and experience of course and assessment delivery, and were able to articulate what 'high-quality' means [M4]. Examples of what the staff regarded as high-quality included ensuring that the programme achieves standards at the appropriate level of the FHEQ; that students leave as a well-qualified and competent part of the workforce and are employable; ensuring that students understand theory and concepts that can be applied in workplace settings and providing enrichment activity. To ensure that courses are high quality, the teaching staff also mentioned standardisation in teaching practice through unit specifications, scheme of work, lesson plans, inviting practitioners to meet students, field visits and case studies to make the courses more relevant to industry, and use of peer observations, student module reviews and recommendations of external examiners to improve the teaching practice. Furthermore, senior staff emphasised that the College would be committed to supporting staff in continuing professional development activities internally and externally so that staff can enhance their professional knowledge and apply this in planning, designing and delivering high-quality learning and teaching. The teaching staff confirmed their attendance in the past on different training opportunities - for example, some staff had obtained fellowships from the Higher Education Academy and completed doctoral studies with the financial support of the College [M3]. The team found that staff have an understanding of what high quality means in the context of the College.

Conclusions

161   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

162   The team concludes that the College designs and will deliver high-quality courses. Approved course documentation indicates that the teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes. External examiner reports for the same qualification delivered by the College previously indicate that the previous HND course was generally considered high quality. Staff are able to articulate what 'high quality' means in the context of the College and their role within it and gave several examples of how they will ensure that the provision meets that definition. The review team concludes, therefore, that the Core practice is met.

163   The evidence underpinning this judgement reflects all the evidence (apart from current external examiners/verifiers' views, third-party endorsement and student views) described in the QSR evidence matrix. The review team identified some issues with the clarity, coherence and presentation of some policy and regulatory documents and the review team, therefore, has moderate confidence in its judgement.

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

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

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

The evidence the team considered

167   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Pearson Responsibilities Checklist [004]
b   Academic Board Extra Meeting Agenda 19 March 2021 (1) [007a]
c   Academic Board Extra Meeting Minutes 19 March 2021 (2) [007b]
d   SCL Staff CV Booklet [008]
e   Staff Training Development Policy [009a]
f   training-evaluation staff [009b]
g   Staff Training evaluation survey [009c]
h   13237 AMR Outcome Letters [010a-b]
i   AMR reports [010c-h]
j   Staff Training Seminar Sessions (1) [020a-f]
k   training-evaluation staff [020g]
l   Programme Team Meeting Agenda Template [032]
m   Admission staff training 2020 [036, 036a]
n   Staff OIA Training [036b]
o   SCL Staff Training on CMA 2020 [036c]
p   Staff Recruitment Policy [046]
q   Interview panel process [047]
r   Staff PhD and Other programmes - Financial Support [048]
s   Lesson observation and teaching evaluation policy [049a]
t   Observation Grading [049]
u   Staff Performance Review Template [050]
v   MICRO Teach Plans for Staff Recruitment [051]
w   Survey on Student Personal Advisor 2020 [054a]
x   Student Feedback - Tutorial System [054b]
y   Feedback-Form-for-Teachers 2021 [054c]
z   Front Desk Staff OIA Training [062]
aa   Administrative staff meeting schedule [064]
bb   Feedback system [070]
cc   Student Personal Advisor [071]
dd   Governance Chart Business Department Who's Who Chart [079]
ee   SCL HND Staffing Structure 2021 [087]
ff   Approval-centre-agreement Pearson [093].

gg	Professional Support Staff Recruitment Policy [098]
hh	Staff recruitment documents and CVs [099a-f, 0105a, 0105b]
ii	Lesson Observation Form [0100]
jj	SCL New Staff Induction Activities [114]
kk	SCL Statement on Support Staff Training [115]
ll	Clarification of the role of the Student Personal Advisor doc [117]
mm	Examples of Student Support activities [119]
nn	Reception Staff Job Description 2021 [125 a]
oo	Admissions Officer Job Description 2021 [125 b]
pp	Student Support and Welfare Officer - Job Description 2021 [125 c]
qq	HND Qualification Approval HNs in Business [127]
rr	Meeting with senior, academic and support staff [M3, M4]

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

169   Due to the College's current circumstances, it was not possible to meet students, to view third-party endorsements or to observe teaching and learning.

How any samples of evidence were constructed

170   To assess that the staff sample was recruited according to the provider's policies and procedures, the review team considered six recruitment records including three records from academic staff and three from professional staff.

Why and how the team considered this evidence

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

172   To identify how the provider recruits, appoints, inducts and supports staff, the review team considered Academic Board Extra Meeting Agenda 19 March 2021 (1) [007a]; Academic Board Extra Meeting Minutes 19 March 2021 (2) [007b]; Staff Training Development Policy [009a]; Staff Recruitment Policy [046]; Lesson Observation and Teaching Evaluation Policy [049a]; Professional Support Staff Recruitment Policy [098]; and Staff Handbook 2020-2021 [0101]

173   To assess whether the College has credible, robust and evidence-based plans for ensuring that it has sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience, the review team considered: Academic Board Extra Meeting Agenda 19 March 2021 [007a]; Academic Board Extra Meeting Minutes 19 March 2021 [007b]; training-evaluation staff [009b]; Staff Training evaluation survey [009c]; AMR Outcome Letters [010a-d]; AMR reports 2015-2016 [010e], 2017 [010h]; Staff Training Seminar Sessions [020a-f]; training-evaluation staff [020g]; Programme Team Meeting Agenda Template [032]; Admission staff training [036]; Staff OIA Training [036b]; SCL Staff Training on CMA [036c]; Interview panel process [047]; Staff PhD and Other programmes - Financial Support [048]; Lesson observation and teaching evaluation policy [049a]; Ofsted Observation Grading [049b-e]; Staff Performance Review Template [050]; Micro Teach

Plans for Staff Recruitment [051]; Survey on Student Personal Advisor 2020 [054a]; Student Feedback - Tutorial System [054b]; Feedback-Form-for-Teachers 2021[054c]; Front Desk Staff OIA Training [062]; College Admin staff meeting schedule 2021-2022 [064]; Feedback system [070]; and Lesson Observation Form 2021 [0100].

174   To identify other organisations' views about sufficiency, qualifications and skills of staff, the team considered: Pearson Responsibilities Checklist [004]; AMR Outcome Letter 16-17 [010a, 094b]; 13237 AMR Outcome Letter 17-18 [010b]; AMR report 2015 [010c]; AMR report 13237 Stratford College (FINAL) 7.3.16 [010d]; AMR report 13237 Stratford College London 2015-2016 [010e]; Stratford College London AMR Report 2017_18 [010h]; Approval-centre-agreement Pearson (1) [093a]; Approval-centre-agreement Pearson (1) [093b]; and HND Qualification Approval HNs in Business [127].

175   To identify the roles or posts the provider has to deliver a high-quality learning experience and assess whether they are sufficient, the team considered: SCL Staff CV Booklet 2021[008]; Student Personal Advisor [071]; Governance Chart Business Department Chart 2020 [079];, SCL HND Staffing Structure 2021 [087]; Clarification of the role of the Student Personal Advisor doc [117]; SCL Receptionist Job Description 2021 [125 a]; Admissions Officer Job Description 2021[125 b]; Student Support and Welfare Officer - Job Description 2021 [125 c].

176   To assess whether staff are appropriately qualified and skilled to perform their roles the review team reviewed the SCL Staff CV Booklet [008] and CVs for Support Staff [0105b].

177   To assess that staff sampled were recruited according to the provider's policies and procedures, the review team considered Academic Staff CVs [008] and CVs and recruitment documentation [099a-f, 0105a], and support staff Job Descriptions for the Receptionist [125 a], Admissions Officer [125b] and Student Support and Welfare Officer [125 c].

178   The review team met senior, teaching and professional support staff [M3] to cross-check outcomes identified by desk-based activities to test that staff are appropriately qualified and skilled.

What the evidence shows

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

180   The College has developed several policies in relation to recruitment and development of its academic and professional support staff. The College stated in its submission that its aim is to attract and recruit skilled staff with qualifications higher than the HND programme on offer [086]. The College also indicated in its submission [086] that the determination of staff recruitment numbers and appointments made would be done in consideration of student number forecasts [086] and that the College has a pool of academic staff it has previously employed on a freelance basis [008] from which tutors will be selected for recruitment as student numbers increase [086]. The College's Staff Recruitment Policy [046] does not specify an expectation in terms of staff qualifications; however, the team was told that precise requirements are agreed on the basis of the needs of individual posts [M3].

181   The structure chart for the College's Business department [079] that was provided with the initial submission indicated a structure with 14 jobs and roles. On seeking clarification, it was confirmed that this was the planned structure for when the College is fully operational, and to assist the team in their understanding a revised annotated version was provided which showed the staffing that the College currently has in place and who will be involved in the initial delivery of the programme [087]. This showed that, in addition to the two senior staff, the College plans to have three full-time academic staff, including the Programme Leader, and four freelance lecturers, and the first semester modules for the

initial cohort will be covered by the full-time staff. A booklet of staff CVs and job roles was also provided [008], which provided CVs for all the full-time staff and the majority of the identified freelance lecturers, together with details of the senior management team and their main roles and responsibilities. Roles, responsibilities and skills of the Programme Leader and business lecturers are also explained in detail [008]. The CVs of academic staff [008] demonstrate that all academic staff have a master's degree and several have a doctoral qualification in related subject areas. They all have more than four years of prior teaching experience and relevant work experience in subject areas which they teach. There is also a range of relevant professional experience across the academic team - for example, in finance, accountancy and business - and all staff have undertaken some further education and training after their master's study. The CVs for the three current professional support [0105b, 099d, 099e, 099f] indicate that one has a bachelor's degree, one a master's qualification and one a Postgraduate Diploma [099e, 099d, 0105b, 099f]. All three of the support staff have at least three years' prior relevant work experience in educational institutes. The review team formed the view that academic and professional staff are appropriately qualified and skilled to perform their roles effectively.

182   The recruitment and selection process [046] commences with a full evaluation of the need for the role in line with college strategy, the identification of required qualifications and the creation of a job description and person specification. For academic posts, to ensure suitability of candidates for the position, the policy requires that applicants demonstrate sector competence and pedagogical skills through a micro-teach session on a selected topic [046]. The roles of senior staff and Academic Board [007a-b] in the academic staff recruitment process is emphasised, the Director of Studies and Principal normally being on the interview panel and the Academic Board having responsibility for final approval of all appointment decisions. There is a separate professional support staff recruitment policy [098] which explains aims of the policy, procedures for professional support recruitment, purpose of the roles, and their duties and responsibilities. One of the stated aims is to ensure that the best person is appointed for each position, however the policy does not specify the skills and qualification requirements for the professional support staff.

183   The team noted that the job description for the Programme Leader requires applicants to be educated to degree level in a discipline within business or management and that no qualification requirement is mentioned in the job description for lecturers [008]. Senior staff explained that the precise requirements for each post are individually agreed; however, for academic posts this would normally be a master's degree and sector-specific skills and experience in the business sector including specific subject knowledge depending on what they will be teaching. For the Programme Leader, the requirement would include at minimum a master's degree and experience of managing an academic team.

184   Five professional support staff roles are named and their roles are explained [008]. Relevant job descriptions [125a, 125b, 125c] state qualification and skills requirements. Senior staff explained that qualification requirements vary but, for example, for the Student Support and Welfare Officer the requirement would be a degree [M3]. Senior staff further confirmed basic qualification requirements for different professional support roles which were consistent with the related job descriptions.

185   The College's Interview Panel and Process [047] provides guidance on the interview process and roles of the Chair and selection panel. A micro-teach presentation is required for academic posts, to provide the basis to ascertain the level of pedagogical skills of the applicants [086] and information on the Micro-teach session is also provided to relevant candidates in advance of their interview [051].

186   Recruitment records for three academic staff and the three professional support staff were reviewed [099a, 099b, 099c/0105a, 099d, 099e,099f] which included their CVs,

job descriptions, copies of qualifications, and their induction records. These documents indicate that staff were recruited, appointed and inducted in line with the College's staff recruitment policy [046]. Two professional support staff in the College share a range of roles [008, page 59]. The team was told by staff [M3] that due to the size of the College, the professional staff tend to work across different roles. However, the College provides relevant training to support their jobs. Based on the available evidence, the review team formed the view that the staff sampled were recruited according to the College's policies and procedures. The review team, based on the evidence presented, formed the view that the College's policies for the recruitment and appointment of staff will provide for a sufficient number of appropriately skilled and qualified staff.

187   Neither of the recruitment policies refer to induction; however, the team found that the College's Staff Handbook [0101] serves as a reference document setting out what members of staff should and need to know about their employment. It has a clear section [010] related to staff induction including an introduction to Stratford College, a health and safety briefing, and a tour of the facilities. The College's Staff Development and Training Policy [009a] emphasises that the College is committed to providing staff with sufficient training to ensure that they will be able to successfully undertake their duties, and all members of the College are required to undertake training activities considered necessary to the efficient operation of the College provision.

188   In the submission [086], the College sets out that it plans to keep staff informed and improve their knowledge and skills in terms of subject content and updates, assessment rules and regulations, and pedagogical approaches to enhance student achievement. The College plans ongoing internal training [020a, 020b], including, for example, training on teaching and learning issues, the Quality Code, assessment and marking, standardisation, dealing with academic misconduct; and general and compulsory training such as Prevent, health and safety, and equality and diversity. The College has in the past supported some of its teaching staff to acquire Fellowship or Senior Fellowship of the Higher Education Academic (FHEA/SHEA) statuses as well as part-financing some staff PhD studies [048] and indicated that this approach will continue [M3]. Staff also told the team [M4] that the College encourages staff to attend the training that is provided by Pearson, and that staff attending training are encouraged to pass on their learning to other colleagues [M4]. The College also plans to have a process of evaluating training to encourage improvement [009b, 009c, 020d, 020f, 020g]. For its professional support staff, the College plans to provide training activities on, for example, admission processes and procedures [036, 036a], the Office of the Independent Adjudicator for Higher Education [036b, 062], and Competition and Markets Authority [036c].

189   The College has a Lesson Observation and Teaching Evaluation Policy [049a] which indicates that based on the observation feedback, the College would agree with the tutors how support for improvement will be designed, implemented and monitored. Moreover, the Professional Support Staff Recruitment Policy 2021 [098] indicates a clear responsibility for professional support staff to undertake personal learning and development (CPD) to address identified learning and development needs of the post holder and the College, which may be identified through, for example, the observation processes or performance review [050].

190   The College has revised its feedback and monitoring system [070] to include six steps and feedback received about staff will be key in this process. Evaluation of staff skills is planned to be done through staff performance reviews [050], consideration of external examiner reports [013], student feedback on the quality of teaching [054c] and student support [054a, 054b], from which the College will identify staff training needs which will inform future training session design. The outcome of lesson observations [0100] will also be used as the basis for college support and identification of further training needs and design

of training activities [086], and Academic Board has approved the lesson observation template to be used for this purpose [007b, 049]. Therefore, the review team formed the view that the College has robust and credible plans for the recruitment, appointment, induction and support of sufficient appropriately qualified and skilled staff.

191   The College has not had students since 2018, but delivered the Pearson HND Business previously; therefore the previous reports from Pearson external examiners were considered [013]. These indicate no issues of concern regarding staffing for the programme. Furthermore, the Pearson annual monitoring outcome letters for 2016-17 [010a/094b] and 17-18 [010b] confirmed that there were no essential actions required, which indicate that, at that time, there were no staff resource concerns. Therefore, based on the available evidence, the review team formed the view that when the College previously operated there were sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience.

192   The review team met three teaching staff and two professional support staff at the visit [M3]. Among the teaching staff the team met, two have doctoral degrees in relevant subject areas and one a master's degree. Their qualifications are consistent with the College's requirements as articulated to the team [M3]; namely that the College normally requires a bachelor's degree for support staff roles and a master's degree for academic positions. The academic staff all have significant teaching experience at different institutions in the UK. Although the College has recruited no students in the last three years, the academic staff have continued working in other colleges. They have gained online teaching experience and gained relevant training in this aspect and there are plans that once the College starts to operate again, they will share their online teaching experience with other staff. The College confirmed that refresher training would be provided to all the staff before the College recommences delivery [M5]. Hence, the review team formed the view that the sampled staff are appropriately qualified and skilled. Therefore, based on the available evidence, the review team formed the view that the College has plans that should ensure there will be appropriately qualified and skilled staff to deliver a high-quality academic experience.

Conclusions

193   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

194   The review team, based on the evidence presented to them, determined that the College's regulations and policies for the recruitment, appointment, induction and support for staff will provide for a sufficient number of appropriately qualified and skilled staff. It has robust and credible plans for the recruitment, appointment and induction of sufficient appropriately qualified and skilled academic staff, which are focused on a small core of full-time staff supplemented by freelance staff. There are plans for the provision of internal staff development and also a commitment to supporting external development opportunities where appropriate, and there is evidence that a similar approach to staff development has been taken in the past. The plans for staff recruitment and support should ensure that there are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience. Samples of staff recruitment records demonstrate that staff have been recruited, appointed, inducted and supported according to the College's policies. The review team concludes, therefore, that the Core practice is met.

195   The evidence underpinning this judgement reflects all of the evidence (apart from observations of teaching and learning, and student views) described in the QSR evidence matrix. The lack of evidence relating to observation of teaching and learning, and student views is due to the provider's current situation. The team found from the evidence available that the College has sufficient appropriately qualified and skilled staff. Therefore, the 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

196   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.

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

The evidence the team considered

198   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Provider submission [086]
b   Teaching and Learning Resources Policy [52]
c   Survey on Student Personal Advisor [54a]
d   Student feedback Tutorial system [54b]
e   Feedback Form Teaching staff [54c]
f   Feedback Form College infrastructure [54d]
g   Learning Resource team Terms of Reference [056]
h   SCL Staff CV booklet [008]
i   Recommended websites [057b]
j   VLE and PAG sites 2020 [057]
k   SLA with IT company for web and Moodle [065]
l   College admin staff meeting schedule [064]
m   Web links on VLE for Student Research [057]
n   IT lab policy [60]
o   Academic Board Minutes on Negotiation with UEL (University of East London) for the Use of their Library [007]
p   Front Desk and Admin staff training [062]
q   Student Handbook 2021-22 [55]
r   Student personal advisor document [071]
s   Teaching and Learning Strategy [089]
t   Correspondence with UEL Library [103]
u   List of books in College library [102a-c]
v   Free resources document [102d]
w   Remote learning procedure [104]
x   Receptionist staff CV and job description [099d]
y   Student Support and Welfare Officer staff CV and job description [099f]
z   Professional support staff recruitment policy [098]
aa   Submission document [086]
bb   HND Staffing structure [087]

cc	SCL resource links [116]
dd	Support and admin Staff Training Record [115a]
ee	Statement on support staff training [115]
ff	Enhancing the employability of students' strategy [120]
gg	Examples of Student Support Activities [119]
hh	Clarification of Student Advisor role [117]
ii	Reception staff job description 2021 [125a]
jj	Student Support and Welfare Officer job description 2021 [125c]
kk	Board of Directors Minutes [002b]
ll	HN Global Screen shots [126 b-k]
mm	Meetings with senior, academic and support staff [M3 and M4]
nn	Virtual tour of resources and VLE demonstration [V1]

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

200   Due to the College's current circumstances the team was not able to meet students, there was limited evidence available relating to students' views and there were no third-party endorsements.

How any samples of evidence were constructed

201   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

203   To assess whether the provider has credible, robust and evidence-based plans for ensuring that it has sufficient facilities, learning resources and student support services to deliver a high-quality academic experience, the team considered: the Teaching and Learning Resources Policy [52]; Learning Resource team Terms of Reference [056]; Survey on Student Personal Advisor [54a]; Student feedback Tutorial system [54b]; Feedback Form Teaching staff [54c]; Feedback Form College infrastructure [54d]; College administrative staff meeting schedule [064]; Web links on VLE for Student Research [057]; Front Desk and Admin staff training [062]; List of books in College library [102a-c]; Free resources document [102d]; HN Global Screen shots [126b-k]; Enhancing the employability of students strategy [120]; Examples of Student Support Activities [119]; Support and admin Staff Training Record [115a]; Statement on support staff training [115]; and Remote Learning Procedure [104]. The team also met with management, academic and support staff [M3, M4]

204   To assess how learning resources and student support services contribute to delivering a high-quality academic experience, the team reviewed: the Teaching and Learning Resources Policy [52]; Academic Board Minutes [007]; Recommended websites [057b]; VLE and PAG sites 2020 [057]; Provider submission [086]; Student Handbook 2021-22 [55]; Student Personal Advisor document [071]; Teaching and Learning Strategy

[089]; Correspondence with UEL Library [103]; List of books in College library [102a-c]; Free resources document [102d]; Remote learning procedure [104]; Student support and Welfare Officer staff CV and job description [099f]; Professional support staff recruitment policy [098]; Submission document [086]; HND Staffing structure [087]; SCL resource links [116]; Examples of Student Support Activities [119]. The team also had a Virtual Tour of facilities including a demonstration of the VLE [V1] and met with management, academic and support staff [M3, M4].

205   To identify other organisations' views about the facilities, learning resources and student support services, the team considered HND Qualification Approval HNs in Business [127].

206   To determine whether staff are appropriately qualified and skilled and understand their roles and responsibilities, the team considered the Staff CV booklet [008] which includes job descriptions, Student Support and Welfare Officer staff CV and job description [099f]; Professional support staff recruitment policy [098]; Clarification of Student Advisor role [117]; Reception staff job description 2021 [125a]; Student Support and Welfare Officer job description 2021 [125c]; Support and admin Staff Training Record [115a]; Examples of Student Support Activities [119]. The team also met with management, academic and support staff [M3, M4].

What the evidence shows

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

208   The College has a Teaching and Learning Resources Policy [52] which the team found to be a brief definition of the approach to teaching and learning resources, including sections on relevant policies and processes for the management of resources. College planning includes the establishment of a Learning Resources Team which will meet termly. The Terms of Reference for the Learning Resource Team [056] sets out a commitment to oversee the promotion, coordination, monitoring and development of the learning resources, services and support available to the student body. Membership of this group consists of the Principal, Programme Leader, Student Support and Welfare Officer and two other college staff, and the Terms of Reference [056] indicate that members of the Student Representative Council will also be invited to attend meetings. The Teaching and Learning Strategy [089] includes a commitment to supporting students, monitoring and reviewing their progress and listening to student feedback in order to identify areas for improvement in relation to learning resources and student support.

209   Examples provided of student support activities [119] clarified the student support available and that support is provided by a mixture of support staff and academic staff. As a small college, it is not unexpected that staff will fulfil a variety of roles as low student numbers will not support full-time roles for each function. Examples of student support activities articulated by the College [119] include academic support such as writing skills, support with employability and careers, pastoral support and welfare support. The Student Handbook 2021-22 [05] refers to a personal tutor for academic and pastoral support, and to student services staff providing general support and information such as enrolment queries, providing student letters, dealing with fees and financial enquiries.

210   The Professional Support Staff Recruitment Policy [098] sets out principles for recruitment of support staff but in places is more relevant to recruitment for roles in a further education or school setting, referring, for example, to child protection and behaviour management rather than higher education student support issues such as financial, careers and learning support. The team also considered the Student Personal Advisor role [117] and current support staff job descriptions [125a and c] which provided more clarity on the roles of

support and academic staff in providing student support. Examples of student support activities [119] confirmed that academic staff provide careers, employability, academic study skills support and pastoral support. The Student Support and Welfare Officer is responsible for student services functions including general welfare support and advice for students, overseeing arrangements for disability and learning support, supporting employability activities and organising related events. The Student Personal Advisor role [071] provides non-academic pastoral support, guidance and signposting to external services. The HND staffing structure document [087] shows that academic staff will act as personal advisors and staff confirmed [M2] that the Principal holds the role during the admissions process [M3] and that academic staff will provide one-to-one support within confidential tutorial meetings. The team considers that the College's proposed approach is appropriate for its current plans to deliver only the HND Business and that the range of plans to support students are credible.

211   The Student Support and Welfare Officer job description [125c] evidenced that current support staff members are expected to cover all student service functions, while their CV [099f] indicates they have relevant experience and qualifications. Senior staff [M3] confirmed that the Student Support and Welfare Officer role requires a first degree and that good communication, listening skills and IT skills were the skills sought as part of the recruitment and selection process. The team heard [M3] that the Student Support and Welfare Officer has undertaken on-the-job training since they joined the College, so is experienced in dealing with students and cases and can effectively signpost to different agencies.

212   For students with learning disabilities, a basic test for dyslexia is conducted online and forwarded to the personal advisor who signposts students to external agencies. The team was told [M3] that the College also plans to bring in an expert on a service level agreement specifically for learning disability needs, to assess students and ascertain required support - for example, dyslexia or dyspraxia - and the Student Support and Welfare Officer will then be involved in terms of supporting students with applications for Disabled Student Allowance and, where applicable, further external signposting. However, no documentary evidence of this proposal was provided.

213   The team found that there was little documentary evidence relating to plans for mental health support. The Provider Submission [086] indicates that students can approach a student personal advisor for support, and there are brief references to mental health in the 4-Tier tutorial system document [022] and the Equal Opportunity and Fair Assessment Policy [082]. The Support and Admin Staff Training Record [115] evidences the intention to deliver mental health support training to further increase the support that staff are able to provide to students. In meetings during the visit [M3, M5], senior staff confirmed plans for mental health support via a manager who has attended external training, and has an understanding of remedial support, cascading information to academic and support staff for a series of training. Where severe, students will be signposted to an external agency for support. The senior staff explained they are intending to invite relevant professionals into the College so that staff understand the processes for dealing with students who present with mental health issues. The mental health charity, Mind, is located very close to the campus, and the Director of Studies told the team that there is a verbal agreement that a representative of the organisation will come to the College and provide some guidance for staff; and that staff will be able to refer students with mental health issues to Mind. However, no documentary evidence of these plans was provided.

214   The College has relocated to new premises which are currently under development. The team was given a virtual tour [V1] and this showed the current teaching and learning spaces, providing four classrooms with a capacity of between 18 and 26 students. The classrooms are suitable though awaiting fitting of interactive smartboards which had been purchased but needed specialist technical input to set them up for operation. A small IT

room is set up with 12 computers. A student common room currently houses the library collection which the team was told would be moved to another location in the College to facilitate an exclusively social area. There is space allocated to welfare and student support services, and an independent study area. The room sizes are appropriate for the small numbers which will initially be registered at the College; however, the team was concerned as to whether the capacity of the premises is sufficient if the College intends to grow. Senior staff [M3] explained that the College intends to have three intakes per year but that if the maximum limit of 75 students are recruited in the first intake no further intakes would occur. Senior staff also explained that, based on student numbers, the College would deliver the programme in groups, and that timetables would be scheduled in order that different groups could attend on different days.

215   The Provider Submission [086] indicates that students would be able to access University of East London (UEL) library facilities and discussion on this issue was referenced in the Academic Board minutes [007]. When the College was previously operational, students had been provided with access through a similar arrangement and the College expected this to continue. The team requested further evidence of the correspondence with UEL library [103] which showed a response to a speculative email and does not indicate that a formal agreement is in place. The response indicated that although the library has a scheme to provide access for higher education students, this was not currently available because COVID-19 precautions had necessitated limiting numbers of library users and priority was therefore being given to the University's own students. The team considers that the access to UEL library should not be identified as part of its resource base as there is clearly no guarantee of access being provided and external borrowers are not likely to have full access to the University's resources.

216   The College provides links to academic and study skills support websites [057b] and links to anti-plagiarism software sites [057], a number of which are invalid. These links include a list of old library stock (2005-13) and a range of links to other institutions' study sites which include differing 'house styles' and therefore could be confusing for students developing study skills rather than offering a consistent approach.

217   The list of books in the college library [102a-c] is a short list of old textbooks, none of which are on the current recommended reading list for any of the units in the proposed HND Business programme. No evidence of e-books was provided and there was no reference to access to library resources within the Remote Learning Procedure [104]. The team, therefore, sought to clarify the position in relation to the availability of suitable library resources to support the programme. The staff explained that students would have access to HN Global (provided by Pearson) which provides resources for academic staff and students specific to the HND Business programme. Additional college resource links [116] were also provided in response to a further evidence request, and these evidenced subscriptions and other accessible resources including access to Emerald which provides access to online journals and case studies.

218   The College provided some screenshots [126] from HN Global to illustrate what would be available to students through this route; this provided evidence that HN Global would provide access to a subject resource library and other online materials but it was not definitive in terms of indicating what HN Global would provide at module level. Senior staff [M3] confirmed that, before term starts, they will hold a planning meeting with tutors to agree on which books to buy, that recommended reading would be available in hard copy and that appropriate e-books would be purchased or rented through HN Global and be available to students via the VLE. The team noted that the Minutes of the Board of Directors [002b] record that the programme team would meet to agree purchase requests and that the Board has committed to funding the identified resources. However, no indication was given to the team as to what the purchasing approach would be - for example, in relating numbers of

copies of books to students.

219   The planning for remote delivery in the event of further restrictions due to COVID-19 [104] provides evidence of a structure for remote learning and assessment which offers guidance for students regarding lesson protocols and communication. The review team explored this in more detail within the meetings with staff [M3] and senior staff confirmed that HN global [126 b-k], and other online resources will be in place to support online learning. The College VLE provides access to programme and study materials and senior staff also confirmed [M3] that there will be the capacity to deliver online if needed through packages such as Google Classroom, Zoom, Crypt Pro and through using interactive whiteboards; with the ability to present Excel and PowerPoint documents. The College is also planning to record teaching sessions, and the team saw evidence that cameras are installed in order that academic staff will be able to record and upload sessions onto the VLE. The team was also told [M3] that there is an intention to use online meeting platforms for student support; students will be able to book appointments with student welfare services and personal advisors, and tutorial sessions will be conducted virtually. The review team considers that the plan for ensuring the College has sufficient and ongoing facilities, learning resources and student support services is credible and realistic. The College's plan demonstrably links delivery of successful academic and professional outcomes for students and is in the process of being implemented in terms of physical library and accommodation resources.

220   Information on support staff training [115] evidences a planned schedule of training to support teams across a range of topics such as Prevent, IELTS, CMA, safeguarding and admissions, indicating appropriate training at this stage when the focus is on recruitment and preparation for receiving students. Support staff have academic higher education qualifications and, although they are not specific to relevant student support mechanisms, provide a suitable underpinning of graduate skills to be able to adapt to a multiple role position which is appropriate for the size of the College. Current job descriptions [125] provided the team with an understanding of the roles and responsibilities of the support staff, and academic and support staff were able to discuss their role in student support and were positive about the induction and training they have received to enable them to fulfil their roles [M3]. The team found that staff involved in supporting students understand their roles and responsibilities.

Conclusion

221   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

222   The review team concludes that the College will have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. While the College does not yet have all of its facilities and learning resources in place, due to its current position, the team saw evidence that the accommodation and facilities are being developed in preparation for delivery. The virtual tour of resources undertaken by the team identified that there is space suitable for the delivery to the proposed numbers, although accommodation of those numbers will require careful management of timetables in order for the proposed numbers to be feasible in the accommodation available. Library resources to support the HND Business programme were, at the time of the visit, limited but the College indicated an intention to ensure that this is addressed and that the teaching team will be consulted on books to purchase as e-books and in hard copy. Relevant support and academic staff who met the team were able to demonstrate

understanding of their roles and responsibilities in supporting students. There are plans in place for a reporting structure for facilities, learning resources and student support and evidence of a range of student feedback mechanisms to feed into this. The College's plans for student support include the use of external expertise, although the precise arrangements for this were not evidenced to the team. The team considers that the College will have in place facilities, learning resources and student services that will deliver a high-quality student experience. The review team concludes, therefore, that the Core practice is met.

223   The evidence underpinning this judgement reflects the evidence described in the QSR evidence matrix, with the exception of the opportunity to meet students to discuss their views on resources and support services; and third-party endorsements. At the time of the visit, the team was not able to make a full assessment of the facilities as they were incomplete. While the College provided further detail of its plans for resources and support, in some areas (particularly the learning resources to support the HND Business programme, the proposed arrangements for securing the input of an external expert into the student support process through a service level agreement, and the arrangements for mental health support) the team's understanding of the proposed arrangements relies significantly on oral testimony which was not supported by definitive documentary evidence. Therefore, the review team has a moderate degree of confidence in its judgement.

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

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

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

The evidence the team considered

226   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Pearson Responsibilities Checklist [004]
b   4-Tier Tutorial System [022]
c   Committees Terms of Reference [045]
d   Student Engagement Strategy [067]
e   Staff Student Liaison Committee Terms of Reference [069]
f   Student Representative Council Terms of Reference [068]
g   Feedback System [070]
h   Programme and Module Evaluation Summary [0111a]
i   Student Newsletter [122]
j   Training for Student Representatives [069b]
k   Meeting with senior, academic and support staff [M2]

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

228   The College has yet to commence delivery and therefore it was not possible to discuss with students how the College engages them in the quality of their educational experience.

229   As there are no students it was not possible to illustrate the impact of the College's approach and, as such, there are no examples of the College changing or improving provision as a result of student engagement

How any samples of evidence were constructed

230   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

231   As highlighted, all of the evidence submitted by the provider [Annex 1] was

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

232   To assess how the provider engages students and whether the provider has credible, robust and evidence-based plans for engaging students - individually and collectively - in the quality of their educational experience, the team considered: the Provider Written Submission [086]; Pearson Responsibilities Checklist [004]; 4-Tier Tutorial System [022]; Terms of Reference of committees [045]; Student Engagement Strategy [067]; Staff Student Liaison Committee Terms of Reference [069]; Student Representative Council Terms of Reference [068]; Feedback System [070]; Programme and Module Evaluation Summary [0111a]; Student Newsletter [122]; Training for Student Representatives [069b].

233   The team also held a meeting with senior, academic and support staff [M2].

What the evidence shows

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

235   The Pearson Responsibilities Checklist [004] indicates that, in the relationship with Pearson, responsibility for student engagement lies with the provider. Student engagement at the College is underpinned by the Student Engagement Strategy [067] which sets out how students are to be involved in the management of their learning and how they will be given an opportunity to be heard and contribute towards the enhancement of the quality of learning opportunities. The strategy sets out the steps the College has taken 'to enhance student engagement and opportunities for students to influence the management and quality of their learning journey and learning experience'. These include redesigning the student representation structure to increase student representation, including on Academic Board and College committees; a student-led feedback system to collect and collate the student voice; and a redesigned Staff Students Liaison Committee (SSLC) chaired by a student representative. The strategy includes four key themes to encourage engagement: the student representative system; supporting staff participation in student engagement; staff-student partnership in non-academic engagement; and monitoring and evaluation of the effectiveness of the strategy. While the team considers the strategy to be comprehensive, there are some issues with coherence and clarity. Despite this, the team concludes that the College has credible plans to engage students individually and collectively in the quality of their educational experience.

236   To encourage collective student engagement, a student-led Student Representative Council (SRC), which is to be chaired by a student, will, according to the College, serve as the body that represents the student voice through liaison with management and college committees. Student engagement opportunities will be discussed at induction, including explaining how students can apply to be a student representative [M2] who are to be democratically elected annually to sit on the SRC. As confirmed by the terms of reference [045], students are to be represented on the Programme Management Committee, Quality Enhancement Committee, Attendance Monitoring Committee, Student Welfare Committee and Academic Board [045] through the inclusion of SRC members.

237   The SRC terms of reference [068] indicate that the activities of the SRC will include 'SRC initiated student feedback' on 'programme activities, College resources, student support, external educational visits and the student learning experience' whereby SRC

members will canvas students on their views. Feedback will be collated, analysed and forwarded to the Programme Management Committee and Academic Board on which SRC members sit with resultant actions fed back to SRC for representatives to discuss with their respective cohorts.

238   Senior staff [M2] confirmed that training would be put in place to support student representatives in their role and submitted a presentation specific to the role of the Student Representative Council [069b] and the role of the student representative including gathering students views, attending Council meetings and feeding back outcomes and actions to students. The team, therefore, concluded that the arrangements for training of student representatives are planned in sufficient detail and are appropriate.

239   Collective student engagement will also take place through a Staff-Student Liaison Committee (SSLC) which the College states will exist to give students and staff the opportunity to raise and comment on issues of concern related to their academic programmes and activities [069 Staff Student Liaison Committee TORs]. The review team found the plans around the development and operation of the SSLC to be adequate but that the terms of reference [069] require some refinement as it contains inconsistencies with regards SSLC membership. The committee is to be chaired by a student which, in the team's view, would be a positive way of encouraging partnership and engagement with students. It is proposed to meet twice per term, which would allow it to report on the teaching and learning at those points. Although the team was not provided with an agenda for a meeting, the terms of reference document give an indication of the range of issues that will be covered which include actively seeking views from students on strengths of the programme and areas for change; and to consider the outcomes of module evaluations and national surveys such as the National Student Survey (NSS). The team considers that the College has a credible approach to actively engage students collectively in the quality of their educational experience.

240   The College intends that individual student engagement will be through module evaluation, and the 4-Tier Tutorial System through individual tutorials [Feedback System document 070]. Senior staff [M2] explained it would be introducing end-of-term, course and module surveys using an online tool to replace paper-based surveys, and that the outcomes would feed into annual monitoring. The College, according to the submission [086], will also encourage the use of social media to enhance student interaction with college staff, and this was confirmed by staff the team met at the visit [M3]. While the team relied on oral testimony, they consider that the College has a credible approach to actively engage students individually in the quality of their educational experience.

241   The team scrutinised the Programme and Module Evaluation Summary [0111a] which dates from 2018, for context on how the College had approached feedback in practice in the past. The team found that although the summary details feedback, action and monitoring activities from that year, it does not reference the numbers of students involved, where feedback was from or how it links to the actions listed. Some of the questions asked of students are however similar to the NSS, and in the analysis it generally stated that students agreed with the statements and there were few issues of concern raised. While this document is not helpful in assessing an evaluation of course and module feedback, it demonstrated a process by which feedback is considered and it provided limited examples of changes made in response to feedback. The document provided evidence that feedback processes had operated in the past and that discussion with staff [M2] confirmed that it intends these to continue.

242   When discussing the arrangements for feeding back to students on any actions taken, senior staff said they would use the SRC, the module/VLE and that they would relaunch a newsletter that they previously found useful. The College provided a copy of a

SRC newsletter published in 2017 [122]. The themed newsletter included messages from the SRC presidents encouraging student engagement, information on the theme of employability and sections on fundraising and health. However, this issue did not include any examples of the College changing and improving the students' learning experience as a result of student engagement.

Conclusions

243   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

244   The review team concluded that the College has credible plans to actively engage students - individually and collectively - in the quality of their educational experience. This will occur collectively through a student representative system involving the SRC and SSLC with involvement in committees and feedback mechanisms. There are plans to train student representatives to support them in their role. In relation to individual student engagement, the College has plans to utilise surveys and questionnaires to elicit views from across the student body, and the outcomes of these will feed into the annual monitoring processes. There is evidence that student feedback was considered in the College's monitoring processes in the past, and that action was taken to address issues raised by students. There are also plans for communication with students through, for example, the VLE and newsletters. The review team concludes, therefore, that the Core practice is met.

245   The evidence underpinning this judgement reflects the evidence described in the QSR evidence matrix, with the exception of the opportunity to meet students to discuss their views and only limited evidence of the College changing and improving students' learning experience as a result of student engagement. In addition, the team relied on oral testimony in respect of individual engagement through module or programme surveys. The team, therefore, has a moderate degree of confidence in its judgement.

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

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

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

The evidence the team considered

248   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes.

A list of the key pieces of evidence seen by the team is below:

a   Complaints Policy and Procedure [72]
b   Academic Appeals Policy and Procedure [74]
c   Recording, monitoring and evaluating informal complaints [77]
d   Student Handbook 2021-22 [055]
e   Provider Submission [086]
f   SRC OIA and complaint training 2021 [073]
g   Staff OIA training [036b]
h   Complaints flowchart [075]
i   Appeals form [076a]
j   Formal complaints form [076b]
k   Admissions appeals process [108]
l   Example of formal complaint (2017) [106a]
m   Admission appeal (2017) [106b]
n   Informal Complaint Policy [077]
o   Informal complaint booklet [109]
p   VLE screenshots [107b 1-3]
q   Meeting with senior, academic and support staff [M4]

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

250   As no students are currently registered on the programme it was not possible to meet students to ascertain their views on whether complaints and appeals procedures are fair, transparent and accessible.

251   As the College has not been operational for the past three years it was not possible for the team to sample recent complaints or appeals records, although an example of a complaint and an example of an admissions appeal were provided .

How any samples of evidence were constructed

253   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

255   To identify the provider's processes for handling complaints and appeals and to confirm whether these processes are fair and transparent, the team reviewed: the Provider Submission document [086]; Complaints Policy and Procedure [72] and flowchart [075]; Academic Appeals Policy and Procedure [74]; Informal Complaints Policy and Process for recording, monitoring and evaluating informal complaints [77]; the informal complaints booklet [109]; the admissions appeals process [108]; an example of a formal complaint [106a]; and the Student Handbook [055].

256   To assess whether the College has credible, robust and evidence-based plans for developing and operating fair and transparent procedures for handling complaints and appeals which are accessible to all students, the team considered: the complaints flowchart [075]; Appeals form [076a]; Formal complaints form [076b]; Informal Complaint Policy [077]; Informal complaint booklet [109]; support staff training and development programme [115b]; and met with staff with responsibilities for complaints and appeals [M4].

257   To assess whether information for potential and actual complainants and appellants is clear and accessible, the panel considered student representative OIA and complaint training 2021 [073], the Student Handbook [055] and VLE screenshots [107b 1-3].

What the evidence shows

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

259   The Complaints Policy and Procedure [072] sets out the process for handling complaints. It is a three-stage process, the first being consideration of the complaint by the member of staff receiving it. The second stage is escalation of the complaint to the Director of Studies and the third involves a panel of staff who have had no previous involvement with the complaint. The Policy and Procedure provides assurances of confidentiality of the process. A process flowchart, which gives a visual overview of the stages, is included in the procedure as well as being provided separately [072,075]. The Policy and Procedure [072] indicates timescales of three days in which complaints will 'move onto' the next stage of the process. The College indicated that the three-day timescale stated relates to completion of the relevant stage, although the team considered that this could be more explicitly articulated in the documentation. While acknowledging that these timescales are intended to enable the College to resolve complaints as quickly as possible within its current context as a small provider, the review team considers that the stated timescales for the stages could prove challenging from an administrative perspective, particularly for more complex or difficult cases, and provide limited time for students to decide whether to pursue a complaint further, prepare their case or make arrangements to be accompanied by a person of their choice at Stage 3.

260   The Academic Appeals Policy and Procedure [074] evidences the College's processes for handling academic appeals. It states scope and grounds for appeal, sets out principles and clarifies what would not be considered an eligible appeal. The process consists of four stages - commencing with review by the assessor, then an internal verifier, then a senior management panel and, finally, an Academic Board panel. There is also a reference to an 'Academic Appeals Committee' although this committee does not exist in the current governance structure. The timescale between each stage is that if the student is dissatisfied, they have seven working days from being informed of the outcome to escalate their appeal to the next stage, and the procedure also explains the timescales within which the College will complete each stage and confirm the decision to the student (seven working days). The appeals process has four stages, which although not aligned with the Office of the Independent Adjudicator's (OIA's) recommended good practice on proportionality (which recommends that providers normally have two stages - informal and formal), has clear timescales which would enable the College to complete investigations well within the 90-day period recommended by the OIA. However, given the current small size of the College and its staff numbers, the team considered that it may be a challenge to ensure impartiality at each stage should an appeal progress through all four stages. The policy confirms that if the student remains dissatisfied, they have the right to escalate their appeal to Pearson (which is in line with Pearson policy on appeals [031a]). There is an appeals flowchart included in the Student Handbook [055] although it is not part of the Academic Appeals Policy and Procedure. There is a separate procedure for complaints or appeals about admissions [086,108] which is discussed under Core practice Q1.

261   The complaints and appeals procedures refer to the role of the OIA and state that after completion of college procedures, the student will receive a Completion of Procedures Letter and can escalate a complaint or appeal to the OIA. The complaints and appeals procedures and flowcharts are included in the Student Handbook [055], thus evidencing the intention of being transparent with students. Evidence was provided of planned staff training [115b] on complaints and appeals, and there is also Staff OIA training [036b] which raises the profile of the role of the OIA. In a meeting at the visit [M4], academic staff were able to explain the difference between an academic appeal and a complaint, and support staff confirmed they had received training on providing information to students on the complaints and appeals processes. Overall, the team found that the College has definitive policies for complaints and appeals which should enable fair and timely decisions on complaints and appeals.

262   While the College does not currently have any students registered, the team considered a formal complaint dating to when the College was previously operational (2017) [106a], which was responded to within four working days with a response that was clear and transparent, and in favour of the complainant, and indicated that the Principal would monitor the response to ensure no further recurrence of the issue raised. The response letter did not refer to next steps if the complainant was not satisfied; however, under OIA guidance as the outcome was in favour of the student, the College would have been obliged to provide a completion of procedures letter only if requested by the student.

263   In addition to the formal processes, the College has a policy for recording, monitoring and evaluating informal complaints [077] that is supported by an informal complaints booklet [0109]. The booklet is aimed at both staff and students and includes a template for staff to record such complaints. The process of recording informal complaints will be made clear to the student initiating the informal complaint, who will be fully informed of any action(s) taken to resolve the issue. The policy notes that informal complaints will feed into annual monitoring and will be used to identify areas for improvement and enhancement. The team considers that this shows intent to capture student feedback at an informal level alongside the other student feedback mechanisms in place, and to use this to improve and enhance the provision. The senior staff confirmed [M4] that outcomes of complaints and appeals

processes will inform the monitoring processes and will be recorded and considered at Academic Board level to identify how improvements to processes can be made.

264   The Student Handbook [055] includes the appeals and formal complaints procedure as well as providing details of the procedure for recording, monitoring and evaluating informal complaints. The student induction programme schedule included in the Student Handbook also evidences plans to have sessions at induction on the Complaints Policy and Procedure [072] and Academic Appeals Policy and Procedure [074]. Student representative training on OIA and complaint training [073] indicates the intention to ensure that students are clear of their rights and the processes available to them. VLE screenshots [107b 1-3] show that the Complaints Policy and Procedure [72], Academic Appeals Policy and Procedure [74], Complaints flowchart [075], Informal Complaints Policy [077], Appeals form [076a], and Formal complaints form [076b] are all available on the VLE. The team, therefore, found that the procedures for handling complaints and appeals will be accessible to students.

Conclusions

265   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

266   The review team concludes that the College has fair and transparent procedures for handling complaints and appeals which are accessible to all students. As the College is not currently delivering higher education, there are no recent examples of the application of the policies to establish either trends in complaints or appeals or whether the current policies and procedures are followed in practice. The College's complaints and appeals policies and procedures are generally well articulated and, if implemented as described, should support fair consideration of complaints and appeals. The team considers that the formal complaints procedure has timescales which may prove administratively unrealistic, particularly in relation to complex complaints, and that the timescale for completion of each stage could be more clearly articulated in the documentation. Although the appeals process is not aligned with OIA recommended good practice on proportionality, it has clear timescales which would enable the College to complete investigations well within the 90-day period recommended by the OIA.

267   There are plans to provide training for staff involved in complaints and appeals. Policies are included in the Student Handbook, and the College has plans to cover complaints and appeals at student induction and to provide training for student representatives. The College has plans to include the outcomes of complaints and appeals in its monitoring processes and to learn lessons from them that can be taken forward into improvements. The introduction of a process for recording informal complaints demonstrates a commitment to resolving issues informally and avoiding escalation where possible, as well as ensuring that informal issues are captured and recorded and used to inform future practice. Therefore, on balance, the team concludes that the Core practice is met.

268   The evidence underpinning this judgement reflects the majority of the evidence described in the QSR evidence matrix, with the exception (due to the College's current situation) of the opportunity to meet students to discuss their views on complaints and appeals or to consider examples of recent complaints and appeals handled under the current procedures. The College's plans for including consideration of complaints and appeals in its monitoring processes, and for recording informal complaints and appeals,

have not as yet been implemented in practice and the team was not able to assess their effectiveness. The team considered that the timescale for completion of stages could be more clearly articulated in the complaints procedure and that the timescales may be challenging for more complex cases. It was not possible to test the application of these procedures through scrutiny of recent examples. Therefore, the team has low 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

269   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.

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

The evidence the team considered

271   The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a   Pearson Responsibilities Checklist [004]
b   Pearson guides to Quality Assurance and Assessment and External Examining [031a,c]
c   External examining reports [013]
d   Annual monitoring reports [010]
e   Quality Enhancement Strategy [019b]
f   Quality enhancement activities [019a,c 053b] - duplication of evidence
g   Quality enhancement timetable [019d, 053] - duplication of evidence
h   Quality enhancement cycle [019e]
i   Pearson Centre Agreement [093]
j   Annual monitoring examples [088a,b,c],
k   Quality Enhancement Committee [045, 091b]
l   Pearson approval to run the HND Business [127]
m   Meetings with senior, academic and support staff [M1, M4]

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

273   As there are no current students it was not possible to meet students to ascertain their views about the quality of courses delivered in partnership.

274   As the College is not currently operational it was not possible to assess how other organisations currently regard the quality of courses delivered in partnership.

How any samples of evidence were constructed

275   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

277   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 Provider Written Submission [086]; Pearson Responsibilities Checklist [004]; Pearson Guidance on quality assurance, assessment and external examination [031a,c]; external examining reports [013]; annual monitoring reports [010]; Quality Enhancement Strategy [019b]; Quality Enhancement Committee [091b]; quality enhancement activities [019a,c 053b]; quality enhancement timetable [019d, 053]; quality enhancement cycle [019e]; the Pearson Centre Agreement [093]; Student Engagement Strategy [067]; and meetings with senior management, academic and support staff [M1,M4].

278   To test the basis for the maintenance of high-quality within the partnership with Pearson, and that those arrangements are in line with the provider's regulations or policies, the team considered: the partnership agreement [093]; Annual Monitoring Policy [088d]; annual monitoring examples [088a,b,c]; College policies [015]; Quality Enhancement Committee [091b]; and a meeting with management staff [M4].

279   It was not possible to test whether current external examiners or verifiers consider courses delivered in partnership to be of high-quality, thus confirming the effectiveness of the underpinning arrangements. However, there was evidence presented of the previous course external examining so the Provider Written Submission [086], annual monitoring reports [010], external examiner reports [013], and the Pearson guidance on quality assurance and assessment, and external examination [031a,c], were considered to give context to the submission.

280   To test whether staff understand and discharge effectively their responsibilities to the awarding organisation, a meeting was held with senior, academic and support staff [M4].

What the evidence shows

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

282   The College has a partnership with Pearson for the delivery of the HND Business programme, for which it has recently been given approval. The College has up-to-date agreements in place - for example, the Pearson Centre Agreement [093] which was signed by the College in October 2019 (a standard agreement specifying the legal and quality framework the College has to adhere to) and a letter confirming approval to run the HND Business [127]. The Pearson guidance on Quality Assurance and Assessment and External Examination [031a,c] sets out Pearson's expectations, policies and procedures for how they expect providers to quality assure their provision. The College's responsibilities, as set out in the Pearson Responsibilities Checklist, include the 'design and implementation of quality assurance processes that ensure the quality of learning opportunities' and 'to ensure that appropriate processes are in place to annually monitor and periodically review the programme'. The Provider Submission [086] states that the College will operate its own quality review mechanisms alongside Pearson's annual monitoring and external examining processes and therefore will not rely simply on Pearson's requirements for quality assurance

and monitoring. As explained under Q5, there is evidence from the Student Engagement Strategy [067] that the College has plans for students to be able to contribute to monitoring processes through, for example, student questionnaires which will feed into those processes.

283   The College does not have a policy specifically relating to how it will manage its partnership with Pearson; however, the arrangements for quality assurance and monitoring are set out in various policies [015, 029] which the team found have been aligned with Pearson requirements as set out in the Responsibilities Checklist [004] and the Pearson guidance on Quality Assurance and Assessment and on External Examining [031]. The Board of Directors has ultimate responsibility for all college business and operations, and must ensure that any business activity run by the College is consistent with Pearson requirements, with responsibility for academic governance resting with the College Academic Board [079]. The review team considered that the governance arrangements and policies and regulations provide an appropriate framework for managing the partnership with Pearson.

284   The Annual Monitoring Policy [088d] states that the College will monitor its programmes in line with Pearson's guidance and approval conditions. This will cover the quality of the student experience, student performance and academic standards, drawing on various metrics and evidence such as achievement data and student surveys. The Annual Monitoring Policy also states that the aim is also for enhancement and that a quality enhancement team will support this, although this team does not yet exist in the staffing structure.

285   The team was provided with some examples of the College's internal programme and module annual monitoring reports from 2017 [088a-c] in order to understand how the monitoring process previously operated. The team found that the reports were comprehensive although the programme example raised a number of issues relating to particular modules and, while these were not specifically addressed in the programme action plan, the module level reports include actions addressing issues relating to the module. Issues raised through student feedback mechanisms have appropriate actions allocated in the action plans. It was not clear from the policy [088d] whether the reports are to be shared with students on the course in future but in a meeting [M4] it was stated by senior staff that they would be. Also supplied were the terms of reference for the Quality Enhancement Committee [091b]. It was not clear from the documentation what the plans were to link this with the annual monitoring processes and other quality processes as its Terms of Reference were not detailed in that respect. This was queried with senior staff [M4] who confirmed that the Quality Enhancement Committee will be fully involved in the monitoring processes and that student representatives will be included in the membership of annual monitoring meetings.

286   The College provided the team with historical external examiner reports from 2015-2018 [013] and Pearson annual monitoring reports for the same period [010] which showed that there had been no significant concerns regarding the quality of delivery and that the College operated effectively within these quality processes. It was not possible to test whether current external examiners consider courses delivered in partnership to be of high quality, thus confirming the effectiveness of the underpinning arrangements. However, the external examiner reports [013], the Pearson annual monitoring reports [010], external examiner reports [013], and the Pearson Guidance on Centre Quality Assurance and Guide to External Examining [031a,c] were considered to further understand how the College engaged with these processes. The Provider Submission [086] outlines the approach to external examining and the previous external examining reports [013] and annual monitoring reports [010] demonstrate that the College understood the framework required and participated fully in Pearson's processes for external examining and monitoring as set out in

the Pearson Guidance on Quality Assurance and Assessment [031a] and Guide to External Examining [031a,c]. The review team found that the College has credible plans to deliver a high-quality academic experience for provision delivered in partnership.

287 The review team discussed the plans to ensure a high-quality academic experience in partnership with Pearson with the staff [M1, M4]. The review team considered that staff had a good knowledge of, and commitment to, implementing quality frameworks and they clearly articulated how these would work in the future. The review team considers that staff, including management and teaching staff, understand their responsibilities to the awarding organisation because there were full discussions at meetings with senior and teaching staff [M1, M4] where they articulated their internal processes, how they relate to Pearson requirements, and their commitment to providing a high-quality academic experience. The team considers, therefore, that the College is aware of its responsibilities in these processes and understands their importance in the context of the partnership with Pearson.

Conclusions

288 As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

289 The review team concludes that working in partnership with Pearson, the College has robust and credible plans to ensure that the academic experience will be high quality. The team was satisfied that partnership agreements in place are clear, comprehensive and up-to-date and that these reflect the College's regulations and policies. The College has a good understanding of the planned infrastructure, framework and responsibilities that will be required to ensure that it works within Pearson's expectations in provision of a high-quality academic experience. Although given the stage of development of the College, there were no current external examiners' reports; those relating to past delivery were generally positive and the College has plans for monitoring its provision, including considering external comments, and understands the importance of these processes. The review team concludes, therefore, that the Core practice is met.

290 The evidence underpinning this judgement reflects the evidence described in the QSR evidence matrix, with the exception of the opportunity to meet students to discuss their views on the quality of courses delivered in partnership, and third-party endorsements. The lack of this evidence reflects the College's current situation and the team was able to see documentary evidence of credible plans for managing the partnership with Pearson. However, the team's reliance in part on oral testimony means that it has moderate confidence in this judgement.

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

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

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

The evidence the team considered

293　The QAA review team assessed the evidence presented to them, 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 review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

a　Provider Submission [086]
b　Summative Assignment Feedback Form [24b]
c　Turnitin training for students 2020 [059]
d　4-Tier Tutorial System [022]
e　Student Personal Advisor description [071]
f　External examiner reports [13a-k]
g　APMR document [10g]
h　SRC feedback on Programme and Module Evaluation summary [078]
i　Tutorial timetable for HND Business [080]
j　Additional Needs Policy [083]
k　Special Considerations Policy [081]
l　Policy on Extenuating Circumstances [084]
m　Academic Board Terms of Reference [044]
n　Equal Opportunities and Fair Assessment Policy [082]
o　Governance Chart [079]
p　Governance Chart Committee [079b]
q　Staff Training [020b]
r　Student Support and Welfare Officer staff CV and job description [099f]
s　Reviewed support staff job descriptions [125 a-c]
t　Formative feedback [092]
u　Assessment report [090]
v　Teaching and Learning Strategy [089]
w　Proposed assignment feedback form [021]
x　Analysis of student achievement data [030]
y　Access and Participation Statement [015]
z　Range of mechanisms for monitoring performance [0110]
aa　Enhancing the Employability of Our Students Strategy [120]
bb　Quality Enhancement activities [053]
cc　Academic staff job descriptions [099 a-c]
dd　Meetings with senior, academic and support staff [M3 and M4]
ee　Meeting with senior staff [M5]

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

295   As there are no students registered there was no student submission to consider student views and it was not possible to meet with students or to consider samples of assessed student work.

How any samples of evidence were constructed

296   The approach to sampling is explained in 'How the Review Was Conducted' on page 14 of this report.

Why and how the team considered this evidence

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

298   To identify the College's approach to student support, including how it identifies and monitors the needs of individual students, the team considered: Additional Needs Policy [083]; 4-Tier Tutorial System [022]; Quality Enhancement activities [053]; Equal Opportunities and Fair Assessment Policy [082]; Policy on Extenuating Circumstances [084]; Special Considerations Policy [081]; Summative Assignment Feedback Form [24b]; Academic Board Terms of Reference [044]; Analysis of student achievement data [030]; Range of mechanisms for monitoring performance [0110]; Access and Participation statement [015].

299   To assess whether the provider has credible, robust and evidence-based plans for ensuring that all students are supported to achieve successful academic and professional outcomes, the team considered: Student Personal Advisor document [071]; Tutorial timetable for HND Business [080]; Turnitin training for students 2020 [059]; Provider Submission [086]; the Student Support and Welfare Officer staff CV job description [099f]; Enhancing the Employability of Students Strategy [120].

300   In other to test whether students are given comprehensive, helpful and timely feedback, the team considered: Summative Assignment Feedback Form [24b]; previous external examiner reports [13]; APMR document [10g]; Formative feedback [092]; Assessment report [090]; SRC feedback on Programme and Module Evaluation summary [078]; Teaching and Learning Strategy [089]; Proposed assignment feedback form [021]; Staff Training [020b]; NSS results from 2018 provided in analysis of student achievement [030].

301   To test whether staff understand their responsibilities for student support and are appropriately skilled and supported, the team considered: Staff Training [020b]; Clarification of Student Advisor role [117]; Support staff job descriptions [125a-c]; Academic Staff job descriptions [099 a-c]; Support and admin Staff Training Record [115]; 4-Tier Tutorial System [022]; Enhancing the Employability of Students Strategy [120]; and held meetings with academic and support staff [M3 and M4].

What the evidence shows

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

303   The College has a brief one page document titled Additional Educational Needs Policy [083] setting out the support that is available in reading, writing, study skills, ICT and numeracy. The Equal Opportunities and Fair Assessment Policy [082], Policy on Extenuating Circumstances [084], and Special Considerations [081] all show a commitment to ensuring that students are not disadvantaged for circumstances beyond their control by providing clear guidance on how these will be considered and supported. The Quality Enhancement Strategy [019b] outlines the approach the College plans to introduce to enhance the student experience, and covers aspects such as the student voice and technology enhanced learning, approaches to retention and employability. For example, the Quality Enhancement Strategy explains how it aims to support student retention through mechanisms such as financial advice, careers guidance, and support for learning and study skills. Induction and student retention are embodied in the strategy and it is planned that it will be reviewed annually and regularly monitored. The implementation and monitoring of the strategy is the responsibility of the Quality Enhancement Committee which will be required to report to Academic Board and provide a quarterly review of activity [019b].

304   The team was told [M1] that the Quality Enhancement Committee [091b] has a practical rather than strategic focus and that this recognised that the College would have students from backgrounds where they are particularly likely to need support in their studies - for example, students who left formal education some time ago. The aim of the committee is therefore to enhance student academic activities in terms of, for example, assessment literacy, research and evaluative skills. The team was provided with examples of planned quality enhancement activities that are centred around student skills [019a,c, 053b] with a potential timetable [019d, 053]. These include academic skills support (for example, academic writing, referencing), IT skills and job/careers topics such as job applications and writing a CV. The review team concluded that these plans were well developed and credible but also found the cycle of quality enhancement [019e] was quite basic, and that to be of more use it would require more detail and timelines associated with it. The College also plans to introduce Learning Outcomes Weeks [007, 026] which aim to support students in better understanding the assessment requirements including the performance required for grades at each level.

305   The student support activities document [119] clarifies the various types of student support which will be available and indicates that support will be provided by a mixture of support staff and academic staff. Academic staff job descriptions [099 a-c] are clear that staff also provide appropriate welfare, academic and non-academic support to students, and support staff job descriptions [125 a-c] outline responsibilities for supporting students. The 4-Tier Tutorial System [022] makes clear the responsibilities of tutors to provide group and individual academic support, student personal advisor support and quality enhancement activity. Senior staff [M4] explained that tutorial support will be delivered by academic staff, and this is evidenced by the staffing structure [087] and evidence of tutorial support being timetabled into academic staff schedules [080]. The 4-Tier Tutorial System [022] includes a range of support including tutorials at individual and group level, the support of a Student Personal Advisor (for non-academic pastoral support) and the proposed scheduled enhancement activity [53] which demonstrates a commitment to providing support for the development of research, academic and employment search skills to support students to achieve successful professional and academic outcomes. Additionally, it is the intention of the College to offer flexible tuition schedules [access and participation plan statement 015] to enhance the work-study approaches for mature students. Plans include flexible tutorial slots available for group discussions with tutors and one-to-one support. Furthermore, the tutorial system [022] will involve activities designed to support students to acquire evaluative writing

skills and critiquing, and analytical skills to enhance their opportunities to achieve the higher-grade criteria in unit assessments. Students will be able to have one-to-one discussions with staff about their work, and support will be increased for those students who are underperforming and therefore need more help. From the documentary evidence and discussions with staff, the review team found that plans for tutorial support are credible and robust. The academic team will provide support for students with academic skills such as academic writing, referencing and research [119]. Turnitin training for students [059] provides evidence of an intention to support the development of academic skills and to prevent students from incurring penalties due to poor academic practices. The team found that the College has policies and approaches that should facilitate successful academic and professional outcomes.

306   Senior staff [M3] told the team that women with children are a target demographic for recruitment and it was noted that the College would aim to support flexibility around childcare and that students will be asked to select days suitable for them to attend, which the College will seek to work around. It was also confirmed by senior staff [M3] that the Student Support and Welfare Officer will signpost students to the Programme Leader for academic support. To support students with additional learning needs - for example, dyslexia or dyspraxia - the College plans to bring in an expert on a service-level agreement to assess students and ascertain required support,. Their recommendations will then go to the Student Support and Welfare Officer who can support students in applying for disability allowance or undertake further signposting to external agencies.

307   The planned mechanisms for monitoring student performance [0110] indicate a range of approaches that will assist the College in monitoring and supporting students at an individual level and also as a way of informing student support strategies. These include formative assessment; the tracking of individual student progress at unit level including non-submission, non-completion, referral and resubmission; level of achievement at unit level (pass, merit and distinction); timeliness in the completion of unit assignment tasks; progress in overcoming learning challenges; attendance records and tracking student progression into jobs or further studies. According to its Terms of Reference [044] the Academic Board has overall responsibility for ensuring that there are appropriate and sufficient support arrangements. Despite a recognition on the part of the College that it recruits students from a range of backgrounds, the Terms of Reference do not indicate where responsibility for the monitoring of student outcomes will occur - for example, in terms of monitoring student outcomes by key equality and diversity categories particularly relating to groups that are underrepresented in higher education. The review team was not provided with evidence to indicate that data categorised by widening participation characteristics would be scrutinised. Analysis of student achievement data from 2018 [030] indicates that while student performance data was analysed at that time, there was not an analysis that focused on relative performance of specific groups and although some data was provided on gender, nationality and disability, this was limited to the percentage of students recruited within each category. Senior staff indicated [M3] that the College plans to produce quantitative data on relative performance in terms of those who have English as their first language and those who do not, as this had been a particular focus when the College was previously operational and had recruited students from Eastern Europe. It was also noted that the College would participate in HESA monitoring which would provide data on demographics which could therefore be used for analysis. The review team considers that the lack of an articulated strategy for analysis, which will enable the College to understand data relative to different groups and characteristics, may impact on its understanding of how well it is supporting all students to achieve successful academic and professional outcomes, and on its ability to provide targeted support where it is most needed.

308   The Assessment Policy [015] provides principles on feedback, including that feedback should be constructive and indicate how the student could improve, but not be

overly prescriptive, and also indicates that feedback should be provided within 15 days of submission. The College has developed a template for providing formative feedback [092] which indicates to staff that such feedback should be constructive and developmental. The College also has a template for summative feedback which is based on the Pearson template [024b] and which also stresses the expectations that feedback will be constructive, and will enable the student to understand how they can improve in future assessments. The external examiner's report for 2017-18 [013] identified that, in the past, feedback on assessment did not always indicate where improvements could be made; and the subsequent Annual Programme Management Review report to Pearson [010f] indicated that the College had put in place some actions including providing staff training and making changes to assessment briefs. Academic staff [M1] told the team that when the College was previously operational, the number of students gaining merit or distinction grades had been disappointing. This was also demonstrated in Tutor Assessment Reports [090a and b], dating to when the College previously delivered the HND Business, which commented on students not understanding how to achieve merit and distinction criteria. Staff explained that in response to this issue they had worked on improving students' assessment literacy to develop their understanding of expectations at the differing levels of study, and would continue to utilise this strategy in the future.

309   An outline of a staff training session [020b] evidences a plan for all assessors to be trained in assessment issues including formative and summative feedback. The Summative Assignment Feedback Form [24b] evidences a standardised approach to feedback as prescribed by Pearson. The College has also produced a new formative feedback template [092] which provides guidance for tutors as to the expectations of formative feedback as an indication of progress and opportunity to improve work prior to final submission. However, given the College's current position and the consequent lack of any examples of the form's use, it was not possible to assess whether this will be implemented in a way which supports students in improving their work.

310   Academic staff articulated [M4] the expectations on feedback and how it would be used to support students, explaining that they will follow the College policy on feedback and that they would be providing both formative and summative assessment feedback. After first submission, students will be provided with feedback within 15 working days and feedback will be constructive and highlight what has gone well and then what could be improved. Feedback will be structured against learning outcomes and assessment criteria. Academic staff also stated that they have a 'feed forward' approach, meaning that feedback would include guidance for students on how they might improve in future assessments. The staff told the team that there will be regular checking of students with regards to their understanding of module content, learning outcomes and assessment criteria. Academic staff also said that if there was evidence that students are struggling with a particular aspect of assessment, they would look at it and see how student understanding could be improved.

311   The Feedback on Programme and Module Evaluation summary from 2018 [078, 0111a] indicated that when the programme previously operated, students felt that the assessment criteria used in the marking had been explained in advance, assessment and marking had been fair, and feedback on their work helped clarify things they did not understand. However, some of the students felt that the feedback on their work was not prompt. They also felt that the comments on their work sometimes needed to be explained by tutors. However, NSS results from 2018 [030] indicated 97.67% satisfaction for the assessment and feedback question - 'I have received helpful comments', and 89.92% for 'feedback on my work has been timely', indicating that students agreed that the approach to feedback had previously ensured that it was both helpful and timely.

312   The Enhancing the Employability of Students Strategy [120] provides a proposed approach to employability which the team considered comprehensive as it articulates plans

to utilise a variety of methods to enhance the employability of students, led by academic staff and supported by the Student Support and Welfare Officer. The strategy has a clear intent to make all students aware of the specific skills required for the careers of their choice. Its aims include: to enhance students' acquisition of career-related skills, get students closer to industry while they are still studying, enhance students' confidence in the job search process, support students to make meaningful career choice decisions, and provide students with job search skills. The Programme Leader [M4] expanded on this to give examples of how this would be operationalised, including relating assessment and teaching to real-life industry practice, inviting practitioners (for example, entrepreneurs) to talk to students and arranging visits to relevant business organisations. An example was provided of a previous company visit where students had learned about the quality cycle and operations management, which indicated a demonstrable link to the delivery of successful academic and professional outcomes. There is also a range of relevant professional experience across the academic team - for example, in finance, accountancy and business. The review team found that the College has a credible approach to supporting students to achieve successful professional outcomes.

Conclusions

313   As described above, the review 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 review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below.

314   The review team concludes that the College's approach should enable it to support all students to achieve successful academic and professional outcomes. Although the College does not evidence mechanisms to identify differing trends and patterns in performance in students with particular characteristics, overall the College's planned approach to student support is likely to facilitate successful academic and professional outcomes. The College has plans for enhancing student employability, including recruiting staff with relevant industry experience, and thus supporting successful professional outcomes. Plans for proving feedback on assessed work demonstrate that students are likely to receive comprehensive, helpful and timely feedback. Staff understand their responsibilities in supporting student achievement. The review team concludes, therefore, that on balance the Core practice is met.

315   The evidence underpinning this judgement reflects all of the evidence, apart from assessed student work, the views of students through internal or external surveys, and the opportunity to meet students for their views on how they are supported, described in the QSR evidence matrix. The team noted that the College's plans for monitoring student progression and achievement by characteristics, in a way that would enable it to better understand whether all students are being supported to achieve successful professional and academic outcomes, are currently underdeveloped. The lack of definitive documented plans in this area means that the review team has low confidence in this judgement.

Annex 1

Evidence with provider submission

001 Brief Market Research on Pearson HN Programmes 2021 - Copy.pdf
002a Academic Board Extra Meeting on 19 March 2021.pdf
002b BoD Meeting Extra on 25 March 2021.pdf
003 Pearson HND Business Specification 2021.pdf
004 pearson-responsibilities-checklist.pdf
005 Programme Specification HND in Business L5 2021 (1).pdf
006 HND Business Unit Specifications.pdf
007a Academic Board Extra Meeting Agenda 19 March 2021 (1).pdf
007b Academic Board Meeting Minutes 19 March 2021 (2).pdf
008 SCL Staff CV Booklet 2021.pdf
009a Staff Training Development Policy 2021.pdf
009b training-evaluation staff 2021.pdf
009c Staff Training evaluation survey 2021.pdf
010a 13237 AMR Outcome Letter 16-17 (1).pdf
010b 13237 AMR Outcome Letter 16-17 (2).pdf
010c AMR report 2015.pdf
010d AMR report 13237 Stratford College (FINAL) 7.3.16.pdf
010e AMR report 13237 Stratford College London 2015-2016.pdf
010f APMR - APMR Stratford College London Ltd - 2018 - 2019-01-11.pdf
010g APMR 2020-2021.pdf
010h Stratford College London AMR Report 2017_18.pdf
011 Section E Ofqual Conditions for Recognition.pdf
012 Assessment Board TOR Mar 2021.pdf
013a-k External examiner reports
014 BoD Meeting Extra on 25 March 2021.pdf
015 SCL Policies Booklet 2021 .pdf
016 SRC Feedback on Programme and Module Evaluation Summary.pdf
017 HND SOW Business 2021.pdf
018 Pearson HND in Business Assessment Grid 2021.pdf
019a Quality Enhancement Activities - Harvard Referencing - survey DRAFT (1).pdf
019b Quality Enhancement Activities - Harvard Referencing - survey DRAFT (1).pdf
019c Quality Enhancement Activities - Harvard Referencing - survey DRAFT (2).pdf
019d Quality Enhancement Activities - Harvard Referencing - survey DRAFT (3).pdf
019e Quality Enhancement Activities - Harvard Referencing - survey DRAFT (4).pdf
020a Staff Training Seminar Sessions (1).pdf
020b Staff Training Seminar Sessions (1).pdf
020c Staff Training Seminar Sessions (1).pdf
020d Staff Training Seminar Sessions (2).pdf
020e Staff Training Seminar Sessions (2).pdf
020f Staff Training Seminar Sessions (3).pdf
020g training-evaluation staff 2021.pdf
021 New Assessment Feedback Form DRAFT.pdf
022 4-Tier Tutorial Systems 2021.pdf
023 Assignment Brief - BBE - New 2021.pdf
024a btec-hn-internal-verification-of-assessment-decisions.pdf
024b summative-assignment-feedback-form.pdf
025 The Corporate Advisory Group TOR.pdf
026 Learning Outcomes Week 2021.pdf
027 IV Unit 1 BBE Assignment Brief 2021.pdf

028 Review of College Admissions Procedure 2021.pdf
029 Academic Regulations for HND 2021.pdf
030 Analysis of Student Achievement Data 2014-2018.pdf
031a Pearson Guidance on Quality Assurance and Assessment
031c Pearson Guidance to External Examination
032 Programme Team Meeting Agenda Template 2021.pdf
032a SCL Key Performance Indicators for 2021.pdf
033 Admission-Policy-Procedures-2021.pdf
034 HN Programmes Entry Requirements Business and Development 2021.pdf
035 a Initial Numeracy Literacy Test -- Literacy Test ITERACY TEST 1 Questions 2020.pdf
035 b Initial Numeracy Literacy Test - Literacy Test 2.pdf
035 c Initial Numeracy Literacy Test - Literacy Test for Students 2020.pdf
035 d Initial Numeracy Literacy Test - Numeracy Test - 2020.pdf
035 e Initial Numeracy Literacy Test - FS English Initial Assessment Answers V7 1.pdf
035 f Initial Numeracy Literacy Test - FS English Initial Assessment Part 1 V7 1.pdf
035 g Initial Numeracy Literacy Test - FS English Initial Assessment Part 2 V7 1.pdf
035 h Initial Numeracy Literacy Test - FS Maths Initial Assessment Part 1 V7 0.pdf
035 i Initial Numeracy Literacy Test - FS Maths Initial Assessment Part 2 V7 0.pdf
036 Admission staff training 2020.pdf
036a Admission staff training 2020.pdf
036b Staff OIA Training 2021.pdf
036c SCL Staff Training on CMA 2020.pdf
037 Fees-Refund-and-Compensation-Policy-2020.pdf
038a SCL Interview Process 2021.pdf
038b Student Admission Screening Interview 2021.pdf
039 Verification of Applicant Documents and Qualifications 2021.pdf
040 Admission Committee TOR Mar 2021.pdf
041 Service Level Agreement for independent advisor 2021 (1).pdf
042 Academic Board approach to Review of College Admissions Procedure 2021.pdf
043 Standardisation Policy 2021.pdf
044 Academic Board TOR 2021.pdf
045 Committees Terms of Reference 2021.pdf
046 Staff Recruitment Policy.pdf
047 Interview Panel Process 2021.pdf
048 Staff PhD and Other programmes - Financial Support 2021.pdf
049a Lesson Observation and Teaching Evaluation Policy 2021.pdf
049b Ofsted Observation Grading.jpg
049c Ofsted Observation Grading.jpg
049d Ofsted Observation Grading.jpg
049e Ofsted Observation Grading.jpg
050 Staff Performance Review Template 2021.pdf
051 Micro-Teach Plans for Staff Recruitment.pdf
052 Teaching and Learning Resources Policy 2021.pdf
053 Quality Enhancement Activity Schedule.pdf
053b Quality Enhancement Activities - Harvard Referencing - survey DRAFT.pdf
054a Survey on Student Personal Advisor 2020.pdf
054b Student Feedback - Tutorial System.pdf
054c Feedback-Form-for-Teachers 2021.pdf
054d Feedback-Form-for-College-Infrastructure 2021.pdf
055 Student Handbook 2021-2022.pdf
056 Learning Resource Team TOR.pdf
057 VLE and Plag Sites 2020.pdf
057b Recommended websites 2020.pdf
058a Quality Enhancement Activity Cycle 2021.pdf
058b Quality Enhancement Activities - Interview and CV writing - survey DRAFT.pdf

059 Turnitin Training Students 2020.pdf
060 IT Security Policy - Mar 2021.pdf
062 Front Desk Staff OIA Training 2021.pdf
063 Information Advice and Guidance 2021.pdf
064 College Admin Staff Meeting Schedule 2021-2022 (2).pdf
065 SLA with IT Company for Web and Moodle.pdf
066 Health Safety and Welfare Policy 2021.pdf
067 Student Engagement Strategy 2021.pdf
068 SRC Terms Of Reference 2021.pdf
069 Staff Student Liaison Committee TOR Mar 2021.pdf
069b SRC Training Document 2020.pdf
070 Feedback System.pdf
071 Student Personal Advisor 2021.pdf
072 Complaints-Policy-And-Procedure-2020.pdf
073 Student SRC OIA and Complaint Training 2021.pdf
074 Academic-Appeals-Policy-And-Procedure-2020.pdf
075 Complaints Flow Chart 2021.pdf
076a Appeal Form 2021.pdf
076b Formal Complaint Form 2021.pdf
077 Informal-Complaints-Policy-2020.pdf
078 SRC Feedback on Programme and Module Evaluation Summary.pdf
079 Governance Chart a Business Dept Who Is Who Chart 2020.pdf
079 Governance Chart b Committee Chart 2020.pdf
079 Governance Chart c SCL Organisation Chart 2020.pdf
080 Tutorial Timetable for HND Business (Draft) 2021.pdf
081 Special-Considerations-Policy-2020.pdf
082 Equal-Opportunities-And-Fair-Assessment-Policy-2021.pdf
083 Additional Needs Policy 2021.pdf
084 Policy on Extenuating Circumstances 2021.pdf
085 SCL QSR Submission References Checklist 2021.pdf
086 New Submission 2021.pdf

First additional evidence request (post desk-based analysis)

085 SCL QSR Submission References Checklist 2021.docx
087 SCL HND Staffing Structure 2021.pdf
088a Annual Programme Evaluation Report 2017- 2018.pdf
088b Module Evaluation Report - International Marketing.pdf
088c Management and Operations Module Evaluation.pdf
088d Annual Programme Monitoring.pdf
089 Teaching and Learning Strategy-2021.pdf
090a Assessment Report - OB 2016.pdf
090b Assessor report Jan 2016 finance.pdf
091a Programme Team TOR Mar 2021 fff.pdf
091b Quality Enhancement Committee TOR Mar 2021.pdf
092 Formative Assessment Template 2021.pdf
093a Approval-centre-agreement Pearson (1).pdf
093b Approval-centre-agreement Pearson (1).pdf
094a AMR-Centre Evaluation Template.pdf
094b AMR Outcome Letter 16-17 (1).pdf
094c AMR report 13237 Stratford College (FINAL) 7.3.16.pdf
095 Response on the use of Agents.pdf
096 QSR Response on point number 11.pdf
097 Pearson BTEC Certification Procedure 2021 fff.pdf
098 Professional Support Staff Recruitment Policy 2021.pdf

099a Staff CV and documents
099b CV and Documents.pdf
099c CV and Documents.pdf
099d CV and Documents
099e CV and Documents
099f CV and Documents
0100 Lesson Observation Form 2021.pdf
0101 Staff Handbook 2020-2021 fff.pdf
0102a List of Books in College Library 2011.pdf
0102b List of Books in College Library 2011.pdf
0102c List of Books in College Library 2011.pdf
0102d Recommended List of Resources Journals Publications 2021.pdf
0103 Correspondence with UEL Library.pdf
0104 Remote Learning Procedure 2021.pdf
0105a Programme Leader.pdf
0105b CVs for Support Staff.pdf
0106a Formal Complaint 2017.pdf
0106b Admission Appeal 2017.pdf
0107a Website links to complaints and appeal policies.pdf
0108 Admissions Appeals and Complaints Procedure 2021.pdf
0109 Student Informal Complaint Booklet 2021-2022.pdf
0110 Range of Mechanisms for Monitoring.pdf
0111a SRC Feedback on Programme and Module Evaluation Summary.pdf
0111b SRC Feedback on Programme and Module Evaluation Summary.pdf
0112 QSR Request for additional evidence.pdf
107 b VLE Screen Shot 1.pdf
107 b VLE Screen Shot 2.pdf
107 b VLE Screen Shot 3.pdf

Second additional evidence request (post team planning meeting)

085 SCL QSR Submission References Checklist 08 Jul 2021.docx
112a SCL Statement on CAG 2021.docx
112b CAG (Draft) Meeting Agenda 2021 (2).docx
113 SCL Terms and Conditions of Enrolment (1) (1).docx
114 SCL New Staff Induction Activities.docx
115 SCL Statement on Support Staff Training 2021.docx
115a Support and Admin Staff Training Record Record External.docx
115b SCL Support Staff Development Program In House Training 2021.doc
116 SCL resources links students 2021 (1).docx
118 SRC OIA Training.ppt
120 Enhancing the Employability of our Students (Strategy) 2021 xx.pub
000 Request for additional evidence Stratford College London pre-visit 290621.docx
117 Clarification of the role of the Student Personal Advisor doc.docx
119 Examples of Student Support activities 2021.docx

Evidence provided during visit

121 Recognition of Prior Learning.doc
122 Students Newsletter.pdf
123 SCL student enquiry form 2021.doc
124 SCL Admission Informal Interview Template 2021.docx
125 a SCL Reception Staff Job Description 2021.docx
125 b Admission Officer Job Description 2021 ff.docx

125 c Student Support and Welfare Officer - Job Description 2021.docx
126 a HN GLobal Screenshot.jpg
126 b HN GLobal Screenshot.jpg
126 c HN GLobal Screenshot.jpg
126 d HN GLobal Screenshot.jpg
126 e HN GLobal Screenshot.jpg
126 f HN GLobal Screenshot.jpg
126 g HN GLobal Screenshot.jpg
126 h HN GLobal Screenshot.jpg
126 i HN GLobal Screenshot.jpg
126 j HN GLobal Screenshot.jpg
126 k HN GLobal Screenshot.jpg
127 HND Qualification Approval HNs in Business.pdf
000 Request for additional evidence SCL 1407 v2.docx

Evidence from College Website

Web02 screenshot admissions.docx
Web01 Application-Form-2021-SCL-43-WHL.pdf

Visit Meetings

M1 Meeting with senior and academic staff to discuss academic standards and assessment
M2 Meeting with senior and support staff to discuss admissions and student engagement
M3 Meeting with senior, academic and support staff to discuss facilities, resources and staffing
M4 Meeting with senior, academic and support staff to discuss student support
M5 Final meeting

V1 Virtual Resource tour and VLE demonstration