DQB

Designated Quality Body
in England

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

Higher Rhythm Ltd

Review Report

April 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.	Not met	High	The review team consider that standards described in the provider's programme documentation are not set at levels that are consistent with the sector-recognised standards. This is because the programme, as designed by the provider, will not allow students to gain the required 120 credits at level 4 of the qualification as only 105 can be achieved. As a consequence, the provider's programme does not align with the typical credit requirements for a level 4 HNC programme as set out in Annex C of the Framework for Higher Education Qualifications. While this was partly down to an error in a high-level Pearson guidance document the review team were clear that the staff at the provider did not identify or address this issue until it was highlighted during this review. It was not apparent how the provider can assure that a fundamental error in programme design, such as this, may be avoided in the future. Therefore, the standards that will be achieved by the provider's students are unlikely to be in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The review team considers that the provider's policies will not ensure that standards can be maintained appropriately. This is because of the misalignment of some policies and processes for the maintenance of academic standards with the awarding organisation's requirements; the inadequate programme specification; the lack of an appropriately skilled internal verifier and weaknesses in the monitoring of academic standards. The application of level 3 quality assurance procedures

					(and guidance) to level 4 and 5 programmes is inappropriate. This is compounded by the provider's proposed use of out of date and inappropriate quality assurance procedures, relating to the QCF framework, for the proposed programme which is on the RQF framework. It was not apparent how the provider could ensure those responsible have sufficient understanding about Pearson's required quality assurance policies to rectify these issues and avoid them happening in the future. While the review team consider that staff fully understand the provider's approach to maintaining the academic standards of the Pearson programme and are committed to implementing this approach, they were not aware that their policies would not enable them to maintain sector-recognised standards adequately. Therefore, the review team concludes that this Core practice is not met.
S2	The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.	Met	Moderate		The review team, based on the evidence presented to them, determined that the requirements set by the awarding organisation (Pearson) for the provider's students to achieve beyond the threshold level on the provider's course are reasonably comparable with those set by other UK providers. The review team considered that the requirements described in the approved Pearson programme documentation should ensure that such requirements are maintained appropriately if they are followed by the programme team. The review team consider that the provider's design of assessments will allow students to achieve beyond the threshold sector-recognised standards. However, the review team were clear that the provider needs to do further work to articulate how the assessments will ensure that students

				are evidencing their development of higher order thinking skills to achieve a merit or distinction grade.
				The review team determined that, based on the evidence seen, the standards that will be achieved by the provider's students beyond the threshold are expected to be reasonably comparable with those achieved in other UK providers. The review team considered that this would be the case if the provider's academic regulations and policies follow the requirements of the awarding body in assessing student's achievement. While staff at the provider understand the planned approach to maintaining such standards and will have opportunities, through the external examiner, for engagement with external experts in assessment activities, the provider's plans for maintaining comparable standards are poorly documented as planning documents do not identify how students will be supported to achieve beyond the threshold standard and, apart from the grading criteria assessment briefs, the provider does not set out for students how they can achieve beyond the threshold level. The review team concludes, based on the evidence described above, that, students who will be awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and that on balance this Core practice is met.
S3	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how	Met	Moderate	While there are no regulations and policies for partnership working the provider has well developed plans for the management of the Pearson relationship, to ensure that the standards of the awards made by the awarding body are credible and secure. These plans, which include annual programme monitoring, use of the

	courses are delivered or who delivers them.				Pearson external examiner and their reports and a formally constituted Assessment Board, are robust and credible with the exception of the arrangements for the confirmation of grades and awards. Staff understand their responsibilities towards the awarding organisation. The review team concludes, therefore, that on balance the Core practice is met.
S4	The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	Met	Moderate	The review team concludes that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent. This is because the provider, notwithstanding lack of formal recognition of the role of the Education Committee in oversight of external examiner reports, has plans for using external examiners in maintaining academic standards although they are not formally documented in its policies. However, staff understand the requirements for the use of external examiners and are aware the provider's planned approach. While not a policy requirement, the provider has also used appropriate external expertise when designing the programme's curriculum.

The provider's assessment and classification processes are likely to reliable, fair and transparent. Processes for assessment and classification are clearly outlined in academic regulations and assessment policies and staff understand the planned assessment and classification processes. However, the arrangements for the confirmation of progression and award outcomes outlined by staff in review meetings could pose a risk to the appropriate maintenance of standards and would not meet the awarding organisation's requirements. |

				Nevertheless, on balance, the review team concludes, that this Core practice is met.
Q1	The provider has a reliable, fair and inclusive admissions system.	Met	Moderate	The team concludes that the provider has a reliable, fair and inclusive admissions system. This is because the provider has a robust set of policies and procedures in place to manage its approach to admissions. Although there are instances of omissions in the provider's policies such as English language admissions requirements and the maximum credit value for the recognition of prior learning, they ensure that the provider has a reliable, fair and inclusive admissions system. This includes flexibility through the interview process to ensure that non-traditional applicants are able to show their potential, and students with additional learning needs are understood. Whilst there is some confusion over the approach to admissions appeals handling and the ability of applicants to invoke the complaints policy, the review team has confidence that the provider would be able to make the necessary changes quickly, and the information provided to applicants about the course and how to apply are accurate and supportive. Staff were broadly able to articulate the provider's approach to admissions, including their responsibilities in the process, and how they would support applicants throughout the process. The review team concludes, therefore, that on balance the Core practice is met.
Q2	The provider designs and/or delivers high-quality courses.			Having reviewed the evidence presented relating to the providers ability to design high quality courses, the review team determined that the provider should be able

		Not met	High	to design high quality courses because it has suitable processes and guidance in place to facilitate this. However, the review team considers that not all elements of the course are of high quality. This is because the provider designed a course that does not meet the total credit volume required for the level 4 Higher National Certificate. It is also not apparent whether the programme will adhere to Pearson's requirements for total qualification time and guided learning hours as these are not documented by the provider, although staff are aware of them. While assessment design will enable students to demonstrate the intended learning outcomes for each unit and assessment modes and methods are linked to intended learning outcomes, staff were not able to articulate what 'high-quality' means in the context of higher order skills development, indicating their own lack of understanding of these skills. Additionally, while the provider has a strategy to for the development of teaching staff it does not have plans in place to support the development of higher education pedagogy skills and staff themselves do not recognise the need for it. Therefore, the review team concludes, that the Core practice is not met.
Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Not met	High	The provider's policies for the recruitment and appointment of staff are robust and credible and should enable the recruitment of sufficient appropriately qualified and skilled staff. However, the staff induction programme does not support the needs of staff new to higher education teaching as it is generic and does not cover teaching, learning and assessment at higher education level. While the provider has sufficient appropriately academically qualified staff with industry

					experience and knowledge, they lack experience of teaching at higher education level and engagement in research and scholarly activities. The evidence seen by the review team does not indicate that the provider recognises the need for staff to acquire teaching skills at higher education level, and although it has strategies and policies for staff development in place, there is no evidence of concrete plans in the CPD Plan to support teaching staff in the development of pedagogy or research skills and help them to fulfil their roles effectively. Staff who met the team also gave no indication that the commitment in the the Higher Education Teaching, Learning and Assessment Strategy to enhance the teaching skills of academic staff would be implemented. The review team concludes, therefore, that the Core practice is not met.
Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Met		Moderate	The provider has sufficient and appropriate facilities and learning resources to deliver a high-quality academic experience. The provider's strategy for the further development and maintenance of facilities, human and learning resources is credible, realistic and evidence-based and the approach is linked to ensuring successful academic and professional outcomes for students.

The provider's pastoral student support arrangements are adequate for the size of the planned higher education provision. Staff currently in place demonstrated that they understand their roles and responsibilities, and while none hold any student support qualifications, suitable arrangements can be made, where necessary, for the referral of students to specialist external support services. The review team |

				conclude, therefore, that the Core practice is met.
Q5	The provider actively engages students, individually and collectively, in the quality of their educational experience.	Met	High	The provider will actively engage students, individually and collectively, in the quality of their educational experience. This is because the provider has a clear approach set out in its Higher Education and Teaching Learning and Assessment strategies that should prove effective, if implemented as described. The provider plans to actively engage students collectively in its governance structures, including the Education Committee and the Governing Board, and individually through course evaluations and surveys. There is an understanding of the support needed to ensure students are able to be effectively heard, and student representatives will be offered training and support for their role both internally and externally. While the provider could not provide any specific examples of changes or improvements to its provision as a result of student engagement, as it has yet to commence delivery, its articulated approach, and engagement with its level 3 students in developing the proposed programme, suggests that it is committed to working closely with students and actively responding to their concerns, suggestions and feedback. The review team concludes, therefore, that the Core practice is met.
Q6	The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.	Not met	High	The provider's appeals and complaints policies are accessible to students on the provider website and will be available on the VLE. The provider's policy for complaints is credible and the complaints handling process set out is robust and should enable fair and timely resolutions of complaints for students. However, the final stage of the process is not totally transparent as

				the Learner Complaints Policy only includes an abbreviated version of this stage and does not signpost students to the full procedure covered in the Learner Appeals Policy. The Academic Appeals Policy is not fit for purpose because there are some omissions such as the timescales for the consideration of assessment appeals, students' final right of appeal to the awarding organisation, and the right to apply for external review by the Office of the Independent Adjudicator of the appeals handling. It is also not apparent what, if any, evidence students would have to submit in support of their appeal. Finally, as the policy applies to all provision it is not always apparent which parts are specific to higher education students, and there are some processes and approaches that are not appropriate in a higher education setting. The naming of the policies may also add confusion to students without clear explanation as to their purpose and scope so that they can be fully understood by students. Staff could not competently articulate the provider's plans for handling complaints and appeals. They were unfamiliar with details of the policies and there was confusion about responsibilities leading to doubts about the proper implementation of the procedures. It is also not apparent whether there will be institutional oversight of complaints and appeals by the Education Committee. The review team concludes, therefore, that the Core practice is not met.
Q8	Where a provider works in partnership with other organisations, it has in place			The provider has a clear policy for the management of the relationship with Pearson to ensure a high-quality

| | | effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them. | Met | Moderate | academic experience for students which is based on the Pearson responsibilities checklist. Plans for monitoring the quality of learning opportunities and the student experience through the analysis of feedback from the external examiner and the results of Pearson student surveys are credible and align with the awarding organisation's requirements. Staff understand their responsibilities for quality. The review team concludes, therefore, that the Core practice is met. |
| Q9 | The provider supports all students to achieve successful academic and professional outcomes. | Met | Moderate | The provider is likely to provide support all students adequately to help them achieve successful academic and professional outcomes. This is because it has in place credible policies which form a sound basis for the academic support of students. These include the Pastoral Care Policy, the Special Considerations and Reasonable Adjustments Policy and the Guidance on Mitigating Circumstances. The provider's planned approach to monitoring student performance and the adequacy of academic student support arrangements through annual programme monitoring is robust and credible with appropriate institutional oversight by the Education Committee.

The arrangements in place for identifying and monitoring individual student needs by members of staff are appropriate for the size of the provider and the nature of its planned higher education provision. While Individual Learning Plans in their current form are focused on the needs of further education students, the provider has recognised the need for adapting them to meet the needs of higher education students. The provider's plans to support students to achieve successful |

				professional outcomes are credible and, if implemented as intended, should facilitate successful outcomes for students. Staff understand their role in supporting student achievement but teaching staff have limited experience providing academic support to higher education students and there are no plans in place to support staff through training specific to the higher education context. The provider's plans for the provision of feedback to students on assessed work are not totally credible. Although they should enable comprehensive and helpful feedback for students, they would not ensure that students receive timely written feedback to improve their performance. While the measures outlined by staff to alleviate the problem are not a satisfactory alternative, the provider could address the issue before commencement of the programme by making changes to its assessment plan. Therefore, the review team concludes that, on balance, this 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 the QAA in April 2021, for Higher Rhythm Ltd.

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 providers' 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: Eunice Ma
Institution: Falmouth University
Role in review team: Institutional and subject reviewer

Name: Rachel Kirk
Institution: West Suffolk College
Role in review team: Institutional reviewer

Name: Kate Wicklow
Institution: University of Lancaster
Role in review team: Student reviewer

The QAA officer for the review was: Monika Ruthe

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 Higher Rhythm

Higher Rhythm Ltd is a not-for-profit music and media organisation based in Doncaster, Yorkshire, and was established in 2001. Its mission statement is 'to raise aspiration and develop new opportunity by providing music and media industry-focused experiences that nurture co-operation between people from a wide range of ages and backgrounds, offer professional development, learning and support for individuals and organisations, and promote inclusion for people and communities least engaged in cultural activities'.

Higher Rhythm currently provides a range of non-higher education courses including National Diploma programmes at level 3, professional experience programmes and extra-curricular learning opportunities for young people. It also provides music and media industry services and opportunities across the Yorkshire region including two recording studios, a

licensed radio station, a record label, digital distribution, events promotion, artist development programmes, enterprise support, and volunteering opportunities. In addition, Higher Rhythm delivers a range of projects, working with local, national, international partners and funding bodies to increase participation and widen access to the music and media industries.

Higher Rhythm intends to offer a BTEC Higher National Diploma (HND) in Music Technology at its site in Doncaster for which it has approval from the awarding organisation. The provider will recruit to the HND (level 5) award, however, students who do not meet the award requirements may be able to exit with a BTEC Higher National Certificate (HNC) (level 4). The expected cohort size is 24 with 12 students on level 4 and on level 5. The programme will be delivered by the Course Leader and the Lead Tutor, supported by a range of external guest lecturers from the music and media industries. Higher Rhythm's academic management structure consists of a Governing Board and an Education Committee.

Higher Rhythm Ltd and Pearson Education Ltd: Responsibilities

The HND programme that Higher Rhythm Ltd 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.

From 2015, the Ofqual Regulated Qualifications Framework (RQF) replaced the Qualifications and Credit Framework (QCF) and Pearson's RQF qualifications transitioned to the new framework. Like the QCF, the RQF framework has nine levels from entry level through to level 8, with level 8 being the highest. The level of a qualification shows how difficult the learning is. Qualifications on the RQF have their size expressed in terms of total qualification time (TQT) and, where appropriate, guided learning (GL) and credit. However, the RQF does not set any qualification design rules which are determined by the awarding organisation. Previous requirements regarding the use of credit and units are no longer mandatory.

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 if 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 (HE) 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 gathered at the review visit itself [Annex 1]. In line with the guidance issued by the government during the pandemic, the review team and staff at the provider were still working from home. For this reason, the review visit meetings were conducted online.

To ensure that the review team focused on the principles embedded in the Core practices, and that the evidence 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. 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.

In this review it was not necessary to sample any of the documentary evidence provided as the provider has yet to commence delivery and it had only one course in development which enabled to team to review all relevant evidence.

Due to the small size of the provider, review meetings were conducted on a thematic basis rather than by staff group, and the review team met the same staff in all the meetings.

In order to review how the provider was intending to meet the requirements of the awarding organisation, the review team referred to a number of Pearson guidance documents. These include the:

- BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21
- Responsibilities checklist for providers with Pearson Education Ltd provision
- BTEC Higher Nationals Centre Guide to External Examination 2020-21
- Pearson Centre Guidance: Dealing with Malpractice and Maladministration (2020)
- Pearson Recognition of Prior Learning Policy and Process (2020)

The review team also considered the following sources which the provider referred to in the self-evaluation but did not submit as part of the evidence base:

- Joint Council for Qualifications Suspected Malpractice Policies and Procedures
- Provider website – course page: [https://www.higherrhythm.co.uk/courses/hnd-music-technology-and-sound- engineering/](https://www.higherrhythm.co.uk/courses/hnd-music-technology-and-sound-engineering/)
- Provider website – public policy page: https://www.higherrhythm.co.uk/public-policies/

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

Explanation of findings

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

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

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

3   The 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   Pearson Centre Approval Letter [002]
b   Programme Specification [003]
c   Assessment Regulations for Higher Education [005]
d   Quality Assurance for Programmes Policy [006]
e   Course Design Guidance [007]
f   Assessment and Internal Verification Policy [008]
g   Academic Governance Framework [010]
h   BTEC Centre Guide to Quality Assurance 2020-21 (Levels 1-3) [017]
i   Pearson Qualification Specification BTEC Higher Nationals Music [063]
j   Assessment Briefs [070-075]
k   Internally Verified Assessment Briefs [076-081]
l   HND Music Technology Assessment Plan 2021-22 [082]
m   Sample Schemes of Work [083-088]
n   Terms of Reference of the Assessment Board [095]
o   Course Annual Monitoring Report Template [101]
p   Pearson Higher National in Music Qualification Guide [109]

q   BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21

r   Meeting with senior, teaching and support staff who will have responsibility for the maintenance of academic standards [M1 Academic Standards, M4 Teaching and Learning, M5 Final Meeting]

5   Some of the key pieces of evidence that a provider may present, outlined in Annex 4, were not able to be considered by the review team. The review team did not consider external examiner reports and assessed student work as there were none because the provider had not started to deliver the programme. For the same reason the team also did not consider third party endorsements such as reports from Professional, Statutory and Regulatory Bodies.

How any samples of evidence were constructed

6   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

7   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or during the online visit itself. As such several pieces of evidence 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 their judgements and to ensure that those judgements 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:

8   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 centre approval letter [002], the course design guidance [007], the Pearson Higher Nationals in Music qualification specification [063], the Pearson Higher Nationals in Music Qualification Guide [109], the Assessment Regulations for Higher Education [005], the Assessment and Internal Verification Policy [008], the Academic Governance Framework [010], the Quality Assurance for Programmes Policy [006], a sample of centre-devised assessment briefs [070-075], examples of internally verified assessment briefs [076-081], the Terms of Reference of the Assessment Board [095] as well as the Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21 , and met with staff who will have responsibility for the maintenance of academic standards [M1 Academic Standards, M4 Teaching and Learning, M5 Final Meeting].

9   To interrogate the robustness and credibility of the provider's plans for maintaining sector-recognised standards the team considered the programme specification [003], the Pearson Higher Nationals in Music qualification specification [063], a sample of Schemes of Work [083-088], the Assessment and Internal Verification Policy [008], the Pearson BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21 , a sample of centre-devised assignments [070-075], the HND Music Technology Assessment Plan 2021-22 [082], staff CVs [021], the Terms of Reference of the Assessment Board [095], the Academic Governance Framework [010], the Quality Assurance of Programmes Policy [006], the BTEC Centre Guide to Quality Assurance 2020/21 (Levels 1-3) [017], the course annual monitoring report template [101] as well as the Assessment Regulations for Higher Education [005], and met with staff who will have responsibility for the maintenance of academic standards [M1 Academic Standards, M4 Teaching and Learning, M5 Final

Meeting].

10   To test that staff understand the provider's planned approach to maintaining threshold standards the team met with senior, teaching staff and support staff with responsibility for the maintenance of academic standards [M1 Academic Standards].

What the evidence shows

11   The course under review is a BTEC HND level 5 qualification for which Pearson are the awarding organisation [002 Pearson Centre Approval Letter]. Pearson has designed the qualification, which is set out in its BTEC Higher Nationals in Music qualification specification [063], The provider plans to assure the maintenance of standards through its curriculum and assessment design, marking and moderation processes.

12   To manage these processes and to fulfil its responsibilities, the provider has developed a policy framework consisting of course design guidance [007], Assessment Regulations for Higher Education [005] and an Assessment and Internal Verification Policy [008]. The provider's Academic Governance Framework [010] sets out the institutional oversight arrangements for sector-recognised standards.

13   There are clearly assigned responsibilities for maintaining standards with the Education Committee having primary responsibility for safeguarding academic standards. Operational responsibility for maintaining standards rests with the CEO/Head of Centre, the Internal Verifier, the Quality Nominee and the Course Leader. The CEO/Head of Centre acts as the Chair of the Education Committee and the committee has representation from the Governing Board and students. It reports to the Governing Board which has oversight of the educational provision as a whole, including higher education, but its remit goes beyond that usually expected of a governing body as it also has operational responsibilities, for example, for the approval of provision [006 Quality Assurance for Programmes, M1 Academic Standards]. The size of the provider and its planned higher education provision means that some staff will have both operational and strategic responsibilities for maintaining academic standards which could result in conflicts of interest. For example, the CEO sits on the Governing Board but is also the Head of Centre who chairs the Education Committee. In such a situation it is conceivable that institutional financial imperatives may override sound academic decision making. This is a potential risk but hard to mitigate against given the small number of staff. However, staff consider they mitigate against any risk of conflict by separating the Education Committee from the Governing Body [M1 Academic Standards] and there was no evidence to suggest that this was not sufficient.

14   The provider articulated to the review team that it intends to use its programme review process to monitor the maintenance of academic standards annually [006 Quality Assurance of Programmes Policy]. However, the review team could not determine, from the evidence provided, how the provider's process will effectively monitor provision during the academic year as opposed to just at the end of the academic year, or effectively monitor student achievement, to ensure that issues are identified and rectified early on rather than when they might have already been detrimental to student outcomes. As such the team could not identify how this process would allow the provider to assure itself that it will maintain the academic standards for its higher education provision at all times. The review team noted in the course annual monitoring report template [101] that student performance, including key data and trends, will be discussed and monitored annually. The team were also made aware [M1 Academic Standards] that this annual consideration will include course teams measuring performance against key performance indicators (KPIs) which would include the use of student feedback and achievement data. In discussion at the visit staff confirmed to the review team that the KPIs that would be used for the HND programme were based on the model of the provider's existing level 3 provision [M1 Academic Standards].

However, the review team were not presented with any evidence to demonstrate how the provider would identify and rectify any issues in regard to the maintenance of academic standards other than at these annual reflection points. The provider appeared not to understand the differences between higher education and its existing level 3 provision and how it would identify and address issues related to any HE provision. Therefore, the review team consider the provider's plans for maintaining sector-recognised threshold standards are insufficient to achieve the maintenance of standards at levels 4 and 5 of the FHEQ.

15   The provider has a course design guidance handbook [007] which is used to inform the design of its curriculum. It sets out the provider's expectations for course design to be followed by course designers, including course approval, approach to learning and teaching and the approach to assessment. Courses are designed by a course team led by the Course Leader and taken through a staged approval process. Course design is to be informed by key reference points such as the UK Quality Code for Higher Education, and the Framework for Higher Education Qualifications [007 course design guidance]. While designing the course for the HND Music Technology the provider followed the requirements of the curriculum as set out in the Pearson Higher Nationals in Music Qualification Guide [109], and the Pearson HN Music qualification specification [063]. As with all Pearson qualifications the specifications and guidance documents outline which units (modules) are required to be delivered by the provider and studied by the students in order for them to gain the relevant award. The units are all characterised as core, mandatory, specialist, or optional. The specification documents outline which units can be used, and in what combination, to ensure that students will gain the knowledge, skills, experience and credits to enable them to achieve and be awarded a certificate by Pearson.

16   The Pearson qualification specification [063] clearly identifies the learning outcomes for each unit . The review team were clear that if the provider implements the grading criteria outlined in the Pearson specification for pass the provider should be able to demonstrate that students meet the threshold sector-recognised standards. It is evident from the provider's programme specification [003] that the course design team has selected a range of suitable core, mandatory specialist and optional units to meet Pearson's rules of combination for the Music Technology award. They provide challenge and opportunity for students to gain a variety of sound and music related engineering skills with the level 5 units building on level 4. However, the provider's programme specification shows that there are insufficient units selected for level 4, equating to 105 credits. [003 programme specification; 063 Pearson qualification specification] This means that if the provider were to enrol students on the programme as defined in its programme specification, they would not be able to meet the credit requirements for an HNC award (120 credits at level 4 as set out in the FHEQ). In reviewing the notes of programme design and approval [033] the review team saw no evidence of this flaw having been picked up during the programme development stages. The review team also noted that in discussions with staff, that the course design team acknowledged that they had not noticed this mistake [M4 Teaching and Learning]. Staff who designed the course explained to the team that when designing the course structure and content, they drew on information from Pearson's Higher Nationals in Music Qualification Guide [109], a high-level short guidance document, and the detailed Higher Nationals in Music qualification specification [063]. Staff also stated that no error had been identified by the subject specialist from Pearson who reviewed the provider's application for approval [M4 Teaching and Learning, M5 Final Meeting]. The review team reviewed a copy of the Pearson qualification guide and found that it contains errors regarding the number of units required, consistent with the errors in the provider's programme specification [109 Higher Nationals in Music Qualification Guide]. However, when the ream reviewed the qualification specification [063 Higher Nationals in Music Qualification Specification] it was clear that these errors were not present.

17   In addition, the programme specification [003] developed by the provider contains

insufficient information for external and internal stakeholders, including prospective and existing students. (Pearson require that it should explicitly state the learning outcomes of a unit/module or programme which define what a learner will have acquired and will be able to do upon successfully completing their studies, the teaching and learning methods that will enable students to achieve these outcomes as well as the assessment methods used to demonstrate their achievement [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21].) While there is some information on teaching methods, there is none on programme and unit learning outcomes and assessment methods. All of the above is important information for students and staff as the programme specification is a reference point for the delivery of the programme. On its own, missing information in the programme specification does not mean that standards are not met but without it means there is insufficient evidence to determine whether the provider's planned teaching, learning and assessment methods are appropriate to test the achievement of module and programme learning outcomes.

18   The provider's Assessment Regulations for Higher Education [005] outline the requirements to be incorporated by the course design team into assessment design and the approach to internal verification. The latter is further outlined in the Assessment and Internal Verification Policy [008]. The regulations [005 Assessment Regulations for Higher Education] also provide guidance to tutors, assessors and internal verifiers on the management of assessment decision making such as progression and the calculation of grades for final awards. An Assessment Board [095 Terms of Reference Assessment Board] will consider students' overall profile in accordance with the standard assessment regulations, agree progression and re-assessment, and will be responsible for award outcomes.

19   For the qualification under review, unit assessments are either internally designed [070-075 centre devised assessment briefs] or Pearson designed which the provider adopts. Centre-designed assessments are written by course team members with briefs internally verified by an internal verifier [076-081] using a standard template. All assessments [070-075 centre-devised assessment briefs] specify the minimum acceptable level of achievement that a student has to demonstrate to be eligible for the award of academic credit or a qualification.

20   The Assessment and Internal Verification Policy [008] breaks down the requirements of the internal verification process and the role of the internal verifier. While the policy conforms to the Pearson requirements for the QCF HNC/D qualifications [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21] it does not clearly align in the guidance of resubmission of assignments with the requirements of the newer RQF qualifications, of which the HND Music [063] is one. However, the Higher Education Assessment Regulations [005] do align more clearly with the Pearson RQF requirements for resubmission of failed assessments. These inconsistencies between policies, which the provider had not noticed might lead to the incorrect rules being applied with the potential to disadvantage students and the provider acknowledged that the policy would have to be amended [M1 Academic Standards].

21   In the self-evaluation [001] the provider stated that it plans to use Pearson's BTEC Centre Guide to Quality Assurance 2020/21 (Levels 1-3) [017] to maintain standards. However, this document covers provision at levels 1-3 and is not intended for Higher Nationals, for which there is a separate guidance document for quality assurance [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment]. The review team discussed this choice with staff with responsibility for standards [M1 Academic Standards] who were unconcerned regarding the choice of guidance document for the management of quality and standards at level 4 and 5. Staff confirmed that they intend to use the guide as they were familiar with it through the delivery of their level 3 Pearson provision. In stating this choice and re-iterating this in discussions [M1 Academic Standards] the review team were

not clear how the provider, and the staff involved in assuring the academic standards, were going to be able to meet the requirements for Pearson's BTEC Higher National programmes. For example, Pearson's BTEC Centre Guide to Quality Assurance 2020/21 (Levels 1-3) [017] does not include qualification approval arrangements, external examination arrangements, information on regulation and oversight, programme team requirements (e.g. qualifications), programme specification requirements, programme planning requirements such as unites, credits, total qualification time, guided learning hours, expectations for assessment planning, design and grading, student recruitment and induction expectations. As such the review team were unable to identify adequate evidence that demonstrated staff at the provider had an understanding of the sector-recognised standards for delivery of qualifications at levels 4 and 5. Using a document meant for lower levels to develop and manage higher education provision would lead to level 1-3 expectations for programme design, delivery, academic standards and student support being applied to higher education provision. As they are very different it is difficult to see how the provider's standards would be consistent with FHEQ level 4-5. Therefore, it was not apparent how the quality assurance mechanisms at the provider would be able to maintain appropriate academic standards for its planned higher education provision.

22   The sample of internally devised assignments [070-075] examined by the team shows that, generally, assessments will provide opportunity for students to achieve at threshold sector-recognised standard and beyond. Assessment outcomes and related assessment criteria are clearly stated, and assessment tasks are matched to the outcomes/assessment criteria and level. Assignment tasks are sufficiently challenging and based on real world practical scenarios. The assignment briefs have been designed to incorporate a range of assessment methods which will enable the student to demonstrate the skills required of the music production industry and the higher order academic skills such as critical analysis and evaluation through written tasks and presentations. The level 5 assignment briefs [073-075] demonstrate progression of the students' skills and knowledge from level 4.

23   The Assessment Plan 2021-22 [082] identifies two assessors and a separate internal verifier to conduct assessment activities. Staff with responsibility for standards [M1 Academic Standards] confirmed this and stated that the internal verifier will not be teaching on the course. Staff also confirmed that the Internal Verifier has no experience of teaching or internally verifying at levels 4 and 5, and while training will be offered (by Pearson) for the role, it had not been completed yet [M1 Academic Standards] and the team could find no record of such training being scheduled. As the internal verifier will form a view on whether assessors have designed assessment at the right level and enable students to demonstrate that they meet the learning outcomes and whether internal marking has been carried out appropriately and against the grading criteria, without any teaching and assessment experience at levels 4 and 5 the provider cannot be confident the internal verifier has the required knowledge and skills to make these assessments competently and fulfil their role.

24   The examples of internal verification of level 4 assignment briefs seen by the team generally follow the requirements of the Assessment and Internal Verification Policy [008]. The team noted one example [071 Assignment Brief: Level 4 Specialist, Signal Flow and Microphone Techniques], where the internal verifier had not identified an omission with regard to the achievement of specific learning outcomes beyond the threshold level (see paragraph 48 in section S2). Staff with responsibility for standards [M1 Academic Standards] explained that the Quality Nominee would sample internally verified assessments before the external examiner will look at a random sample of students' work. However, this approach would differ from the process outlined in the Assessment and Internal Verification Policy [008] and the team were left with doubts as to the rigour and consistency with which the provider would implement its verification policy which is intended to ensure that standards are being maintained.

25   The terms of reference and the composition of the Assessment Board [095] are appropriate. If implemented as intended, the operation of the Assessment Board should enable the provider to maintain sector-recognised standards as it is tasked to consider whether students have passed all of the requirements of their programme of study and have achieved a standard that concurs with a consistent national standard of awards. Credit will only be awarded where sector-recognised standards have been met [095 Assessment Board terms of reference and protocols]. However, the team discovered that the Assessment Regulations for Higher Education [005] state that the Education Committee also has responsibility for confirming award outcomes, which is not in-line with role and responsibilities of Assessment Boards outlined by Pearson in its BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment. As the provider does not use this document it was not aware of this contradiction and staff with responsibility for standards [M1 Academic Standards] confirmed that the award outcomes from Assessment Boards would be agreed by the Education Committee (see also paragraph 101 under S4). Pearson is clear in its guidance [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21 Level 4-7] that the confirmation of awards should take place at formally constituted assessment boards. At the provider two committees/boards are tasked with performing identical tasks, and it is not apparent which one, if any, will make the definitive decision. This is problematic for maintaining academic standards as potentially the Assessment Board and the Education Committee could come to different views leading to a potential inconsistent application of standards.

26   Staff who will have responsibility for the maintenance of academic standards of the planned higher education provision [M1 Academic Standards] explained the practices for course design and confirmed that that the Education Committee had final approval of the programme structure and content. Staff outlined the planned assessment and internal verification practices. However, the explanation does not align with the processes outlined in the provider's policy documents and regulations; for instance, that internally verified student work would be sampled by the Quality Nominee as an additional quality check before submission to the external examiner.

27   The classification system for the Higher National award, which the provider is required to adopt, is determined by Pearson and consists of pass, merit and distinction with 'pass' indicating achievement at the threshold level [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment] and the provider's Assessment Regulations for Higher Education [005] detail this system for the grading of awards.

Conclusions

28   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:

29   The review team consider that standards described in the provider's programme documentation are not set at levels that are consistent with the sector-recognised standards. This is because the programme, as designed by the provider, will not allow students to gain the required 120 credits at level 4 of the qualification as only 105 can be achieved. As a consequence, the provider's programme does not align with the typical credit requirements for a level 4 HNC programme as set out in Annex C of the Framework for Higher Education Qualifications. While this was partly down to an error in a high-level Pearson guidance document the review team were clear that the staff at the provider did not identify or address this issue until it was highlighted during this review. It was not apparent how the provider can

assure that a fundamental error in programme design, such as this, may be avoided in the future. Therefore, the standards that will be achieved by the provider's students are unlikely to be in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework.

30   The review team considers that the provider's policies will not ensure that standards can be maintained appropriately. This is because of the misalignment of some policies and processes for the maintenance of academic standards with the awarding organisation's requirements; the inadequate programme specification; the lack of an appropriately skilled internal verifier and weaknesses in the monitoring of academic standards. The application of level 3 quality assurance procedures (and guidance) to level 4 and 5 programmes is inappropriate. This is compounded by the provider's proposed use of out of date and inappropriate quality assurance procedures, relating to the QCF framework, for the proposed programme which is on the RQF framework.

31   It was not apparent how the provider could ensure those responsible have sufficient understanding about Pearson's required quality assurance policies to rectify these issues and avoid them happening in the future. While the review team consider that staff fully understand the provider's approach to maintaining the academic standards of the Pearson programme and are committed to implementing this approach, they were not aware that their policies would not enable them to maintain sector-recognised standards adequately. Therefore, the review team concludes that this Core practice is not met.

32   The provider has yet to commence delivery of the programme which means that the review team was unable to examine assessed student work or external examiner reports. However, the provider submitted extensive evidence in the form of regulations, policies and processes that are in place for the commencement of the planned higher education programme and the team was able to confirm the planned approaches through in-depth discussions with staff at review meetings. Therefore, the review team has a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

35   The review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Programme Specification [003]
b   Assessment Regulations for Higher Education [005]
c   Course Design Guide [007]
d   Student Regulations and Course Guide Handbook [009]
e   Pearson Higher Nationals in Music Qualification Specification [063]
f   A Sample of Unit Specifications [064-069]
g   A Sample of Assignment Briefs [070-075]
h   HND Music Technology Assessment Plan 2021-22 [082]
i   A Sample of Level 4 and 5 Unit Schemes of Work [083-088]
j   Meetings with staff who will have responsibility for the maintenance of academic standards [M1 Academic Standards, M4 teaching and Learning, M5 Final Meeting]

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

37   The review team did not consider external examiner reports and assessed student work as there were none because the provider hadn't started to deliver the programme. For the same reason the team also did not consider third party endorsements such as reports from Professional, Statutory and Regulatory Bodies. The team also did not consider the view of students as no students had been recruited yet.

How any samples of evidence were constructed

38   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

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

considered by the review team either prior to the online visit, or at the online 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:

40   To identify institutional approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards the team considered the Pearson Higher Nationals in Music qualification specification [063], the Course Design Guide [007], the Assessment Regulations for Higher Education [005].

41   To interrogate the robustness of the provider's plans for maintaining comparable standards and to ensure that plans are credible and evidence-based the team considered the programme specification [003], the Assessment and Internal Verification Policy [008], the Student Regulations and Course Guide Handbook [009], a sample of centre-devised assignment briefs [070-075], a sample of Unit specifications [064-069], a sample of level 4 and 5 unit schemes of work [083-088] and met staff with responsibility for maintaining academic standards [M1 Academic Standards, M4 Teaching and Learning, M5 Final Meeting].

42   To test that staff understand the provider's planned approach to maintaining comparable standards the team met with senior staff, teaching staff and other staff with responsibility for the maintenance of academic standards [M1 Academic Standards].

What the evidence shows

43   Pearson qualifications are designed to enable students to achieve beyond the threshold level and this is evident from Pearson's Higher Nationals in Music qualification specification [063] which defines learning outcomes and assessment criteria at merit and distinction levels. The provider's Course Design Guide [007] states that it is through the provider's assessment design that students will have the opportunity to meet standards beyond the threshold level. It explicitly requires that assessment briefs state what is required from students to reach standards beyond the threshold level; that is to achieve merit and distinction grades. The provider's approach to marking at and beyond the threshold level is set out in the Assessment Regulations for Higher Education [005].

44   The provider's plans for maintaining comparable standards are credible because the provider intends to apply Pearson's grading scheme for achievement beyond the threshold level at unit level, as it will for the classification of outcomes beyond the threshold level [005 Assessment Regulations for Higher Education, M1 Meeting with Staff] If implemented correctly, the standards of awards should, therefore, be comparable to those achieved at other higher education providers delivering this qualification as Pearson's merit and distinction criteria specified in the units and contained in the qualification specification [063] apply nationwide. Staff with responsibility for academic standards [M1 Academic Standards] indicated their intention to take guidance from the Pearson appointed external examiner to ensure the achievement of their students is comparable with that at other higher education providers, leading the team to form the view that the provider's plans will be evidence-based and meet sector-recognised standards.

45   Provider-designed assignment briefs [070-075] generally identify assessment criteria for achievement at pass, merit or distinction levels. Of the five assignments examined by the team [070-075], four offer opportunity for students to achieve a distinction against all

learning outcomes and the assignment tasks meet the needs of the learning outcomes. For one assignment it was not apparent that students would have an opportunity to achieve a distinction for both its learning outcomes as the assessment brief only refers to merit achievement for one of the learning outcomes [071 Assignment Brief: Level 4 Specialist, Signal Flow and Microphone Techniques]. The team acknowledged that due to the small sample size this did not reflect a systemic issue.

46   The sample of unit schemes of work [083-088] examined by the team outline a logical process for the achievement of learning outcomes with clear statements for formative and summative assessment throughout the units. However, the review team noted that they do not specify how students will be challenged to achieve distinction level grades for the units and teaching staff were not able to articulate confidently a teaching strategy for supporting the development of higher order thinking skills needed by students to achieve a merit or distinction grade [M4 Teaching and learning, M5 Final Meeting]. In addition, the review team were clear that the learning outcomes on the schemes of work are not mapped to the pass, merit and distinction criteria of the assessments which would make it difficult for students to know what they have to do to achieve beyond the threshold level and for staff to establish to what extent pass, merit, distinction module/unit learning outcomes have been met through assessment. While providers have the freedom to apply standards in their own context and as such, there is no standard for mapping learning outcomes to grades via marking schemes, providers should describe their high-level approach to this in their Teaching Learning and assessment Strategy, with specific subject-specific guidance for assessors. Therefore, the team considered the provider's approach to teaching and learning not to be sufficiently differentiated to provide opportunities for students to achieve beyond the threshold levels.

47   Staff understanding of the planned approach to enable students to achieve beyond the threshold level and maintain comparable standards was broadly evident in meetings with the review team. Staff with responsibility for standards explained [M1 Academic Standards] that they had designed assignment briefs containing industry-relevant tasks that will enable students to demonstrate achievement beyond the threshold level. They also confirmed their intention to draw on their own industry experience in the delivery of the course and make use of external guest lecturers. To maintain comparable standards beyond the threshold level staff stated that they intend to use the comments from the Pearson appointed external examiner as a guide to ensuring that threshold standards and beyond remain comparable and confirmed their intention to apply Pearson's merit and distinction grading criteria both for unit grades and award outcomes. They also stated that there would also be standardisation of assessment grading [M1 Academic Standards]. While students will be aware of what they need to do to achieve beyond the threshold level through the merit and distinction criteria in the assignment briefs [070-075] and the Pearson unit specifications [064-069], the Student Regulations and Course Guide Handbook [009] does not set out for students what achievement beyond the threshold level means and how to go about it.

Conclusions

48   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:

49   The review team, based on the evidence presented to them, determined that the requirements set by the awarding organisation (Pearson) for the provider's students to achieve beyond the threshold level on the provider's course are reasonably comparable with

those set by other UK providers. The review team considered that the requirements described in the approved Pearson programme documentation should ensure that such requirements are maintained appropriately if they are followed by the programme team. The review team consider that the provider's design of assessments will allow students to achieve beyond the threshold sector-recognised standards. However, the review team were clear that the provider needs to do further work to articulate how the assessments will ensure that students are evidencing their development of higher order thinking skills to achieve a merit or distinction grade.

50   The review team determined that, based on the evidence seen, the standards that will be achieved by the provider's students beyond the threshold are expected to be reasonably comparable with those achieved in other UK providers. The review team considered that this would be the case if the provider's academic regulations and policies follow the requirements of the awarding body in assessing student's achievement. While staff at the provider understand the planned approach to maintaining such standards and will have opportunities, through the external examiner, for engagement with external experts in assessment activities, the provider's plans for maintaining comparable standards are poorly documented as planning documents do not identify how students will be supported to achieve beyond the threshold standard and, apart from the grading criteria assessment briefs, the provider does not set out for students how they can achieve beyond the threshold level. The review team concludes, based on the evidence described above, that, students who will be awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and that on balance this Core practice is met.

51   The provider has yet to commence delivery of the programme which means that the review team was unable to examine assessed student work or external examiner reports. However, the provider submitted extensive evidence in the form of regulations, policies and processes that are in place for the commencement of the planned higher education programme and the team was able to confirm the planned approaches through in-depth discussions with staff at review meetings. However, there was limited evidence provided in the documentation that demonstrated how students would be enabled to achieve beyond the threshold. Therefore, the review team has a moderate degree of confidence in this judgement.

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

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

53   The QAA review team 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

54   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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 Approval Letter [002]
b   Partnership Management Statement [015]
c   Quality Assurance of Programmes Policy [006]
d   Assessment Board Terms of Reference and Protocols of Operation [095]
e   Course Monitoring Template [101]
f   Responsibilities Checklist
g   BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21
h   Meeting with Staff who will have Responsibility for the Maintenance of Academic Standards [M1 Academic Standards]

55   Some of the key pieces of evidence that a provide may present, 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:

56   The review team did not consider external examiner reports and assessed student work as there were none because the provider hadn't started to deliver the programme. For the same reason the team also didn't consider third party endorsements such as reports from Professional, Statutory and Regulatory Bodies and the view of staff from the awarding organisation.

How any samples of evidence were constructed

57   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

58   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

59   To interrogate the basis for the maintenance of academic standards within the Pearson partnership, the team considered the responsibilities checklist the Pearson approval letter to deliver the programme [002], and the Partnership Management Statement [015].

60   To test whether the provider has credible, robust and evidence-based plans for maintaining standards in partnership work the team considered the Partnership Management Statement [015], the BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21, the Quality Assurance of Programmes Policy [006], the Assessment Board terms of reference and protocols of operation [095] and the course monitoring template [101].

61   To test that staff understand their responsibilities to the awarding organisation the team met with staff who will have responsibility for the management of the partnership [M1 Academic Standards].

What the evidence shows

62   The provider only works with one awarding organisation, Pearson, and is approved to deliver the HND Music Technology programme [002]. As a delivery organisation the provider is responsible for maintaining the academic standards set by the awarding organisation in addition to the sector-recognised standards appropriate to the level of award. The responsibilities checklist which applies to all Pearson delivery centres specifies the responsibilities of the provider for the maintenance of academic standards. The provider has developed a Partnership Management Statement [015] which it regards as its policy for the management of the relationship with Pearson and the document re-iterates the responsibilities of both parties.

63   The provider's plans for maintaining standards in partnership work are credible and evidence-based because the provider intends to use the annual course review process for monitoring academic standards [015 partnership management statement; 006 Quality Assurance of Programme Policy]. The course monitoring template [101] shows that the course team is expected to reflect on assessment and student performance, and feedback from external examiners. There is also provision for an action plan to address issues identified with clearly specified responsibilities for actions, timescales for completion, success criteria and progress updates and the monitoring report with action plan will be considered by the Education Committee [006 Quality Assurance of Programmes Policy]; thus demonstrating robustness of intended process.

64   Providers who are Pearson approved centres are required to engage with Pearson's annual programme monitoring review on an annual basis and submit a report [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment] and staff with responsibility for the management of the partnership [M1 Academic Standards] confirmed that they are aware of this requirement. They also stated that they intend to review their internal course monitoring process to integrate it with Pearson's annual monitoring process but no firm plans exist yet.

65   The provider also plans to maintain standards by working with the Pearson external examiner. The team considers the plans for this to be credible because following an external examiner visit, the provider intends to compile any advice or recommendations received and submit it to the Education Committee at the next scheduled meeting, with the purpose of identifying areas of improvement or good practice and acting on the recommendations made. This approach is consistent with the awarding organisation's approved practices but oversight by the Education Committee is not documented in its terms of reference (see paragraph 89 in section S4 for further details). The provider has also made arrangements to ensure the standards of awards are credible and secure through the establishment of an Assessment Board with appropriate terms of reference and membership [095 Assessment Board terms of reference]. However, the Boards decisions may be overruled by the Education Committee (see paragraph 101 in section S4).

66   The provider also intends to make use of the training Pearson offers to delivery centres, in particular with regard assessment and internal verification [M1 Academic Standards] as well as qualification-related information and communication from the awarding body for which all persons with responsibility for the management of the partnership are on the list of recipients [015 partnership management statement]. Training, and assessment and verification training in particular, is vital so that staff understand the requirements and have the knowledge and skills to implement them. This should be completed before assessment commences, but as yet there is no evidence that the training has been planned.

67   Staff with responsibility for the management of the partnership [M1 Academic Standards] understand their responsibilities to the awarding organisation and referred to the responsibilities checklist and the partnership management statement as a guide. They also confirmed that they intend to work closely with the external examiner to maintain academic standards appropriately.

Conclusions

68   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:

69   While there are no regulations and policies for partnership working the provider has well developed plans for the management of the Pearson relationship, to ensure that the standards of the awards made by the awarding body are credible and secure. These plans, which include annual programme monitoring, use of the Pearson external examiner and their reports and a formally constituted Assessment Board, are robust and credible with the exception of the arrangements for the confirmation of grades and awards. Staff understand their responsibilities towards the awarding organisation. The review team concludes, therefore, that on balance the Core practice is met.

70   The provider has yet to commence delivery of the programme which means that the review team was unable to examine assessed student work, external examiner reports and consider the views of staff from the awarding organisation to verify that academic standards are being maintained in the partnership. While the provider's planned approach for securing standards in partnership work is clear, the planned arrangements for the confirmation of grades and awards are not credible and institutional oversight arrangements of external examiner reports are not fully articulated. Therefore, the review team has a moderate degree of confidence in this judgement.

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

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

72   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

73   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Self-evaluation [001]
b   Assessment Regulations for Higher Education [005]
c   Course Design Guide [007]
d   Assessment and Internal Verification Policy [008]
e   Student Regulations and Course Guide Handbook [009]
f   Academic Governance Framework [010]
g   Higher Education Strategy [028]
h   Course and Examination Contingency Plan [030]
i   Provision of Feedback to Students Policy [032]
j   Special Considerations and Reasonable Adjustment Policy [048]
k   Plagiarism Policy [051]
l   A Sample of Assessment Briefs [070-075]
m   A Sample of Internal Assessment Brief Verification Forms [076 – 081]
n   HND Music Technology Assessment Plan 2021-22 [082]
o   Terms of Reference and Protocols for the Operation of the Assessment Board [095]
p   Assessment Malpractice Policy [096]
q   Guidance on Mitigating Circumstances [100]
r   Course Monitoring Template [101]
s   BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21
t   BTEC Higher Nationals Centre Guide to External Examination
u   Pearson Centre Guidance: Dealing with Malpractice and Maladministration
v   Joint Qualification Council: Guidance for Dealing with Instances of Suspected Malpractice in Examinations
w   BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21
x   Meeting with Staff who will have Responsibility for the Maintenance of Academic Standards [M1 Academic Standards and Assessment]

74   Some of the key pieces of evidence that a provider may submit, 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:

75   The review team did not consider external examiner reports and responses to their recommendations as there were none because the provider hadn't started to deliver the programme. For the same reason the team also didn't consider third party endorsements such as reports from Professional, Statutory and Regulatory Bodies and the view of students as no students had been recruited yet.

How any samples of evidence were constructed

76   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

77   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

78   To identify how external experts will be used in maintaining academic standards the team considered the self-evaluation [001, the Academic Governance Framework [010] and the Course Design Guide [007].

79   To assess whether plans for using external expertise in maintaining academic standards are credible and robust the team considered the self-evaluation [001], the BTEC Higher Nationals Centre Guide to External Examination as well as the course monitoring template [101] and met with staff who have responsibility for programme management [M1 Academic Standards and Assessment].

80   To identify how the provider's assessment and classification processes will operate the team considered the Assessment Regulations for Higher Education [005], the Assessment and Internal Verification Policy [008], the terms of reference and protocols for the operation of Assessment Boards [095], the Special Considerations and Reasonable Adjustment Policy [048], the Guidance on Mitigating Circumstances [100], the Plagiarism Policy [051], the Assessment Malpractice Policy [096], the Higher Education Strategy [028] and the self-evaluation [001].

81   To assess whether plans for assessment and classification processes are credible, robust and evidence-based and to assess the reliability, fairness and transparency of assessment and classification processes the team considered the Assessment Regulations for Higher Education [005], the Assessment and Internal Verification Policy [008], the Provision of Feedback to Students Policy [032], the terms of reference and protocols for the operation of Assessment Boards [095], the Special Considerations and Reasonable Adjustment Policy [048], the Guidance on Mitigating Circumstances [100], the Plagiarism Policy [051], the Assessment Malpractice Policy [096], the Student Regulations and Course Guide Handbook [009] the Course and Examination Contingency Plan [030], the HND Music Technology Assessment Plan 2021-22 [082], a sample of centre-devised assessment briefs [070-075], a sample of internal assessment brief verification forms [076 – 081] as well as Pearson's Centre Guidance: Dealing with Malpractice and Maladministration, the Joint Qualification Council's Guidance for Dealing with Instances of Suspected Malpractice in Examinations and the BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21 .

82   To test that staff understand the requirements for the use of external expertise, and the provider's assessment and classification processes the team met with teaching staff with responsibility for programme management [M1 Academic Standards and Assessment].

What the evidence shows

83   The provider's planned use of external expertise is largely limited to the use of external examiners appointed by the awarding organisation and their reports [001 self-evaluation]. Oversight of the external examining process will rest with the Education Committee. [010 Academic Governance Framework; 001 self-evaluation] The provider's internal course approval process [007 course design guide] does not require the use of independent external expertise as the qualification was designed and approved by Pearson through the awarding organisation's own processes. However, staff with responsibility for standards [M1 Academic Standards] reported that the planning of the programme had been informed by discussions with industry experts through members of the Governing Board, industry panel events and staff's professional networks. This expert advice had subsequently been captured through the inclusion of suitable units into the programme. Staff also stated that course delivery will draw on a bank of external industry experts for guest lectures standards [M1 Academic Standards].

84   The provider described its plans for the use of the Pearson external examiner in the self-evaluation [001], however, the arrangements outlined there are not documented elsewhere although staff with responsibility for academic standards [M1 Academic Standards] were clear about the requirements for the use of the external examiner. Following the annual external examiner visit, the report including any recommendations, is expected to be discussed by the Education Committee with the purpose of identifying areas for improvement and good practice. Meeting minutes are expected to capture and evidence discussions and recommendations, and written communications between the provider and the external examiner is intended to provide an audit trail of actions taken or planned [001 self-evaluation]. However, the terms of reference of the Education Committee do not state that the committee will receive and consider external examiner reports [010 Academic Governance Framework]. In the team's view it was not apparent whether the committee will exercise appropriate oversight as described by the provider. As the Education Committee is the only academic committee the provider has, there could potentially be no institutional oversight of external examiner reports for its higher education provision and the provider would not be in a position to know whether it maintains sector recognised standards appropriately. The provider intends to use external examiner feedback in its programme annual monitoring process and the monitoring report template [101] explicitly requires the consideration of external examiner feedback. With the exception of a clearly documented plan for the oversight of monitoring responses to external examiners' reports the approach outlined conforms to the expectations of the awarding organisation which requires careful consideration of the external examiner's findings and responses to feedback as part of a considered approach to quality assurance, and actions taken should be formally recorded and circulated to those concerned [BTEC Higher Nationals Centre Guide to External Examination].

85   The provider has developed a range of policies in line with the awarding organisation's requirements that will govern the various aspects of assessment. These include the Assessment Regulations for Higher Education [005], the Assessment and Internal Verification Policy [008], and the terms of reference and protocols for the operation of Assessment Boards [095] as well as ancillary policies such as the Special Considerations and Reasonable Adjustment Policy [048] and Guidance on Mitigating Circumstances [100], the Plagiarism Policy [051] and the Assessment Malpractice Policy [096]. The Higher Education Strategy [028] sets out the institutional oversight arrangements for assessment with the Education Committee having overall responsibility for policies and procedures for

assessment and examination of academic performance of students, regulations and frameworks that govern academic awards and the procedures for awarding qualifications.

86   Pearson have prescribed assessment methodologies which the provider is expected to follow. Students will be assessed through centred-devised [070-075] and Pearson set assignments. The content of the assessment will be outlined in an assignment brief and every assessment will have a clear deadline by which the work must be submitted [070-075 assessment briefs]. In addition, the provider intends to work alongside the external examiner in assessment planning [001 self-evaluation], and staff with responsibility for assessment explained that they would also be using Pearson's assessment plan templates, assessment criteria and some Pearson-set assignment briefs. Staff also reported that they would consider using Pearson's assignment checking service which helps approved delivery centres to make sure that the assignments allow students to demonstrate appropriate evidence in the required criteria [M1 Assessment].

87   The provider's Assessment and Verification Policy [008] which covers all provision, including higher education, sets out a clear commitment and actions to 'ensure the assessment methodology is valid, reliable and does not disadvantage or advantage any group of learners or individuals and that the assessment procedure is open, fair and free from bias and adheres to national standards'. This includes the development of assignments that are fit for purpose, and enable students to demonstrate the achievement of the learning outcomes, the production of a clear and accurate assessment plan at the start of the programme/academic year together with published dates for handout of assignments and deadlines for summative assessment as well as the commitment only to use the published assessment and grading criteria in assessment [005 Assessment Regulations]. The provider is also committed to ensuring that students have access to all relevant assessment information including the assessment regulations, learning outcomes, assessment criteria, weightings and assessment strategy for each unit, the criteria relating to grading and marking schemes; the procedures for the submission of assignments including penalties for late submission of summative assessments, the procedures and grounds for applications for mitigating circumstances, extensions to deadlines for assessed work and academic appeals and the rules relating to academic malpractice [005 Assessment Regulations]. The review team formed the view that the approach outlined is credible and, if implemented as intended, should help to ensure the validity and reliability of the assessment process and consistency with sector-recognised standards.

88   The classification of awards is determined by Pearson and the system set out in the provider's Assessment Regulations [005] follows the pass, merit and distinction classification specified by Pearson.

89   The provider's plans for assessment are robust because its policy framework that will govern the assessment process is comprehensive and covers all elements relevant to assessment which, if implemented as intended, would allow the provider to manage the assessment process effectively. Policies cover assessment setting, marking and internal verification [008 Assessment and Internal Verification Policy] and decision making on assessment outcomes [095 Assessment Board terms of reference and operational protocols]. The Assessment Regulations [005] detail arrangements for the resubmission, repeat of units and late submission of student work as well as progression and compensation rules and the criteria for the award of an HND qualification its classification which align with the awarding organisation's requirements [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21]. There is also provision for the consideration of extensions to assessment submission deadlines, mitigating circumstances [100 Special Considerations and Reasonable Adjustment Policy], academic appeals and academic misconduct. [051 Plagiarism Policy; 096 Assessment Malpractice Policy] The Course and Examination Contingency Plan [030] demonstrates a good risk management

plan, which explores potential risks, such as extended absence of key staff, IT failure or forced centre closure for extended periods of time, that could cause disruption to the management and administration of the assessment process and outlines the procedures and actions to be invoked in the case of disruption, in order to mitigate the impact on the assessment process.

90   The provider's plans for assessment are evidence-based as it intends to use key performance indicators such as student success/attainment: for example, retention, 'drop-out' rates, achievement indicators; student satisfaction survey results; employability and progression statistics, student evaluations and module reviews on an annual basis to measure and evaluate the effectiveness of its higher education provision [028 Higher Education Strategy].

91   The provider's plans for assessment are credible as the Assessment Plan 2021-22 [082] clearly indicates the use of several formative and summative assessments for each unit and specifies the hand out and hand in dates. The plan covers all assessment criteria and grading opportunities and shows that there are sufficient assessments for each unit. Each unit will be assessed by at least two formative and two summative assessments [082 Assessment Plan 2021-22]. Together with the sample of centre-devised assessments [070 – 075] it evidences that the workload is realistic as the majority (five of the seven units assessed in year 1) will have two formative and two summative assessments and the remaining two units four assessments. There is also variety in the assessment tasks which relate fully to the unit content.

92   In addition, the sample of centre-devised assessment briefs [070-075] seen by the team confirm that the content of the assessment is clearly outlined and level 4 assignments have a specified deadline for submission. The provider explained that level 5 assignment submission deadlines will be fixed at a later date once programme delivery has commenced. [response to additional information request] The sample also evidences the use of a variety of assessment tools such as presentations, practical recording tasks, the creation of a multi-page website and of project plans, and a dissertation. It shows that assignment outcomes and related assessment criteria are generally clearly stated, and assessment tasks are matched to the outcomes/assessment criteria and level. In the team's view this should help to ensure that credit and qualifications will only be awarded where relevant threshold standards have been met.

93   There is clear guidance to students in the assessment briefs on the content and scope of tasks and the grading, thus ensuring transparency of the assessment process. Assessments are appropriate to the level and mode of study with a good variety of assessment tool and a mix of practical and written assessments that will promote learning and allow students to develop skills [070-075 assessment briefs].

94   The Assessment and Verification Policy [008] sets clear minimum standards for assessment verification which adhere to the awarding organisation's requirements [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21]. The internal assessment brief verification forms [076 – 081] examined by the team show that the provider operates a well-documented internal verification process of assessment briefs with the Internal Verifier checking the draft assignments against a set of established criteria. While the sample of centre-devised assessments verified seen by the review team showed that no remedial action was required, the team noted one instance where the Internal Verifier had not commented on the lack of assessment criteria for achievement beyond the threshold level (see paragraphs 27 in S1 and 49 in S2).

95   The Plagiarism Policy [051] together with the Assessment Malpractice Policy [096] should help to ensure the reliability and fairness of the assessment process because they

clearly state how the provider will identify suspected plagiarism through the routine use of online plagiarism software and student interviews to determine the authenticity of submitted work. The responsibility for judging whether plagiarism has taken place remains with teaching staff. The provider intends to publicise its approach to plagiarism to students through induction and student handbooks. [051 Plagiarism Policy; 096 Assessment Malpractice Policy, 009 Student Regulations and Course Guide Handbook] Within the policies the penalties for proven plagiarism are clearly articulated for scenarios before and after students have signed a declaration of authenticity. For the latter the case will be reported the awarding organisation who will consider it and apply sanctions. The sanctions applied to a candidate committing plagiarism range from a warning regarding future conduct to the candidate being barred from entering for one or more examinations for a set period of time. This is in line with Pearson's Centre Guidance: Dealing with Malpractice and Maladministration and the Joint Qualification Council's Guidance for Dealing with Instances of Suspected Malpractice in Examinations which the provider uses as external reference points.

96   The terms of reference of the Assessment Board [095] and the associated protocols for its operation are in line with the awarding organisation's expectations [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment]. Its responsibilities are clearly defined and include the 'confirmation of marks at unit level, reviewing student performance at unit and programme level, making decisions in relation to student progression between levels of study and recommending awards and degree classifications in all programmes leading to named awards which are allocated to the Assessment Board'. The Board will be chaired by a senior person independent of the programme/subject under consideration [095 Assessment Board terms of reference]. However, the provider's approach to the confirmation of unit grades, progression decisions and the recommendation of award classifications is confusing as the Education Committee also has assigned responsibility for them [005 Assessment Regulations]. The team discussed this duplication with staff [M1 Assessment] and was informed that the Education Committee would have ultimate responsibility to confirm grades, progression decisions and award classifications after consideration by the Assessment Board. The review team found that this approach would not align with Pearson's requirements which state that these decisions must be made by a formally constituted Assessment Board [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21] and shows that the provider is not fully familiar with Pearson's requirements. In the team's view the decision-making arrangements outlined constitute a risk to maintaining standards as potentially the two committees could deliver differing decisions and outcomes (as discussed in paragraph 25 in relation to S1).

97   The provider is obliged to follow the classification approach prescribed by Pearson. The provider's classification rules as set out in the Assessment Regulations [005] comply with Pearson requirements [BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21] and thus ensure the reliability and fairness of the classification process. The overall qualification grade for the HND will be calculated based on student performance in level 5 units only to the value of 120 credits. Students will be awarded a pass, merit or distinction qualification grade using the points gained through all 120 credits with 4 points being allocated per credit for a pass, 6 for merit and 8 for distinction. The number of points will be used to determine the overall qualification grade with 0 – 419 points representing a fail, 420 – 599 points a pass grade, 600 – 839 points a merit grade and 840 or more points a distinction. [005 Assessment Regulations]

98   Staff [M1 Assessment] were able to outline the planned approach to assessment as stated in the provider's policies. They stated that the provider aims to ensure that there is equality of opportunity for all students, including those with particular requirements, to achieve the stated outcomes and associated grading criteria through sufficient contact time with staff and lengthy exposure to the technological resources to master the technical skills

required. Staff also reported that the provider has ensured full accessibility to facilities and resources for those with special needs. In addition, the planned programme consists of a variety of learning activities, and assessments have been designed with fairness in mind [M1 Assessment].

Conclusions

99   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:

100   The review team concludes that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent. This is because the provider, notwithstanding lack of formal recognition of the role of the Education Committee in oversight of external examiner reports, has plans for using external examiners in maintaining academic standards although they are not formally documented in its policies. However, staff understand the requirements for the use of external examiners and are aware the provider's planned approach. While not a policy requirement, the provider has also used appropriate external expertise when designing the programme's curriculum.

101   The provider's assessment and classification processes are likely to reliable, fair and transparent. Processes for assessment and classification are clearly outlined in academic regulations and assessment policies and staff understand the planned assessment and classification processes. However, the arrangements for the confirmation of progression and award outcomes outlined by staff in review meetings could pose a risk to the appropriate maintenance of standards and would not meet the awarding organisation's requirements. Nevertheless, on balance, the review team concludes, that this Core practice is met.

102   The provider has yet to commence delivery of the programme which means that the review team was unable to examine external examiner reports and the provider's responses and the view of students on assessment and the provider's approach to using external examiners is not formally documented. While assessment policies are generally clear and comprehensive, the provider's approach to the ratification of assessment results is not and the team was unable to verify that the approach that will be implemented meets the requirements of the awarding organisation. Therefore, the review team has a moderate degree of confidence in this judgement.

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

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

104   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

105   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Self-evaluation [001]
b   Programme Specification [003]
c   Terms and Conditions for Taught Students [011]
d   Enrolment Process Guide for Higher Education Applicants [012]
e   Recognition of Prior Learning Policy [014]
f   Management and Governance Policy [016]
g   Access and Participation Statement [019]
h   Learner Complaints Policy [024]
i   Learner Appeals Policy [025]
j   Application Form [043]
k   Guidance for Admissions Interviews [044]
l   Special Considerations and Reasonable Adjustments Policy [048]
m   Staff Training Records [056-062]
n   Higher Education Admissions Policy [097]
o   Pearson Recognition of Prior Learning Policy and Process
p   Course Page of the Provider's Website
q   Policy Page of the Provider's Website
r   Meetings with Staff who will be Involved in the Admissions Process [M2 Admissions, M4 Student Support]

106   Some of the key pieces of evidence that a provider may present, 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:

107   The review team did not examine admissions records and consider the view of students as no students had been recruited yet. The team also did not consider arrangements with recruitment agents as the provider does not use them.

How any samples of evidence were constructed

108   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

109   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

110   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 team considered the Higher Education Admissions Policy [097], the enrolment process guide for higher education applicants [012], the self-evaluation [001], the programme specification [003], the Recognition of Prior Learning Policy [014], the Management and Governance Policy [016] and the Access and Participation Statement [019].

111   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 Higher Education Admissions Policy [097], the application form [043], the Guidance for Admissions Interviews [044], the Recognition of Prior Learning Policy [014], the Pearson Recognition of Prior Learning Policy and Process, staff training records [056-062], the enrolment process guide [012], the self-evaluation [001], the policy page of the provider's website, the Learner Complaints Policy [024], the Learner Appeals Policy [025] and met with staff who will be involved in the admissions process [M2 Admissions].

112   To test whether the information that will be given to applicants is transparent, inclusive and fit-for-purpose the team considered the programme specification [003], course pages of the website, the enrolment process guide [012] the Terms and Conditions for Taught Students [011] and met with staff who will be involved in the admissions process [M2 Admissions].

113   To test whether admissions requirements for the course reflects provider's overall policy the team considered the self-evaluation [001], the programme specification [003], the Student Regulation Handbook [009], the Recognition of Prior Learning Policy [014] and the Pearson qualification specification [063] and met with staff who will be involved in the admissions process [M2 Admissions].

114   To test whether staff understand their responsibilities, are appropriately skilled and supported and can articulate how the provider's approach to inclusivity is manifest in the admissions process the team considered the Special Considerations and Reasonable Adjustments Policy [048] and met with staff who will be involved in the admissions process [M2 Admissions, M4 Student Support].

What the evidence shows

115   The Higher Education Admissions Policy [097] sets out the provider's approach to the recruitment of students including the principles on which admissions decisions will be based and the timescales for the consideration of applications. Successful applicants will be admitted on the basis of merit following a written application and an interview. To verify students' prior qualifications the provider will ask for original certificates from the students. [001 self-evaluation] The policy includes provision for unsuccessful applicants to appeal the admissions decision but does not cover complaints. It also sets out the information and

support that will be available to applicants such as tailored advice and guidance and clear feedback to unsuccessful applicants. The policy is supported by an enrolment process guide for higher education applicants [012] which provides a brief overview of the various admissions stages from first enquiry to enrolment and induction in the form of a flow diagram.

116   The provider does not intend to use external recruitment agents or UCAS for admissions purposes and all enquiries and applications will be processed through the provider [001 self-evaluation]. The programme specification [003] details the entry requirements for the course. The provider will accept applicants with prior relevant certificated and/or experiential learning and the process for the recognition of such learning is set out in the Recognition of Prior Learning Policy [014]. Applications for the recognition of prior learning have to be accompanied by sufficient authentic, reliable and current evidence such as qualification certificates, witness statements and reflective accounts.

117   The provider's commitment to inclusivity is articulated in its Management and Governance Policy [016] which states that it has a social purpose to 'address equality of access and to provide music, media, creative and digital experiences that nurture co-operation between people from a wide range of ages, ethnic, cultural and economic backgrounds'. The Access and Participation Statement [019] reiterates this commitment and sets out how the provider will monitor data to ensure that it meets its organisational aim. This commitment is underpinned by funding for activities to ensure this [019 Access and Participation Statement].

118   Institutional oversight of the admissions process rests with the Governing Board who approves the admissions policy which has been developed by senior staff [010 Academic Governance Framework] and the Education Committee which has the overall responsibility for setting the criteria for student admissions [016 Management and Governance Policy].

119   The provider's plans for ensuring that admissions systems are fair, reliable and inclusive are credible because the Higher Education Admissions Policy [097] stipulates that 'all applicants will be considered for admission on the basis of educational performance and/or professional experience that provides evidence of ability to meet the demands of the chosen course'. In addition to academic qualifications the provider plans to consider whether the applicant is suitably motivated to successfully complete their chosen course and admissions decision will be based on the application, an interview and any additional supporting information.

120   The design of the application form [043] allows the provider to collect sufficient information about an applicant's previous qualifications and work experience. The application form is available for collection in person, by post and on the website [097 Higher Education Admissions Policy]. The application form [043] will allow the provider to monitor ethnicity, gender, sexual orientation and religious faith of applicants. Applicants are also invited to declare any disabilities, learning difficulties and support needs. Timelines for the consideration of applications and subsequent decision making are clearly stated in the admissions policy [097 Higher Education Admissions Policy], thus giving clarity to staff involved in the process.

121   Applicants go through a formal interview process which is usually one-to-one with the Course Leader, although the Guidance for Admissions Interviews which covers all provision, including higher education [044], also suggests that group interviews, a panel made up of the Education Committee and additional skills tests may also be used. The interview provides an opportunity for staff to review applicant learning and, if implemented as intended, the process will be robust and decision making evidence-based as interview

panels are expected to keep clear records, signed and dated by all interview panel members. The guidance supports fair decision making as it outlines the objectives of applicant interviews and sets out the selection criteria detailing what admission staff are looking for when interviewing candidates. It also provides advice and good practice on questioning. [044 Guidance for Admission Interviews] While the document is not prescriptive in how interviews should take place and the precise questions to ask, it states that all candidates should be asked the same broad questions and these are listed in the interview template included in the guidance which should help to ensure fairness of decision making. The provider also signposts in the guidance how interviews may be adjusted for students with specific needs to facilitate inclusivity.

122   The self-evaluation [001], states that provider has an 'extremely flexible approach to entry requirements where the focus is on the individual and their potential, rather than exclusively on minimum grades'. The programme specification [003] details the required entry requirements for the course which are a minimum 64 UCAS tariff points from A Levels or a Level 3 Diploma in a related subject or a relevant Access programme. Because the provider operates a tailored interview process for all applicants, it enables diversity and inclusivity to be considered, especially for those who do not have the recommended prior qualifications. This will include mature applicants (21 years and above) with suitable background and experience who may be accepted without formal qualifications [044 Guidance for Admissions Interviews, 097 Admissions Policy]. Applicants with non-traditional qualifications or previous experience and learning that is relevant may be eligible for admission through the accreditation of prior learning process. The stated admissions requirement are in line with the provider's policies [014 Recognition of Prior Learning Policy] and Pearson's requirements as the awarding organisation does not specify formal entry requirements but an entry profile for students who have recently been in education which includes level 3 qualifications, an Access to Higher Education Diploma or strong GCE Advanced level profile and work experience [063 Pearson qualification specification].

123   Pearson requires that centres delivering Higher National qualifications must ensure that all students who are non-native English speakers and who have not undertaken their final two years of schooling in English, can demonstrate capability in English at a standard specified by Pearson, before being recruited to the programme where the programme is both taught and assessed in English. [063 Pearson qualification specification] However, neither the programme specification [003] nor the Higher Education Admissions Policy [097] mention sufficient English language capabilities as a requirement for admission. The impact of this is that the provider may potentially recruit students who have insufficient language skills as admissions staff have no information on the required English language competencies applicants have to demonstrate. This could be detrimental to students and not be conducive to them successfully following and completing the course. Staff [M2 Admissions] reported that they were experienced in supporting students whose first language is not English. They would assess their ability through the interview process and provide additional support where necessary and acknowledged that this process as articulated in the review meeting is yet to be included in the admissions policies and procedures.

124   The provider's plans for the recognition of prior learning are not credible because the Recognition of Prior Learning Policy [014] which applies to all provision, including higher education, does not follow the specific guidance provided by Pearson on the recognition of prior learning for Higher Nationals [Pearson Recognition of Prior Learning Policy and Process]. Pearson does not allow recognition of prior learning for any more than 50 percent of the total credit value of a Higher National award, however no such restrictions are specified in the provider's policy. Staff [M2 Admissions] were unable to articulate the Pearson requirement, instead signposted the team back to their policy. In the team's view it is therefore not apparent staff and applicants would be aware of this requirement, and

recognition of prior learning decisions for the programme would allow more credit to be recognised than allowed.

125   Whilst it was not apparent from the documentation which staff will undertake which parts of the admissions process, the provider has committed to providing training for relevant staff in student recruitment and to date some staff have been trained in disability support [055 Staff Training Record Disability], safeguarding [056, 061 Staff Training Record Safeguarding], Information, Advice and Guidance [057, 060 Staff Training Record Advice and Guidance] and Prevent [058, 062 Staff Training Record Prevent] although this training is not specifically related to the admission of higher education students. Staff [M2 Admissions] clarified the roles of staff in the admissions process and stated that the Course Leader had overall responsibility for admissions decisions and that other staff may be included in the interview processes.

126   The information about the course and generic information on how to apply given to applicants is transparent and fit for purpose because the entry requirements for the programme and the ability to be recognised for prior learning are clearly articulated in the programme specification [003] and on the course pages of the website [https://www.higherrhythm.co.uk/courses/hnd-music-technology-and-sound- engineering] Similarly, the enrolment process guide [012] which is downloadable from the website provides applicants with an overview of how the admissions process works including the standard timelines for the various admissions stages. In addition, the Terms and Conditions for Taught Students [011] which form the pre and post enrolment contract, and which applicants are expected to familiarise themselves with before they apply for a place or accept the offer of a place, are also available from the website. [https://www.higherrhythm.co.uk/public-policies/] However, the information is incomplete because English language admissions requirements are omitted (as discussed above) and applicants have no direct access to the provider's Higher Education Admissions Policy [097] and the Recognition of Prior Learning Policy through the public policy page of the website [https://www.higherrhythm.co.uk/public-policies/] as the link is not active.

127   The provider is committed to inclusivity and welcomes applications from students with additional needs. It aims to ensure that potential students have access to impartial advice and guidance tailored to the needs of the individual [097 Higher Education Admissions Policy]. Support for applicants, as outlined in the documentation, is comprehensive and the nature of support activities should provide adequate guidance for applicants. This is evident from the enrolment process guide that provides applicants with an overview of how the admissions process works. This includes an initial telephone call or physical visit before they formally apply for their course. [012 enrolment process guide, M2 Admissions] The provider also plans to invite all applicants who show an interest in the course to meet the staff team and engage in additional learning activities during the admissions process including bridging any potential learning gaps before the course commences [001 self-evaluation, M2 Admissions]. Staff [M2 Admissions] were articulate in describing the support provided to applicants throughout the admissions process as outlined above, including the additional pre-sessional activities to develop specific skills required for the course.

128   The enrolment form [043] asks applicants whether they have any specific disabilities. Where candidates with learning difficulties and/or disabilities apply, the course team will identify additional support needs as part of the application assessment and interview process [097 Higher Education Admissions Policy] and the Course Leader will meet with the applicant to discuss any adjustments that may need to be made. However, specialist assessments will be carried out by external agencies as there is no internal expertise to do so [001 self-evaluation, M2 Admissions].

129   The Special Considerations and Reasonable Adjustments Policy [048] states that to assist with the identification of learners with access-related assessment needs, the provider will ensure that all staff who recruit, advise or guide potential learners have had training to make them aware of access-related issues. However, staff with responsibility for admissions explained that no specific training was planned for admissions staff [M2 Admissions] but stated that through their further education work staff already have a broad understanding of how students with additional needs should be supported [M4 Student Support], although they were not confident in articulating what skills and training would be required to ensure that their admissions practice was evaluating the academic skills required for successful higher education study. If provider admissions staff have no understanding and means of establishing whether applicants could succeed in higher education, they cannot confidently recruit students who would benefit from higher education. This could result in students not achieving successful outcomes.

130   The provider's approach to handling complaints and appeals related to admissions is not transparent because its admission and appeals policies do not provide any specific guidance to applicants as to how they may appeal their admissions decision. While there is provision in the Higher Education Admissions Policy [097] for applicants to appeal an admissions decision by writing to the Head of Centre within 10 working days after rejection, the policy is not readily available to applicants. While it is listed on the policy page of the provider's website [118] the link to it is not active. Admissions appeals are also covered in the Learner Appeals Policy [025] which permits appeals against application decisions made under the Higher Education Admissions Policy. This policy is accessible through the website [https://www.higherrhythm.co.uk/public-policies/], but the review team is not confident that an applicant would know that a policy entitled 'Learner Appeals Policy' would cover admissions decisions, as applicants are not learners until they are enrolled. Admissions staff [M2 Admissions] reported staff who are trained in Information, Advice and Guidance (IAG) would be able to help a student with their complaint or appeal. Staff [M2 Admissions] described a different appeals procedure to the one outlined in the provider policies, namely that the Course Leader would be the applicant's first point of contact if they wished to appeal [M2 Admissions]. This would be a clear conflict of interest as the Course Leader is the person who made the admissions decision. Furthermore, while there is a Learner Complaints Policy [024], only registered and former students may use it. This would exclude applicants who want to complain. The review team formed the view that the provider's arrangements for the consideration of admissions appeals are unclear, potentially biased, and would be confusing for students and there is no complaints mechanism open to applicants. The issues described above would create obstacles for students to exercise their rights and compromise the fairness of the admissions appeals process.

131   Staff [M2 Admissions] were able to articulate the admissions policy and provided examples of how they would ensure fairness and inclusivity and described their previous experience of working with students who have additional needs. However, they provided only a partial recognition of the higher education specific academic skills such as critical thinking, the ability to work independently or with others they would need to be mindful of through the admissions interview. However, they articulated their understanding of the technical skills required to successfully complete the course [M2 Admissions]. From the discussion it was evident that there is a wide range of experience in supporting students with additional learning support needs, and an understanding of how admissions processes need to be flexible to enable students with different backgrounds to show their true potential. Staff explained that their approach of providing bespoke support for each applicant based on their needs aims to remove barriers to accessing higher education. Staff were also very clear who was responsible for the overall decision making.

Conclusions

132   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:

133   The team concludes that the provider has a reliable, fair and inclusive admissions system. This is because the provider has a robust set of policies and procedures in place to manage its approach to admissions. Although there are instances of omissions in the provider's policies such as English language admissions requirements and the maximum credit value for the recognition of prior learning, they ensure that the provider has a reliable, fair and inclusive admissions system. This includes flexibility through the interview process to ensure that non-traditional applicants are able to show their potential, and students with additional learning needs are understood. Whilst there is some confusion over the approach to admissions appeals handling and the ability of applicants to invoke the complaints policy, the review team has confidence that the provider would be able to make the necessary changes quickly, and the information provided to applicants about the course and how to apply are accurate and supportive. Staff were broadly able to articulate the provider's approach to admissions, including their responsibilities in the process, and how they would support applicants throughout the process. The review team concludes, therefore, that on balance the Core practice is met.

134   The evidence underpinning the judgement reflects the current stage of the provider's development in that the review team were unable to see these policies in action through speaking with students or scrutinising admissions records. The team therefore placed a reliance on the provider's policies and oral testimony on how admissions would operate once the course was operational. The written policies of the provider were deemed adequate to support reliable, fair and inclusive admissions and the staff team were cognisant of the knowledge required of successful completion of the course. However, there are a small number of areas where the provider's policies do not reflect the required approach to higher education admissions. There were also instances where the staff failed to correctly articulate policies or how their current practice would need to change to meet the requirements of higher education study. Therefore, the review team has a moderate degree of confidence in this judgement.

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

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

136   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

137   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Self-Evaluation[001]
b   Programme Specification HND Music Technology [003]
c   Quality Assurance of Programmes Policy [006]
d   Course Design Guide [007]
e   Academic Governance Framework [010]
f   Staff Development and Training Policy [020]
g   Higher Education Teaching Learning and Assessment Strategy [029]
h   Feedback Policy [032]
i   Notes of Programme Design and Approval HND Music Technology [033]
j   CPD Plan for 2021-22 [053]
k   Pearson Qualification Specification HN Music [063]
l   Sample Assessment Briefs [070 – 075]
m   Assessment Plan 2021-22 HND Music Technology [082]
n   Sample of Schemes of Work [004, 083 - 088]
o   VLE [089]
p   Peer Observation Policy [098]
q   Blended Learning Policy [104]
r   Person HN Music Qualification Guide [109]
s   Minutes of Governing Board meetings [105, 106]
t   Meetings with Senior, Teaching and Support Staff [M1 Academic Standards, M3 Resources, M4 Teaching and Learning]

138   Some of the key pieces of evidence that a provider may present, 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:

139   The review team did not consider external examiner reports and the view of students as the provider had not yet commenced programme delivery. For the same reason the team did not conduct any observations of teaching and learning. The team also did not consider third party endorsements such as reports from Professional, Statutory and Regulatory Bodies as there were none.

How any samples of evidence were constructed

140   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

141   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

142   To identify the provider's approach to designing and delivering high quality courses the review team considered the Pearson qualification specification HN Music [063], the course design guide [007], the Higher Education Teaching Learning and Assessment Strategy [029], the Blended Learning Policy [104], the Feedback Policy [032], the Staff Development and Training Policy [020] and the Peer Observation Policy [098].

143   To assess whether the provider has credible and robust plans for designing high quality courses, the team considered the course design guide [007], the self-evaluation [001], the notes of programme design and approval for the HND Music [033], the Quality Assurance of Programmes Policy [006], the Academic Governance Framework [010], Minutes of Board of Governors meetings November 2018 [105] and December 2019 [106] and met with senior, teaching and support staff [M1 Academic Standards, M3 Resources, M4 Teaching and Learning].

144   To test that all elements of the course 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 qualification specification HN Music [063], the programme specification [003], the notes of programme design and approval HND Music Technology [033], the HND Music Technology Assessment Plan 2021-22 [082], a sample centre-devised assessments [070 – 075], a sample of schemes of work [004, 083 - 088], the Blended Learning Policy [104], the self-evaluation document [001], the VLE [089], the Higher Education Teaching, Learning and Assessment Strategy [029], the Staff Development and Training Policy [020], the CPD plan for 2021-22 [053], the Peer Observation Policy [098], the Feedback Policy [032], the Pearson HN Music Qualification Guide [109] and met with senior, teaching and support staff [M3 Resources, M4 Teaching and Learning].

What the evidence shows

145   The provider's scope to influence for the design of the proposed programme is limited, as Pearson has overall responsibility for programme design. From the approved units that make up the programme the provider, through Pearson's rules of combination, is allowed to design its own programme by selecting appropriate units to deliver within the awarding organisation's specified parameters. [063 Pearson qualification specification] Course design is governed by the provider's Course Design Guide [007].

146   The provider is, however, fully responsible for ensuring that the delivery of teaching and learning and the assessment plan facilitate students to achieve at the highest level and has developed a Higher Education Teaching, Learning and Assessment Strategy [029]

which will govern course delivery. It outlines the provider's commitment to consistently delivering the best possible learning opportunities, summarises the processes used to assure the quality of the learning and teaching provided, and describes the expectations for academic staff with regards to their curriculum delivery. It is supported by a Blended Learning Policy [104] that sets out the duties and responsibilities of teaching staff in supporting students when they learn remotely. There is also a Feedback Policy [032] in support of student learning which sets out the planned approach to the provision of feedback on coursework and examinations along with the provider's expectations on the content and timing of feedback.

147   The provider intends to monitor and enhance the quality of delivery through peer observation and staff development and has developed a Peer Observation Policy [098] setting out the purpose, expectation and the process. The Staff Development and Training Policy [020] details all staff entitlements for development including an annual personal development and training budget.

148   The provider's plans for course design are credible because the course design guide [007] clearly states the expectations for high-quality course design and the responsibilities for programme design and approval. It is expected that courses will be designed in response to market opportunity and demand. Consideration is to be given by designers to course aims and outcomes and units to be included. Approaches to learning, teaching and assessment including assignment briefs must align with Pearson unit specifications, and assessment plans have to be in keeping with Pearson regulations and guidance [007 course design guide]. While not a policy requirement [007 course design guide], the self- evaluation document [001] stresses the importance of employer input into curriculum design and staff who designed the course [M1 Academic Standards] outlined how industry advice had informed unit choice with a view to ensuring successful professional outcomes for students. In addition, the notes of HND programme design and approval [033] confirm that feedback from students at other providers had also been invited by the provider in terms of what skills they found they lacked for the workplace as well as the best units which would support opportunities for employment and taken into account when putting the programme together. Finally, course designers also have to consider the human resources required to deliver the programme [007 course design guide]. The HND programme design and approval [033] meeting notes examined by the team confirmed that consideration for the choice and order of the units took into account staff availability and the skills set of the team identified to deliver the qualification.

149   According to the Quality Assurance of Programmes Policy [006] the Governing Board has responsibility for the approval of courses but this responsibility is not listed in the Board's terms of reference [010 Academic Governance Framework]. Without clear responsibility there is no accountability and an error in programme design might not be picked up as there is no formally documented scrutiny. Staff confirmed that the HND Music Technology had been approved by the Board [M1 Academic Standards] However, the minutes of the Board meetings examined by the team show that the Governing Board had not given approval to the course but merely noted progress with its development [105, 106 minutes of the Governing Board]. It is therefore not apparent who has responsibility for the approval of programmes.

150   The provider-devised programme specification [003] evidences the selection of the required core, specialist and optional units for level 5 of the qualification according to Pearson's requirements and rules of combination as specified in the qualification specification [063]. However, when constructing the programme the provider has not adhered to the typical credit requirements of the FHEQ at level 4 with the selected units totalling only 105 credits, not the required 120. The programme as currently designed is therefore not credible as it will not allow students to obtain the Higher National Certificate

qualification. From the programme specification [003] and the assessment planning documents [083-088 schemes of work] it is also not apparent whether the programme adheres to Pearson's requirements for the total qualification time and guided learning hours for each unit although teaching staff [M4 Teaching and Learning] were able to articulate the requirements (see paragraphs 18 - 19 in section S1 for a fuller discussion). The team concludes that the course design process has not been implemented robustly because it has resulted in a programme that is not high-quality as it will not enable students to achieve the qualification and there is a lack of clarity as to whether the programme will meet Pearson's requirements with regard to total qualification time and guided learning hours

151   The HND Music Technology Assessment Plan for 2021-22 [082] shows that there are sufficient assessments for each unit and that summative and formative assessments to support student learning and the development of academic and employability skills are integrated in the assessment approach. The plan gives details of a planned distribution of assessments, submission, feedback and internal verification dates for each assessment for each unit and shows that the assessments are suitably spread throughout the year.

152   The sample centre devised assessments [070 – 075] evidences that there is a variety of assessment tasks and assessment modes and methods are linked to intended learning outcomes, allowing students to demonstrate achievement through a variety of assessment methods that makes explicit the criteria against which the demonstration of learning outcomes will be assessed. Assessments have been suitably designed to meet the learning outcomes and provide sufficient opportunities for students to achieve at threshold level and beyond. The assignments also challenge students to demonstrate progress in academic and practical skills.

153   The schemes of work examined by the team [004; 083 - 088] show that consideration has been given to the development of academic skills, transferable and employability skills; employer involvement in the delivery [004], inclusive learning and a variety of assessment methods [004; 083 - 088] that will allow students to demonstrate the achievement of learning outcomes. Sample activities indicated for each session demonstrate a variety of planned individual, pair and group learning opportunities for students [083; 085; 086]. While the schemes of work [083 - 088] give an overview of the assessment strategy for each unit, the learning outcomes, the range of academic skills to be achieved and links to employment, they do not indicate a differentiated teaching and learning strategy to challenge students to achieve beyond the threshold level beyond a pass mark, that is merit and distinction or how the distinction criteria for assignments can be met through learning activities in the lessons. Students will only be able to achieve distinction marks in assessment if the learning activities they undertake before assessment prepare them to achieve at this level, that is their learning has to challenge them sufficiently. Neither do the schemes of work provide an overview of the teaching methods planned to support development of the range of academic skills listed such as academic writing, including referencing, reading and study skills, to be achieved. The list of academic skills is the same on each scheme of work even though some might not be relevant to the assessment of a unit. The provider should specify which teaching methods will support the development of which skills. This copy and paste approach indicate that staff have not sufficiently considered which skills are best developed through which unit. There is a lack of focus because the teaching and learning activities in each scheme of work will not deliver on all of them.

154   Although teaching and support staff demonstrated extensive vocational and music industry professional knowledge in meetings with the team, they were unable to articulate strategies for supporting the development of academic skills such as academic writing, reading and study skills, and higher order thinking skills such as application, analysis, evaluation and synthesis of knowledge or independent learning. They were also not able to explain which academic skills they are expected to develop/support through each learning

activity which should have been detailed in each scheme of work [M1 Academic Standards, M4 Teaching and Learning]. This indicates a lack understanding of the expectations of teaching and learning at level 4 and 5 needed for students to achieve beyond the threshold level. A higher education qualification goes beyond vocational skills training which teaching staff are experienced in. For example, while mastering the use of technical equipment is important, a successful higher education graduate is also expected to have mastered academic and higher order thinking skills.

155   The provider was originally planning to deliver the programme face to face, including practical activities, taught sessions (lectures and guest lectures) and tutorials [M4 Teaching and learning], however because of the Covid-19 pandemic the provider is considering a blended learning approach. Its Blended Learning Policy [104] demonstrates an understanding of the difference between blended learning and distance learning and outlines appropriate actions to support students who learn remotely.

156   Approaches to learning would include the use of a virtual learning environment (VLE) which the provider envisages as 'a system for students to receive news, information, and updates on matters relating to courses, as well as an advanced communications portal to connect with tutors, access course work and find other relevant documents' [001 self-evaluation document]. The team reviewed the structure and content of the platform [089 VLE] which is still under development and concludes that it provides a good basis for management of assignments, tutorial records, notices and communication between staff and students but in its current form does not provide any opportunity for online interactive learning. However, teaching and support staff [M3 Resources] stressed that the VLE has the potential to support blended learning and reported that during the Covid-19 pandemic it had been used extensively to support the learning of further education students and this experience would inform the blended learning approach for higher education. The provider is aware of the potential of the VLE and when circumstances dictated it had taken steps to expand its use.

157   Excellence in teaching is central to the provider's Higher Education Teaching, Learning and Assessment Strategy [029] and the strategy commits to opportunities for staff to enhance their teaching skills through a considered CPD programme in line with the UK Professional Standards Framework for teaching in higher education, in-house training and other opportunities for personal and professional development including the promotion of teaching innovations. While there is a personal staff development and training budget for each member of staff of one percent of staff's gross annual salary and the development of higher education teaching skills would be supported [020 Staff Development and Training Policy], the CPD plan for 2021-22 [053] makes no reference to development of pedagogy for the higher education teaching team. With programme delivery expected to be imminent the provider would be expected to have firm plans in place on all aspects of higher education staff development. Management and teaching staff [M4 Teaching and Learning] stated that they are experienced at delivering Pearson qualifications and did not see the need for skills development, or currency updating for teaching at levels 4 and 5 (also see paragraph 179 in section Q3). The Higher Education Teaching, Learning and Assessment Strategy [029] also states that staff development will include training on providing good quality assessment feedback. However, at the time of the review this had yet to be included into the CPD Plan 2021-22 [053, M4 Teaching and Learning]. The review team formed the view that while the provider has a strategy for the development of staff there are no concrete plans in place to follow it through which could impact on the provider's ability to deliver a high-quality course. For example, if teaching staff did not have the opportunity to update or maintain the currency of their teaching skills, this could have a negative impact on the quality of teaching.

158   The Peer Observation Policy [098] provides a robust framework for the enhancement of teaching practices and the sharing of good practice because the process is

designed to be developmental and good practice is expected to be shared across team members and reported in the annual monitoring review report. If this policy is acted upon as outlined, this approach should help to appropriately monitor teaching quality and support the development of teaching staff. Management and teaching staff [M4 Teaching and Learning] explained the intended supportive nature of the teaching observation process and stated that for experienced teaching staff it would be a peer observation approach whereas for new teachers it will be a management observation process with the observation being completed by the Course Leader during induction. However, the peer observation process would not make up for lack of opportunity to update and maintain the currency of teaching skills highlighted above.

Conclusions

159   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:

160   Having reviewed the evidence presented relating to the providers ability to design high quality courses, the review team determined that the provider should be able to design high quality courses because it has suitable processes and guidance in place to facilitate this. However, the review team considers that not all elements of the course are of high quality. This is because the provider designed a course that does not meet the total credit volume required for the level 4 Higher National Certificate. It is also not apparent whether the programme will adhere to Pearson's requirements for total qualification time and guided learning hours as these are not documented by the provider, although staff are aware of them. While assessment design will enable students to demonstrate the intended learning outcomes for each unit and assessment modes and methods are linked to intended learning outcomes, staff were not able to articulate what 'high-quality' means in the context of higher order skills development, indicating their own lack of understanding of these skills. Additionally, while the provider has a strategy to for the development of teaching staff it does not have plans in place to support the development of higher education pedagogy skills and staff themselves do not recognise the need for it. Therefore, the review team concludes, that the Core practice is not met.

161   The provider has yet to commence delivery of the programme which means that the review team was unable to meet students or consider their views, examine external examiner reports or conduct observations of teaching and learning. However, the provider submitted an extensive selection of evidence consisting of clear and comprehensive policies and procedures, course planning and assessment documents. Therefore, the review team has a high degree of confidence in this judgement.

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

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

163   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

164   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Self-evaluation [001]
b   Staff Development and Training Policy [020]
c   Staff CVs [021]
d   Higher Education Teaching Learning and Assessment Strategy [029]
e   Staff Recruitment and Selection Code of Practice [035]
f   Safer Recruitment Policy [036]
g   Staff Job and Role Descriptions [052]
h   CPD Plan 2021-22 [053]
i   Staff Induction Policy [099]
j   Additional CV Information [107]
k   List of Training for New Staff [108]
l   Staffing Information on the Provider Website
m   Meetings with Teaching and Support Staff [M1 Academic Standards, M3 Resources, M4 Teaching and Learning]

165   Some of the key pieces of evidence that a provider may present, 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:

166   The review team did not consider the view of students and did not carry out any observation of teaching and learning because the provider hadn't recruited any students yet and hadn't commenced programme delivery. The team also did not consider third party endorsements, such as reports from Professional Statutory and Regulatory bodies as there were none.

How any samples of evidence were constructed

167   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

168   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

169   To identify how the provider recruits, appoints, inducts and supports staff so that it meets the outcome, the team considered the Safer Recruitment Policy [036], the Staff Recruitment and Selection Code of Practice [035] and the Staff Induction Policy [099].

170   To assess whether the provider has credible, robust and evidence based plans for ensuring that they have sufficient appropriately qualified and skilled staff to deliver a high-quality learning experience, the team considered the Safer Recruitment Policy [036], the Staff Recruitment and Selection Code of Practice [035], the Staff Induction Policy [099], the list of training for new staff [108] and met with teaching and support staff [M3 Resources].

171   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 the self-evaluation [001], staffing information on the provider website and the staff job/role descriptions [052].

172   To assess whether staff are appropriately qualified and skilled to perform their roles effectively, the team considered staff CVs [021], additional CV information [107], the job and role descriptions [052], the CPD Plan 2021-22 [053], the Higher Education Teaching Learning and Assessment Strategy [029] and met with teaching and support staff [M1 Academic Standards, M3 Resources, M4 Teaching and Learning].

What the evidence shows

173   The provider's approach to the recruitment of staff is codified in its Safer Recruitment Policy [036] and a Staff Recruitment and Selection Code of Practice [035]. The former gives details of the expectations and aims and objectives of recruiting to the organisation, including the mandatory training requirements of staff [Safer Recruitment Policy 036]. The Staff Recruitment and Selection Code of Practice [035] outlines the process for recruiting new staff, either as a replacement or new position, the timeframes for recruitment and gives guidance to recruitment panels on the expectations of staff recruitment. There is also a Staff Induction Policy [099] to support newly recruited staff.

174   The provider's Safer Recruitment Policy [036] together with the Staff Recruitment and Selection Code of Practice [035] are comprehensive and clearly set out the process for the recruitment of staff and the stated practices adhere to equal opportunity principles. The provider intends to recruit staff 'on the basis of their merits, abilities and suitability for the position' and aims to ensure that 'no job applicant is treated unfairly on any grounds including race, colour, nationality, ethnic or national origin, religion or religious belief, sex or sexual orientation, marital or civil partner status, disability or age' [036 Safer Recruitment Policy]. Vacant posts are advertised and there is a job description and person specification for each post. Applicants have to fill in an application form and provide references. Shortlisted candidates are interviewed [036 Safer Recruitment Policy]. The provider's approach to staff recruitment is credible and robust because the policy and the code are designed to ensure that all job applicants are considered equally and consistently as application and selection processes are described in detail with clear criteria and role requirements stated. [035 Staff Recruitment and Selection Code of Practice].

175   The process of induction, as outlined in the Staff Induction Policy [099] provides opportunity for discussion of staff development needs but as explained by teaching and support staff the induction programme itself is generic for all staff groups and does not include a specific programme for staff new to higher education teaching, learning and assessment, although teaching staff reported that they are encouraged to shadow experienced colleagues and can have access to a mentor [M3 Resources]. The sector norm is that the induction for staff new to higher education teaching includes a bespoke programme/session that introduces them to higher education learning, teaching and assessment so that they know what is expected from them and how to go about it. Teaching staff need to be fully competent before they start teaching and staff who are not aware of what is required from them in terms of teaching and assessment at higher education level are unlikely to deliver a high-quality academic experience for students. The review team, therefore, formed the view that the current induction process would not effectively support staff new to higher education teaching.

176   Staff were also unable to confirm when their mandatory training during staff induction which covers non-academic matters (see paragraph 188 below) would be completed and renewed [M3 Resources] and the list of training for new members of staff [108] examined by the team also does not indicate initial completion or renewal dates. In the team's view deadlines for the completion of such training are important so that staff are not asked to undertake duties for which they are not fully trained.

177   All staff who will teach, support and manage the HND Music Technology are currently in post at the provider, and no new staff have been specifically recruited for the delivery and support of the programme. The team is small and consists of two teaching staff (Course Leader and Lead Tutor) and four support staff [response to additional information requests] which in the team's view will be sufficient for the planned provision. Eleven guest lecturers who are independent professionals associated with the provider in its capacity as a professional music industry organisation will also support the teaching of the programme. In most cases they are anticipated to deliver a single 'masterclass' each academic year under the supervision of full-time teaching staff. [001 self-evaluation; 117 provider website: course page https://www.higherrhythm.co.uk/courses/hnd-music-technology-and-sound-engineering]

178   The job and role descriptions [052] for each member of staff examined by the team show their key responsibilities and duties which cover all aspects of programme delivery, assessment, management and support of the programme. Due to the small size of the provider and the planned higher education provision there will be no dedicated student support staff. Academic support including any specific issues related to students with for example disabilities, or who are mature students, will be provided by the academic staff and they will also 'refer pastoral care issues to relevant staff members or other specialist sources of guidance where appropriate' [052 job and role descriptions]. This would include financial support and assessments for the special educational needs and disabilities (see paragraph 208 in section Q4 for further details). In the team's view, this approach is reasonable in the context of this provider.

179   Staff CVs [021] indicate that all staff members have academic qualifications relevant to the subject area of the higher education programme, and extensive professional experience. The teaching staff hold level 6 and 7 qualifications and have experience of teaching and supporting students at further education levels. Recent higher education teaching experience (within the last three years), however, is limited to one of the two teaching staff [107 additional CV information]. The lack of recent teaching experience could mean staff will not be familiar with recent developments in higher education pedagogy which might disadvantage their students. The provider explained teaching staff had been selected as suitable for the posts as they had taught Pearson programmes at level 3, and it was felt

that they had the required industry knowledge to deliver at levels 4 and 5 [M3 Resources]. Teaching staff expressed the conviction that they would be able to deliver a high-quality course because of their familiarity with Pearson programmes, their own professional knowledge and experience and the strong links they have with the music industry. This would ensure up-to-date knowledge and awareness of the skills sought by employers and would provide opportunities for students to engage with a range of experts from industry through the delivery of master classes, thereby enriching the student experience and support professional outcomes through the sharing of professional connections and visits to industry organisations [M1 Academic Standards, M4 Teaching and Learning].

180   The provider's documented plans for supporting teaching staff to deliver a high-quality academic experience are inadequate and not credible because the CPD Plan 2021-22 [053], with the exception of still to be confirmed Pearson standardisation materials training, only includes mandatory training for all staff such as Prevent, safeguarding, health and safety, information, cyber security and GDPR, equality and diversity, social media training and supporting further education students. Staff [M3 Resources] did not outline any plans for supporting staff in higher education teaching and assessing and explained that they are familiar with the delivery and assessment of Pearson programmes at lower levels and processes were similar.

181   The job roles and descriptions [052] require teaching staff to 'engage in research and scholarly activity to support learning and teaching, course design and curriculum development or to 'conduct and disseminate the outputs of high-quality research' and to undertake training and continuing professional development associated with the responsibility. However, CVs of teaching staff [021] examined by the team do not indicate that staff have experience of engaging in the expectations of research and scholarly activity that would help to ensure they keep abreast with subject developments, and develop and enhance their own higher order thinking, and research skills which they will have to develop in their students. Furthermore, while the Higher Education Teaching, Learning and Assessment Strategy [029] states that the provider will 'enhance the teaching skills of all academic staff through a carefully considered and evaluated programme of continuous professional development', the CPD Plan 2021-22 [053] does not show how the provider will support teaching staff to develop skills for teaching and assessing at level 4 and 5 or engaging in research and scholarly activity and teaching staff [M3 Resources] confirmed that no such specific training was currently planned.

182   Staff stated [M4] they are confident about delivering the HND because they are familiar with Pearson qualifications at levels 2 and 3 and are qualified to levels 6 and 7 and can therefore teach levels 4 and 5. The review team formed the view that while staff are appropriately academically qualified and have extensive industry experience, they currently lack the experience to deliver higher education programmes, and while the provider has a strategy and a policy that set out a commitment to staff development there are no concrete plans in place to implement them and support teaching staff in gaining the necessary skills and knowledge within the timeframe prior to the recruitment of students. Staff should have opportunities to gain in-depth knowledge and understanding with regard to the type of skills higher education develops, how this differs from further education and, therefore, how approaches to admissions, teaching, learning and assessment and student support have to change to reflect this, so that they are able to design and deliver high-quality higher education programmes, set and maintain academic standards that are in line with sector-recognised standards and adequately support students. If this is not developed there is a risk of ineffective teaching, learning and assessment, inadequate student support and lower student achievement.

Conclusions

183   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:

184   The provider's policies for the recruitment and appointment of staff are robust and credible and should enable the recruitment of sufficient appropriately qualified and skilled staff. However, the staff induction programme does not support the needs of staff new to higher education teaching as it is generic and does not cover teaching, learning and assessment at higher education level. While the provider has sufficient appropriately academically qualified staff with industry experience and knowledge, they lack experience of teaching at higher education level and engagement in research and scholarly activities. The evidence seen by the review team does not indicate that the provider recognises the need for staff to acquire teaching skills at higher education level, and although it has strategies and policies for staff development in place, there is no evidence of concrete plans in the CPD Plan to support teaching staff in the development of pedagogy or research skills and help them to fulfil their roles effectively. Staff who met the team also gave no indication that the commitment in the the Higher Education Teaching, Learning and Assessment Strategy to enhance the teaching skills of academic staff would be implemented. The review team concludes, therefore, that the Core practice is not met.

185   The provider has yet to commence delivery of the programme which means that the review team was unable to meet students or consider their views or conduct observations of teaching and learning. However, the team was able to examine extensive documentation such as comprehensive staff recruitment policies and robust staff resource planning documents as well as staff CVs and CPD plans. The team was also able to verify the provider's lack of plans for enabling staff to teach successfully in a higher education environment. Therefore, the review 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

186   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.

187   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

188   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Self-evaluation [001]
b   Student Regulations and Course Guide Handbook [009]
c   Staff CVs [021]
d   Access and Participation Statement [019]
e   Equipment Planning Guidelines [022]
f   Application to Pearson to Deliver the HND Music Technology [031]
g   Pastoral Care Policy [034]
h   Resource Mapping Document [037]
i   Staff Role Descriptions [052]
j   Sample of Level 4 and 5 Unit Specifications [065-069]
k   VLE [089]
l   List of Library Resources [103]
m   Virtual Assessment of Facilities and Resources [O1]
n   Meetings with Teaching and Support Staff [M3 Resources, M4 Teaching and Learning]

189   Some of the key pieces of evidence that a provider may present, 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:

190   The review team did not consider the view of students as no students had been recruited yet. The team also did not consider third party such as reports from Professional, Statutory and Regulatory Bodies as there were none.

How any samples of evidence were constructed

191   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

192   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

193   To identify the provider's facilities, learning resources and student support services and how they will contribute to delivering a high-quality learning experience the team considered the self-evaluation [001], the application to Pearson to the deliver the HND Music Technology [031], the list of library resources [103] and staff role descriptions [052], the Pastoral Care Policy [034] and the VLE [089].

194   To assess whether the provider has credible, robust and evidence-based plans for ensuring that they have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience the team considered the self-evaluation [001], the Equipment Planning Guidelines [022] and the resource mapping document [037] as well as the Student Regulations and Course Guide Handbook [009].

195   To test that the facilities, learning resources and student support arrangements under assessment will deliver a high-quality learning experience the team considered the self-evaluation [001], a sample of level 4 and 5 unit specifications [065-069], the list of library resources [103], carried out a virtual assessment of facilities and resources [O1] and of the VLE [089] and met with teaching and support staff [M3 Resources, M4 Teaching and Learning].

196   To test that staff are appropriately qualified and skilled and understand their roles and responsibilities and to determine whether staff job roles are consistent with the delivery of a high-quality learning experience the team considered staff CVs [021] and job/role descriptions [052].

What the evidence shows

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

198   The provider conducts an annual mapping of resources as part of its business planning process to ensure it has sufficient resources in place [037 resource map]. The provider uses this to identify future resource needs, including staff, and analyses the currently available human, social, organisational, physical, technological and financial resources for all of the provider's provision. The resource map clearly identifies the resources required for higher education including costings for the first and second year of delivery. The latest resource map seen by the team states that the current higher education staffing resource is adequate [037 resource map].

199   The provider has credible plans for ensuring that it has sufficient and appropriate facilities and learning resources because it adopts a strategic approach to resource acquisition and maintenance. The provider's strategy for building technical resources is to focus on 'industry standard' equipment [001 submission, M3 Resources] which should enable it to provide a student experience that parallels professional industry level recording and production facility. The Equipment Planning Guidelines [022] demonstrate the strategic and evidence-based approach to ensuring sufficient learning resources are provided and set out the approach to resource planning, acquisition and maintenance. This includes the

evaluation of existing equipment, the identification of equipment needs, and responding to in-year equipment requests and recommendations. The provider intends to buy equipment considered to be of professional standard and replacements are expected to be made in a considered way with sustainability taken into account and no increase in in-year costs. [022 Equipment Planning Guidelines] All equipment will be maintained and updated according to relevant policies and the provider is accredited with the Contractors Health and Safety Scheme (CHAS) and ISO 9001 for management systems and policies [001 self-evaluation]. The process and staff responsibilities for the approval of acquisitions and replacements and the annual audit of the asset register are clearly identified in the guidelines. The development of facilities and resources is the overall responsibility of the CEO/Head of Centre with day-to-day management of these resources assigned to the Studio Facilities Manager [022 Equipment Planning Guidelines].

200   The provider also plans to use only certified versions of operating systems to support peripheral devices such as audio interfaces. To assure that the key software packages required for the higher education programme are kept operational and current, the provider has subscribed to manufacturer updates [001 self-evaluation, M3 Resources]. The provider intends to continuously monitor industry equipment trends through subscriptions to trade publications and its professional relationships. Where necessary, the provider is committed to improving resources to stay in line with industry trends and to avoid equipment becoming obsolete [001 self-evaluation]. For example, the resource mapping process identified the need to expand library text resources and a budget to facilitate this has been allocated for the first and second year of programme delivery [037 resource mapping document]. The team concludes that this approach is robust and should enable the provider to ensure that the course remains credible and appropriately resourced.

201   The provider operates on two sites and facilities include multi-workstation rooms with high-speed business grade broadband and a leased line for internet connectivity, two professional level recording studios with a selection of outboard equipment and digital recording technology [031 application to deliver]. There is a small library of text resources with core texts for the programme [103 list of library resources]. Students will also have access to a VLE to support their learning [089]. Computers can be accessed in the reception area and the facilities also include a licensed radio station and a record label. [001 self-evaluation, O1 virtual assessment]

202   Following the virtual assessment of facilities and learning resources the team concludes that facilities and resources are sufficient, high-quality and appropriate for the proposed programme and should enable the provider to deliver a high-quality learning experience. The team reached this conclusion because the facilities are as described in the self-evaluation and when examining the learning outcomes of a sample of practice-based units [065 Recording Technology; 066 Creative Software Techniques; 068 Advanced Sound Engineering; 069 Mixing and Mastering] and comparing the required resources and facilities with those available at the provider, the team found that the provider's facilities and resources will fully enable students to demonstrate the achievement of those learning outcomes.

203   The multi-workstation rooms can comfortably and safely accommodate the numbers of students projected for the programme. They are designed around the latest technologies, using Apple 27-inch iMacs, Universal Audio interfaces, and with Pro-Tools, and Logic, audio production software. The multi-room recording studio is kitted out with industry standard equipment and incorporates digital recording systems within a flexible studio with an analogue mixing desk and rack equipment, offering an environment where students can achieve high-quality results [O1 virtual assessment; 001 self-evaluation]. Staff with responsibility for resources explained that there is no expectation that students will have their own laptops. The provider has a bank of laptops and equipment that can be hired, thus

ensuring equal access for all [M3 Resources]. Floating resources, such as microphones, are again from manufacturers of professional studio equipment, and offer students access to the high sound production quality. Workstations are part of tiered, ad-hoc networks which should allow seamless workflow between different environments and high-performance large-capacity network storage, and connection to the VLE is facilitated by high-speed fibre business grade broadband. There is also learning space for small projects as well as adequate social space for students [O1 virtual assessment, 001 self-evaluation]

204   The review team also examined the level 4 unit specifications [064-66] and compared the recommended text against current library holdings. The team found that while the library is small, it will be sufficient to support level 4 study of the programme as it contains sufficient key reading text for year 1 units as well as online access to three music industry publications. [103 list of library resources] The team was informed [M3 Resources] that a budget has been allocated to purchase more texts for levels 4 and 5 over the summer 2021 before programme delivery commences. The provider explained that the decision to buy late was taken so that the provider could take advantage of the latest text revisions and reported that it aims to provide multiple copies of core text for all units. Given the fast-changing nature of the industry staff pointed out that digital resources will be up to date and therefore more valuable to students than printed texts. [M3 Resources]

205   The team also examined the content of the VLE [089] and found that it contained examples of schemes of work, assignments, policies and regulations. The provider explained that the development of the VLE was ongoing and will be complete before the planned course launch in September 2021 [response to additional information request]. Staff explained that the VLE will be mainly a repository of information for students but it could be used for blended programme delivery should the current restrictions related to the Covid-19 pandemic continue [M3 Resources].

206   The provider's student support arrangements are governed by its Pastoral Care Policy [034] which sets out the approach. Due to its small size and that of the planned higher education provision, the provider has no dedicated student support services and individual members of academic and support staff are expected to provide pastoral support for students [034 Pastoral Care Policy, 052 staff role descriptions]. The review team considered that while the number of staff supporting students will be small, it will be adequate for the size of the planned higher education provision of 12 students per cohort.

207   Staff role descriptions [052] clearly ascribe responsibility for the support of students and in this context are consistent with the delivery of a high-quality learning experience. Primary responsibility for pastoral support will rest with the Course Leader who has experience of supporting further education students at the provider [021 staff CVs]. The Studio Facilities Manager has responsibility for the management of the technical facilities that will support course delivery and student learning [052 staff role descriptions].

208   Teaching and support staff [M4 Teaching and Learning] understand their roles and described their responsibilities. They explained that due to its size and the types of staff involved in student support (primarily academic staff who are not qualified student support staff), the provider would be unable to provide specialist pastoral support. They stressed, however, that they have experience of working with young people with additional pastoral needs through their current educational delivery and charitable work in the region. Academic staff would be able to flag where a student may have disclosed a pastoral need and the Course Leader would be able to signpost higher education students to relevant specialist organisations, if necessary. This would include, for example, mental health and wellbeing support [M4 Teaching and Learning]. The provider plans to make extra arrangements for students with disabilities or special learning support needs. At induction disabled students will be informed about the Disability Student Allowance and any advice on this will be

arranged through the Course Leader [034 Pastoral Care Policy]. The team formed the view that the approach outlined above is reasonable in the context of the provider.

209   In line with its commitment in the Access and Participation Plan [019] to support students from a diverse range of backgrounds the provider has established a student hardship fund of £3,000 for students from disadvantaged backgrounds who do not have the means to access additional money elsewhere. This discretionary fund can be accessed in times of crisis and is designed to provide financial support necessary to overcome barriers to completing studies. The provider expects that in most cases, the funds awarded will be for relatively small amounts to cover unforeseen emergencies and shortfalls which present an evidenced risk to the student continuing the higher education course they are enrolled on [019 Access and Participation Statement; 009 Student Regulation and Course Guide Handbook].

Conclusions

210   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:

211   The provider has sufficient and appropriate facilities and learning resources to deliver a high-quality academic experience. The provider's strategy for the further development and maintenance of facilities, human and learning resources is credible, realistic and evidence-based and the approach is linked to ensuring successful academic and professional outcomes for students.

212   The provider's pastoral student support arrangements are adequate for the size of the planned higher education provision. Staff currently in place demonstrated that they understand their roles and responsibilities, and while none hold any student support qualifications, suitable arrangements can be made, where necessary, for the referral of students to specialist external support services. The review team concludes, therefore, that the Core practice is met.

213   The provider has yet to commence delivery of the programme which means that the review team was unable to consider the view of students on facilities, resources and pastoral support. In addition, while the provider's facilities and technological learning resources are already in place and plans for their maintenance and future development are well developed, both the development of the text-based resources and the VLE has still to be completed. Therefore, the review team has a moderate degree of confidence in this judgement.

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

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

215   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

216   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Student Regulations and Course Guide Handbook [009]
b   Academic Governance Framework Document [010]
c   Management and Governance Policy [016]
d   Higher Education Strategy [028]
e   Higher Education Teaching Learning and Assessment Strategy [029]
f   Course Representation Guide for Staff [045]
g   Role Description for Course Representatives [046]
h   Unit and Course Evaluation Template [047]
i   Induction Policy [050]
j   Course Monitoring Template [101]
k   Meeting with Staff who will have Responsibility for Student Engagement [M2 Student Engagement]

217   Some of the key pieces of evidence that a provider may present, 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:

218   The review team did not consider the view of students as no students had been recruited yet. The team also did not consider examples of the provider changing or improving provision as a result of student engagement as the provider hadn't started to deliver the programme.

How any samples of evidence were constructed

219   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

220   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

221   To identify how the provider will actively engage students in the quality of their educational experience the team considered the Higher Education Strategy [028], the Higher Education Teaching Learning and Assessment Strategy [029], the Management and Governance Policy [016], the Academic Governance Framework Document [010] and the Student Regulations and Course Guide Handbook [009].

222   To assess whether the provider has credible, robust and evidence-based plans for engaging students, individually and collectively, in the quality of their educational experience the team considered the Academic Governance Framework [010], the Management and Governance Policy [016], the course representation guide for staff [045], the role description for course representatives [046], the Induction Policy [050], the Student Regulation Handbook [009], the unit/course evaluation template [047] as well as the course monitoring template [101] and met with staff who will have responsibility for student engagement [M2 Student Engagement].

What the evidence shows

223   The Higher Education Strategy [028] sets an objective to ensure that students are engaged in enhancing student learning opportunities. This includes curriculum development and policies and processes. This commitment is reiterated in the Higher Education Teaching Learning and Assessment Strategy [029] with the aim of increasing and sustaining student attendance and participation in groups, committees and forums. The provider is also committed to 'continually evaluating and assessing the effectiveness of the mechanisms used to capture the opinions of students in improving the teaching and learning processes'. [029 Teaching Learning and Assessment Strategy] and has developed key performance indicators (KPIs) for student engagement which are contained in its Higher Education Strategy [028]. The provider intends to measure, monitor and benchmark these KPIs once programme delivery has commenced. They include student success/attainment, student satisfaction survey results, unit reviews and employability and progression statistics.

224   The provider plans to engage students collectively through the student representation system and the Management and Governance Policy [016] and the Academic Governance Framework document [010] set out the provision for formal student representation in its governance system. Students will serve a term of one year as full members of any boards and committees. Individual student engagement will be through feedback mechanisms built into the course such as unit/programme evaluations [009 Student Regulations and Course Guide Handbook].

225   The provider's plans for the collective engagement of students are credible because the Academic Governance Framework [010] and the Management and Governance Policy [016] show that students will have representation on the two committees that make up the provider's governance system: the Governing Board and the Education Committee. It is clear from the documents that there will be one higher education student representative on the Education Committee which should provide adequate levels of representation in view of the small size of the planned higher education provision. Staff who will have responsibility for student engagement [M2 Student Engagement] confirmed that there is currently further education student representation on the Governing Board and a higher education student representative would be appointed once delivery of provision starts.

226   The provider's plans for the management of the student representation system are robust because, in order to support student representatives, the provider has developed a role description for course representatives [046] which outlines the responsibilities of representatives as well as the expectations of how the provider will support them in fulfilling their role, including training for the role. This is complemented by a course representation guide for staff [045] on how to facilitate the election of course representatives and their responsibilities in the election process. The provider plans to outline the role of student representatives and the Education Committee at induction [050 Induction Policy] but there is no mention of the role in the Student Regulations and Course Guide Handbook [009]. Staff with responsibility for student engagement reported that student representatives would be supported by training delivered by external charity partners, with supplementary support provided by the Course Leader to help student representatives understand committee papers and provide day to day support [M2 Student Engagement].

227   The provider's plans for individual student engagement are evidence-based as the provider intends to make use of unit and course surveys which are signposted to students as feedback mechanisms in the Student Regulations and Course Guide Handbook [009]. The unit and course evaluation template [047] examined by the team indicates that the provider intends to invite students to comment on strengths of the provision and areas for improvement as well as satisfaction with the course content, workload, assessment, feedback, skills development and preparation for life and work, resources and equipment and course organisation. Staff [M2 Student Engagement] reported that the outcomes of these surveys will be considered by the Education Committee and will inform annual monitoring and course development. Students will be informed of any actions planned or taken through the course representative and direct engagement with the whole cohort through the VLE [M2 Student Engagement], thus closing the feedback loop. In addition, the course monitoring template [101] shows that student unit feedback will be used for programme monitoring purposes which is overseen by the Education Committee [010 Academic Governance Framework]. This also includes any actions taken to date as a result of the student feedback and there is provision to report on progress with actions [101 course monitoring template].

228   In addition, there are opportunities for student engagement in course design [007 course design guide] and staff with responsibility for student engagement reported that alumni of their level 3 course were involved in the design of the HN programme, and that the development of the programme was spurred on by level 3 students requesting progression opportunities to a higher level qualification. The provider also reported instances of where their current level 3 students had been involved in the management of the provider and capital expenditure decisions and it is anticipated that in future there would be similar opportunities for higher education students [M2 Student Engagement].

Conclusions

229   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:

230   The provider will actively engage students, individually and collectively, in the quality of their educational experience. This is because the provider has a clear approach set out in its Higher Education and Teaching Learning and Assessment strategies that should prove effective, if implemented as described. The provider plans to actively engage students collectively in its governance structures, including the Education Committee and the

Governing Board, and individually through course evaluations and surveys. There is an understanding of the support needed to ensure students are able to be effectively heard, and student representatives will be offered training and support for their role both internally and externally. While the provider could not provide any specific examples of changes or improvements to its provision as a result of student engagement, as it has yet to commence delivery, its articulated approach, and engagement with its level 3 students in developing the proposed programme, suggests that it is committed to working closely with students and actively responding to their concerns, suggestions and feedback. The review team concludes, therefore, that the Core practice is met.

231   The provider has yet to commence delivery of the programme which means that the review team was unable to see evidence of students' views or of the impact of the provider's approach to student engagement. However, the provider has a clear approach to collective and individual engagement through its strategies and polices which, if implemented as set out, should result in the intended outcome. Therefore, the review team has a high degree of confidence in this judgement.

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

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

233   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

234   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Self-evaluation [001]
b   Academic Governance Framework [010]
c   Assessment Appeals Policy [026]
d   Learner Complaints Policy and Procedure [024]
e   Learner Appeals Policy [025]
f   Student Regulation Handbook [009]
g   VLE [089]
h   Pearson responsibilities checklist
i   Public Policies Page of the Provider Website
j   Meetings with Staff who have Responsibility for Programme Management [M2 Admissions, M4 Teaching and Learning]

235   Some of the key pieces of evidence that a provider may present, 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:

236   The review team did not consider the view of students as no students had been recruited yet. The team also did not consider numbers and types of appeals received and their outcomes and examples of specific appeals and complaints as there were none because the provider hadn't started delivering the programme.

How any samples of evidence were constructed

237   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

238   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

239   To identify the provider's processes for handling complaints and appeals the team considered the Pearson responsibilities checklist [105], the Learner Complaints Policy and Procedure [024], the Assessment Appeals Policy [026] and the Learner Appeals Policy [025].

240   To assess whether the provider has credible, robust and evidence-based plans for developing and operating fair and transparent procedures for handling complaints and appeals which are accessible to all students the team considered the self-evaluation [001], the Assessment Appeals Policy [026], the Learner Complaints Policy and Procedure [024], and the Learner Appeals Policy [025], the Student Regulations and Course Guide Handbook [009], the VLE [089] as well as the public policy page of the provider's website and the Academic Governance Framework [010] and met with staff who have responsibility for programme management [M2 Admissions, M4 Teaching and Learning].

241   To assess whether information for potential and actual complainants and appellants is clear and accessible the team considered the Student Regulations and Course Guide Handbook [009], the public policies page of the provider's website [118], the Learner Complaints Policy [024], and the VLE [089].

What the evidence shows

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

243   The provider has therefore developed and approved a Learner Complaints Policy and Procedure [024] and an Assessment Appeals Policy [026]. The provider also has a Learner Appeals Policy [025] which details the appeals process against decisions made under the Learner Complaints Policy and Procedure as well as a number of other provider policies. (Pearson expects the provider to implement a fair and accessible complaints procedure for the informal and formal investigation and determination of a student complaint. It also expects the provider to provide information to students on their right to appeal assessment decisions and to have in place processes for the resolution of academic appeals [Pearson responsibilities checklist])

244   If implemented as intended, the appeals process is fair because the Assessment Appeals Policy [026] clearly states the grounds for appeals and gives timescales for the submission of appeals. Appeals can only be made 'against the assessment process and not against the grade submitted by the provider for moderation by the awarding organisation' [026 Assessment Appeals Policy] and the Student Regulations and Course Guide Handbook [009] defines the exceptions to appeal under the policy such as academic judgement, and dissatisfaction with delivery which would fall under the complaints process. While appeals will be considered by a member of the senior leadership team who has no involvement in the assessment and thus ensure fairness, the process lacks transparency and robustness as there are no specified timescales for the consideration of academic appeals which may lead to unequal treatment of students and that would not be fair. Staff [M4 Teaching and Learning] stated that there would be 14 days for the provider to initially respond to a student appeal and that this should be included in the policy. If implemented, this would address this issue.

245   The appellant will be informed in writing of the outcome of the appeal, including any correspondence with the awarding organisation and, if applicable, any changes made to the

internal assessment procedures as a result of the appeal. If not satisfied with the outcome of the appeal, the appellant can request a formal panel hearing. Timescales for this request are clearly stated in the policy and appeals outcomes will be communicated within 5 days. The provider intends to log the outcomes of academic appeals as a complaint and plans to keep a record which it will make available to the awarding organisation upon request [026 Assessment Appeals Policy]. Staff [M4 Teaching and Learning] reported that the provider will also produce a report that would be presented at the Education Committee which will detail any appeals to ensure management oversight, however, the consideration of such information is not explicit in the committee's terms of reference and so cannot be assured. [010 Academic Governance Framework].

246   As the Assessment Appeals Policy [026] is generic and covers all provision, including higher education. It also includes processes that are not relevant to higher education students. For example, the appeals procedure against Centre decisions not to support an enquiry about results is a level 1-3 quality assurance mechanism that is not used for Pearson level 4-7 provision and mention of parental involvement is inappropriate for higher education students. It also does not specifically set out a higher education student's final right of appeal to Pearson once internal procedures have been fully utilised if the student remains dissatisfied, nor on their right to apply for external review by the Office of the Independent Adjudicator (OIA) in relation to the provider's handling of the academic appeal. While there was an acknowledgement by staff [M4 Teaching and Learning] that the appeals policy would need to be looked at again to ensure it covered the specific approach to higher education appeals, the policy in its current state is confusing. While current staff might know which parts of the policy apply to higher education provision, new staff and external readers including students might struggle. There is the potential that higher education appellants might be disadvantaged if parts of the policy that does not apply to them were to be applied to their case. Furthermore, students would be expected to know which of the processes apply to higher education and which do not. This is unreasonable and made worse by the fact that they are not directed to anybody to help them with their appeals.

247   Information for appellants is not clear as the information for students on the nature of the submission they have to make in the Assessment Appeals Policy [026] is sparse. For example, there is no information where students can get support if they want to appeal and no indication of any evidence that students may be required to submit with the appeal. There are also no timescales specified for the consideration of appeals. The review team are concerned that those parts of the process irrelevant to higher education (see paragraph 255 above) would add confusion to students who wished to make a complaint or appeal using these policies, especially as there is no direct signposting to independent advice givers. The naming of the policies may add additional confusion for students who may not recognise the nuance of the Learner Appeals Policy and the Assessment Appeals Policy (which is also called Internal Appeals Policy in the Student Regulations and Course Guide Handbook) without a clear explanation.

248   The Learner Complaints Policy [024], although not higher education-specific, is comprehensive and covers both complaints in relation to actions of the provider or lack of action, or the standard of service provided as well as complaints against individual members of staff or students. The complaints process is robust consisting of three stages: early resolution, formal complaint and review of the decision-making process. However, the policy contains only an abbreviated version of the review stage which is set out in detail in the Learner Appeals Policy [025] and there is no signposting to this policy in the Learner Complaints Policy [024]. It is, therefore, not apparent how students would know that they have to invoke this policy and could lead to students not escalating their complaints, thus depriving them of their right to complain using all the stages available in the process. Early resolution of complaints is encouraged but escalation to formal procedure is possible if this is

unsuccessful. There are clear responsibilities stated for the consideration of informal complaints and timescales for escalation to the formal stage, if required. In addition, there is information for students on their right to apply for external review by the OIA together with timescales of such submissions. The Learner Complaints Policy [024] is transparent because it is clear in scope and details staff responsibility for the monitoring and processing of complaints to ensure resolution within the stated 90 days from receipt of a formal complaint. The timescales are reasonable and in line with OIA guidance. Similarly, the Learner Appeals Policy [025] has a clear scope and sets out in detail the process for students to submit an appeal and request a review of decision with clear timescales for the submission of appeals, the establishment of a formal appeal hearing panel, the consideration of the appeal and the communication of the outcome to the student.

249   The complaints handling process will be fair and evidence-based, if implemented as intended, as formal complaints and the review of the decision-making process are carried out by independent persons and decisions will be based on evidence brought forward [024 Learner Complaints Policy, 025 Learner Appeals Policy]. Information for complainants is clear as there are detailed instructions to students in the Learner Complaints Policy [024] as to what a formal complaints submission and review of decision-making request should look like. In addition, responsibilities for the consideration of complaints and appropriate timescales, that is 30 calendar days for the formal stage, are clearly specified.

250   The provider's approach to handling complaints as stated in the policy is credible as an analysis of complaints would be logged on the quality systems record and the provider intends to ensure the currency of policies through an annual review of policies, or more frequently, if specific areas for policy development arise between review points. In reviewing these policies, the provider also intends to take into account any complaints or appeals received and consider their potential for helping to positively develop policies and procedures. [001 self-evaluation; 024 Learner Complaints Policy]. Staff reported that oversight of the specifics of the complaints received will be discussed at the Education Committee [M4 Teaching and Learning] but its terms of reference do not specify this [010 Academic Governance Framework]. If this is not a routine part of the Education Committee's business the provider will have no knowledge of the volume of complaints and the areas complained about and would find it more difficult to make improvements. The root cause of complaints may not be addressed, and the provider may receive the same complaints again and again which would be an unsatisfactory situation for students.

251   The procedures for handling complaints and appeals will be accessible to all students as the Student Regulations and Course Guide Handbook [009] highlights that complaints and appeals processes exist, and signposts students to the VLE or the Administrator to obtain the relevant policy. The policies relating to complaints and appeals are also listed on the public policies page of the provider's website [https://www.higherrhythm.co.uk/public-policies/] and the provider intends to disseminate the Learner Complaints Policy to students as part of the induction process [024 Learner Complaints Policy]. The team examined the VLE [089] which is still under development and found that there is an area that will host institutional policies and a sample policy was posted. The information about appeals in the handbook [009] is confusing. It states that detailed information about the appeals procedure is included in the Appeals Policy and Procedure and Internal Appeals Policy [009 Student Regulations and Course Guide Handbook]. However, the former does not cover the academic appeals process as it deals with appeals against decisions made under a range of provider policies, such as the Learner Disciplinary Policy and Procedure, the Learner Complaints Procedure, the Customer Complaints Policy and Procedure, general complaints, admissions decisions, and assessment decisions once the academic appeals process has been exhausted.

252   Staff [M4 Teaching and Learning] were not confident in articulating their complaints

and appeals policies and how the stated approach would differ for higher education students, leading the team to conclude that they were not very familiar with them. Staff failed to answer questions on specific aspects of their policies such as whether a student should provide evidence in an academic appeal [M4 Teaching and Learning] and sometimes provided incorrect information, for example the timescales for the consideration of academic appeals. This might lead to students getting incorrect advice on the process of failure to implement the policies correctly. There was a lack of recognition for advice from an independent first point of contact to support students with their complaint or appeal. Whilst it is recognised that the provider is small, students should have access to an independent staff member to guide and support them to ensure fairness and enable them to understand the correct part of the provider's policies to use, especially as there are two policies that have 'appeal' in the title. Staff [M4 Teaching and Learning] reported that there would be training for students as part of induction to help them understand the policies but acknowledged that this process is yet to be operationalised or set out in the provider's policies or the Student Regulations and Course Guide Handbook. In light of the above, the review team formed the view that the provider would find it difficult to implement its policies and procedures coherently and in a consistent manner.

Conclusions

253   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:

254   The provider's appeals and complaints policies are accessible to students on the provider website and will be available on the VLE. The provider's policy for complaints is credible and the complaints handling process set out is robust and should enable fair and timely resolutions of complaints for students. However, the final stage of the process is not totally transparent as the Learner Complaints Policy only includes an abbreviated version of this stage and does not signpost students to the full procedure covered in the Learner Appeals Policy.

255   The Academic Appeals Policy is not fit for purpose because there are some omissions such as the timescales for the consideration of assessment appeals, students' final right of appeal to the awarding organisation, and the right to apply for external review by the Office of the Independent Adjudicator of the appeals handling. It is also not apparent what, if any, evidence students would have to submit in support of their appeal. Finally, as the policy applies to all provision it is not always apparent which parts are specific to higher education students, and there are some processes and approaches that are not appropriate in a higher education setting. The naming of the policies may also add confusion to students without clear explanation as to their purpose and scope so that they can be fully understood by students.

256   Staff could not competently articulate the provider's plans for handling complaints and appeals. They were unfamiliar with details of the policies and there was confusion about responsibilities leading to doubts about the proper implementation of the procedures. It is also not apparent whether there will be institutional oversight of complaints and appeals by the Education Committee. The review team concludes, therefore, that the Core practice is not met.

257   The evidence underpinning this judgement reflects, with the exception of the views of students and examples of appeals and complaints, the evidence described in the QSR

evidence matrix. While the written policies set out the provider's plans for handling appeals and complaints, that for appeals not fit for purpose and staff could not articulate these policies and the review team could not yet verify the implementation of the policies or assess the support arrangements for appellants and complainants because the provider has not started to deliver the programme. Therefore, the review team has a high degree of confidence in this judgement.

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

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

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

The evidence the team considered

260   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Quality Assurance of Programmes Policy [006]
b   Partnership Management Statement [015]
c   Course Monitoring Template [101]
d   Responsibilities Checklist
e   Meeting with Staff with Responsibility for the Management of the Partnership [M1 Academic Standards]

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

262   The review team did not consider external examiner reports and the view of students because the provider hadn't started to deliver the programme. For the same reason the team also didn't consider third party endorsements such as reports from Professional, Statutory and Regulatory Bodies and staff from the awarding organisation.

How any samples of evidence were constructed

263   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

264   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

265   To interrogate the basis for the maintenance of high-quality within Pearson partnership and that those arrangements are in line with the provider's policies, the team considered the responsibilities checklist, the Partnership Management Statement [015] and the Quality Assurance of Programmes Policy [006].

266   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 Quality of Programmes Policy [006] and the course monitoring report template [101].

267   To test whether staff understand their responsibility to the awarding organisation the team met with staff who will have responsibility for the management of the partnership [M1 Student Engagement].

What the evidence shows

268   The provider has responsibility for the maintenance of course quality including '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 as delivered and to keep under constant review all aspects of standards management, quality assurance and day-to-day delivery of the programme' [responsibilities checklist]. The provider has developed a Quality Assurance of Programmes Policy [006] which sets out its approach to monitoring course quality to aid the fulfilment of its responsibility. The Partnership Management Statement [015] constitutes the provider's policy for the management of the relationship with Pearson and specifies the annual programme review process conducted by the course team and overseen by the Education Committee as the mechanism through which the provider intends to monitor course quality.

269   The provider's plans for ensuring a high-quality experience in partnership work are credible because the provider has developed appropriate mechanisms to monitor course quality in partnership with Pearson through external examiner visits and reports. The provider's plans are evidence-based because the monitoring report template [101] explicitly requires the consideration of external examiner feedback. Course teams are expected to develop an action plan to address any issues identified and monitor the progress of the actions [101 monitoring report template].

270   Staff with responsibility for the management of the partnership understand their responsibility to the awarding organisation [M1 Academic Standards]. They explained that the internal monitoring processes described above would feed into Pearson's Annual Programme Monitoring Report and stated the intention to harmonise the internal and external monitoring processes but there are no firm plans and deadlines yet. Staff also stated that they will participate in the Pearson Annual Student Survey and are also looking into taking part in the National Student Survey (NSS). Staff reported that they would carefully analyse the results of these external surveys and determine whether any actions would be necessary to improve the delivery of the provision [M1 Academic Standards]. The team concluded that this approach is credible and should ensure that the provider monitors the programme adequately in conjunction with the awarding organisation and makes improvements where required.

Conclusions

271   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:

272   The provider has a clear policy for the management of the relationship with Pearson to ensure a high-quality academic experience for students which is based on the Pearson responsibilities checklist. Plans for monitoring the quality of learning opportunities and the student experience through the analysis of feedback from the external examiner and the results of Pearson student surveys are credible and align with the awarding organisation's requirements. Staff understand their responsibilities for quality. The review team concludes, therefore, that the Core practice is met.

273   The provider has yet to commence delivery of the programme which means that the review team was unable to examine external examiner reports and consider the views of students or staff from the awarding organisation. While the provider's planned approach for maintaining quality in partnership work is clear and credible and the implementation of those plans should result in the intended outcomes, the team had to rely heavily on oral testimony from staff. Therefore, the review team has a moderate degree of confidence in this judgement.

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

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

276   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

277   The QAA review team assessed the evidence presented to them, both prior to and at the online visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team 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   Self-evaluation [001]
b   Student Regulations and Course Guide Handbook [009]
c   Academic Governance Framework [010]
d   Special Considerations and Reasonable Adjustments Policy [018; 048]
e   Access and Participation Statement [019]
f   Staff CVs [021]
g   Higher Education Teaching, Learning and Assessment Strategy [029]
h   Provision of Feedback to Students Policy [032]
i   Pastoral Care Policy [034]
j   Individual Learning Plan Template [049]
k   Student Induction Policy [050]
l   Plagiarism Policy [051]
m   CPD Plan 2021-22 [053]
n   Assessment Malpractice Policy [096]
o   Higher Education Admissions Policy [097]
p   Guidance on Mitigating Circumstances [100]
q   Annual Monitoring Template [101]
r   Public Policy Page of the Provider's Website [118]
s   Meeting with Staff who will Support Students [M4 Student Support]

278   Some of the key pieces of evidence that a provider may present, 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:

279   The review team did not consider students' views as no students had been recruited yet. The team also did not examine assessed student work as there was none because programme delivery hadn't commenced yet.

How any samples of evidence were constructed

280   The review team did not sample any further evidence as the provider has yet to commence delivery and consideration could be given to all relevant evidence.

Why and how the team considered this evidence

281   As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the online visit, or at the online 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:

282   To identify the provider's approach to student support, including how it will identify and monitor the needs of individual students the team considered the self-evaluation [001], the Access and Participation Statement [019], the Pastoral Care Policy [034], the annual monitoring template [101], the Academic Governance Framework [010], the Student Induction Policy [050], the application form [043], the Higher Education Admissions Policy [097], the Individual Learning Plan template [049], the Special Considerations and Reasonable Adjustments Policy [018; 048] and the Guidance on Mitigating Circumstances [100], the Provision of Feedback to Students Policy [032], the Plagiarism Policy [051] and the Assessment Malpractice Policy [096].

283   To assess whether the provider has credible, robust and evidence-based plans for ensuring that all students will be supported to achieve successful academic and professional outcomes the team considered the self-evaluation [001], the Pastoral Care Policy [034], the Student Induction Policy [050], the Individual Learning Plan template [049], the Special Considerations and Reasonable Adjustments Policy [018; 048] and the Guidance on Mitigating Circumstances [100], the Plagiarism Policy [051], the Assessment Malpractice Policy [096], the Student Regulation Handbook [009] as well as the public policy page of the provider's website [118] and met with staff who will support students [M4 Student Support].

284   To test whether students will be given comprehensive, helpful and timely feedback the team considered the Provision of Feedback to Students Policy [032], the Higher Education Teaching, Learning and Assessment Strategy [029] as well as he CPD Plan 2021-22 [053] and met with staff who will support students [M4 Student Support].

285   To test whether staff understand their responsibilities, are appropriately skilled and will be supported in delivering student support the team considered staff CVs [021] as well as the CPD Plan 2021-22 [053] and met with and staff who will be involved in providing academic support to students [M4 Student Support].

What the evidence shows

286   The provider is committed to providing its students with effective academic support and its approach is set out in the Pastoral Care Policy [034]. The provider aims to 'ensure that students have access to a framework of support to meet their needs, providing consistent quality of provision, helping students and staff to monitor student progress and performance and enabling them to achieve to the best of their abilities, while tailoring provision, where necessary, to reflect differences'. This approach is reiterated in the Access and Participation Statement [019] which commits the provider to supporting students from a diverse range of backgrounds through fostering an inclusive learning environment.

287   For the provision of academic support and to facilitate the achievement of successful academic outcomes for its students the provider has developed a number of ancillary policies to the Pastoral Care Policy which set out the provider's approach and procedures. These include the Student Induction Policy [050], the Provision of Feedback to Students Policy [032], the Plagiarism Policy [051] and the Assessment Malpractice Policy

[096].

288   The provider's approach to monitoring student performance and the adequacy of academic student support arrangements is robust and credible. This is because student performance will be monitored through an annual programme review process [101 annual monitoring template] that includes a reflection on key figures and trends of student performance such as pass/failure rates, the reasons for these, the actions that will be taken as a result, as well as a reflection on changes to support and guidance for students that may be needed The report includes a section on reporting progress with actions from the previous year with a reflection on the effectiveness of their implementation [101 annual monitoring template]. The Education Committee has responsibility for oversight of academic performance data and will consider the programme monitoring report. [010 Academic Governance Framework] If implemented as intended, this approach should enable the provider to monitor effectively student performance and the adequacy of its academic support system.

289   The provider plans to introduce students to support arrangements during induction and will make them aware of how they can obtain access to support as well as course information, and relevant policies and procedures. [034 Pastoral Care Policy] The Student Induction Policy [050] clearly outlines the process of inducting students into the provider and the programme of study. The review team examined the induction programme contained in the policy and found it will consist of a mandatory pre-start event and an induction week where students will be informed about the facilities, services and policies of the provider and the role of the course representative and the Education Committee. The induction programme will also go through the academic expectations of the course such as assessments and policies. The provider intends to review student induction regularly through student surveys as well as conducting impact assessments relating to equal opportunities issues, specifically gender, race, disability, age sexual orientation and religious beliefs the result of which will be reported to the Education Committee and the Governing Board. [050 Student Induction Policy] The team formed the view that this approach is robust, and evidence based as it focuses on the needs of students and the enhancement of their experience based on the consideration of survey data.

290   The application and interview process will establish the support needs of each student [043 application form, 097 Admissions Policy] and the provider plans to use this information to develop, record, and agree individual learning and progression plans for each student through which support needs will be monitored [001 self-evaluation, 049 Individual Learning Plan]. There are no central student support services. Instead academic support will be provided and monitored by the two members of teaching staff. The Course Leader will be the key figure for students to approach and they will also have access to regular academic study skills support tutorials [034 Pastoral Care Policy]. The provider's plan to offer such support to students as a group are credible because the tutorials are intended to help students to organise their studies, support assignment writing and support them in the use of the computer system. For students with additional learning needs, the Course Leader will be responsible for ensuring appropriate support and resources are in place. These students can be assigned a personal tutor for extra academic support [034 Pastoral Care Policy]. The team formed the view that the provider's planned approach to provide academic for students through individual members of staff rather than central support services is appropriate for the current size of the provider and the planned higher education provision. It should enable it to support students adequately and tailor support to individual students' needs as staff are likely to be very familiar with all students and their needs.

291   To assist students in regularly reviewing their academic progress and performance and to encourage them to reflect on their learning, the provider will use Individual Learning Plans (ILPs) [049]. Tutors are expected to use these plans as part of their regular support

tutorials with mid-year and end of year reviews of progress [001 self-evaluation, 049 individual learning plan template] and its approach replicates the provider's approach for its further education students. The ILP template [049] examined by the team shows that students will be invited to comment on their current level of general skills, set goals and targets for their achievement for the year with deadlines for completion. However, the ILP does not explicitly encourage students to identify and evaluate any higher education skills they require to be successful, for example, critical thinking or independent learning [049 individual learning plan template] For individual learning plans to be an effective tool to help students review their progress, students need to have the opportunity to regularly reflect and evaluate their performance against the expectations set out in the module/programme learning outcomes in respect of the skills they are expected to demonstrate to meet the learning outcomes. This will help them to identify gaps and develop plans to overcome any shortcomings, thus helping them to achieve. Without being able to see a completed form, the team were unable to determine how effective the ILP would be to support higher education students' academic skills development. Teaching and support staff understand their role in supporting student achievement and are committed to ensuring that all students are well supported. They gave a comprehensive account of their role and experience in supporting students at level 3 and recognised that the learning needs of higher education students would be different to those of further education learners they are currently supporting. Therefore, they would review the ILP's content to take account of this [M4 Student Support].

292   The provider's approach to supporting students who face particular challenges during assessment is set out in two documents: the Special Considerations and Reasonable Adjustments Policy [018; 048] and the Guidance on Mitigating Circumstances [100]. The approach to special considerations is robust and credible because the Special Considerations and Reasonable Adjustments Policy [018; 048] clearly sets out the types of adjustments that can be made to assessment and provides guidance to staff on the application of the policy's stated principles. The policy is comprehensive and covers practical assessments, assessments taken under exam conditions and those that are not, and assessments for externally verified qualifications. Processes for the consideration and approval of adjustments, including responsibilities of staff, are clearly laid out [018; 048 Considerations and Reasonable Adjustments Policy] While the identification of students' needs rest with teaching staff who are expected to work with students to ensure the right adjustments are being made and identified needs documented, external experts will be called upon to assess the student, if necessary, to ensure sound decision making. Any adjustment to assessment will be based on the individual learner's needs to access the assessment and have to be supported by sufficient reliable evidence [018; 048 Special Considerations and Reasonable Adjustments Policy].

293   The Guidance on Mitigating Circumstances [100] which is an extension of the Special Considerations and Reasonable Adjustments Policy [048] defines mitigating circumstances and clearly sets out the procedure for students to apply. However, neither the special adjustments nor the mitigating circumstances process is detailed in the Student Regulation Handbook [009] and it is therefore not apparent how students would know about these policies. The team discussed this with teaching and support staff [M4 Teaching and Learning] who stated that all policies would be available to students through the website and will also be posted on the VLE, although at the time of the review neither policy was accessible through these platforms [118 policy pages of website; 089 VLE]. Staff also acknowledged that information for students needed to be clearer as to how the special consideration and mitigating circumstances procedures would work for higher education students as both policies cover all academic provision of the provider [M4 Teaching and Learning].

294   To support students in the adoption of good academic practice all staff carrying out assessments are expected to make students aware of the guidelines on plagiarism

contained in the Plagiarism Policy [051] at induction. Before the main examination and coursework periods students must also be made aware by teaching staff of the Assessment Malpractice Policy [096]. From the documentary evidence provided to the team it was not apparent how the provider intended to achieve this. While the Plagiarism Policy [051] contains guidance for students on referencing, it is currently not accessible to students from the policy page of the provider's website. Although listed as a policy the link is not active. The same applies to the Assessment Malpractice Policy [118] but teaching staff explained that all relevant policies would be available to students for reference on the VLE when programme delivery commences [M4 Student Support]. Similarly, while there is a brief guide as to what constitutes plagiarism and an explanation of its consequences in the Student Regulations and Course Guide Handbook [009], students are only informed that their tutor will provide them with resources for referencing. The team discussed with teaching staff how they intend to develop students' referencing skills and avoid plagiarism and was informed that good academic practice would be covered as part of the induction and reinforced throughout the delivery of the programme [M4 Student Support].

295   The provider's approach to supporting student learning through the provision of feedback on assessed work and its expectations are set out in the Provision of Feedback to Students Policy [032]. The policy is comprehensive and covers feedback on written and oral assessments. The provider's plans for the provision of feedback to students on assessed work should, if implemented as intended, enable comprehensive and helpful feedback for students. This is because the policy requires written work to be annotated with comments relating directly to the assessment criteria and to contain enough detail to enable students to evaluate and improve their performance. This should include what students have done well, what was done poorly, what was missing, and what could have been improved. [032 Provision of Feedback to Students Policy] Formal written feedback on posters and non-written assessments (for example presentations) should be in addition to any verbal feedback that may be given at the time of the assessment. Feedback should also be given on formative assessment, but this can be limited to verbal or group feedback and there will be generic group feedback on examinations. Students will also be able to approach the Course Leader to seek further clarification on the written feedback they have received. [032 Provision of Feedback to Students Policy]

296   The policy also requires staff to provide timely feedback and gives a maximum period of three working weeks from the hand-in date as the timescale for providing feedback. [032 Provision of Feedback to Students Policy] While this period is not unduly long, the HND Music Technology Assessment Plan 2021-22 [082] examined by the team is designed in such a way that students will not receive written feedback from one assignment before submitting the next, meaning that they will not have the opportunity to learn from the feedback in order to improve their performance. Teaching staff acknowledged the problem and explained that to overcome this issue before submission of a pending assignment, and prior to receiving written feedback students would have a tutorial where verbal feedback on previous work would be provided [M4 Student Support]. While this should provide some mitigation, the review team did not consider this approach a credible alternative to providing comprehensive individual feedback in a timely manner. The impact on students is potentially serious as they may not achieve as well as they could if they do not receive comprehensive and timely individual feedback that will enable them to learn from it to improve their performance. Verbal group feedback will be more generic and focuses on common issues. Therefore, it may not help students as much as their assessed work may have issues that are not covered in more generic feedback. However, the provider could rectify this problem by reviewing its assessment plan.

297   The provider's plans to support professional outcomes for students are appropriate and reflect the nature of the higher education provision and the needs of students. This is because the HND Music Technology is constructed to embed industry expertise and

relevance at its core, and thus helps to prepare students for careers in the music industry. The provider's approach to supporting professional outcomes for students are credible because it plans to use staff's extensive professional experience in the music industry as well as guest lecturers on specific subjects to support elements of the programme. [001 self-evaluation, M4 Student Support] This was confirmed in meetings where teaching and support staff [M4 Student Support] were able to provide a comprehensive account of how the course, and the expertise of the teaching team would support the professional outcomes of students within the industry, in particular through the many opportunities for students to acquire industry standard technical skills through the use of technical resources which should aid their transition into the world of work following completion of the programme. In addition, the provider intends to provide internal extra-curricular placement opportunities within a selection of industry settings (recording studio, record label, global distribution service, radio station, and live events promoter) [001 self-evaluation, M4 Student Support]. In the team's view the approach described should add further industry relevance and depth of knowledge in specific areas to the programme.

298   An examination of staff CVs [021] showed that staff have limited recent experience in supporting higher education students. The CPD Training Plan 2021-22 [053] shows that all higher education teaching, support and management staff are scheduled to undertake mandatory training for supporting further education students which staff [M4 Student Support] believe may also be of benefit to their higher education cohort but did not explain in what way. They confirmed that no specific training for supporting higher education students was currently planned. The review team formed the view that the provider has given insufficient consideration to the needs of staff who are expected to provide academic support to higher education students because it intends to carry forward its model and tools for supporting further education students. There should be a recognition at the provider that the academic support needs of higher education students will be different from that of further education students and given the limited experience of staff in supporting higher education students any staff CPD training needs to reflect this to equip staff to support higher education students adequately.

Conclusions

299   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:

300   The provider is likely to provide support all students adequately to help them achieve successful academic and professional outcomes. This is because it has in place credible policies which form a sound basis for the academic support of students. These include the Pastoral Care Policy, the Special Considerations and Reasonable Adjustments Policy and the Guidance on Mitigating Circumstances. The provider's planned approach to monitoring student performance and the adequacy of academic student support arrangements through annual programme monitoring is robust and credible with appropriate institutional oversight by the Education Committee.

301   The arrangements in place for identifying and monitoring individual student needs by members of staff are appropriate for the size of the provider and the nature of its planned higher education provision. While Individual Learning Plans in their current form are focused on the needs of further education students, the provider has recognised the need for adapting them to meet the needs of higher education students. The provider's plans to support students to achieve successful professional outcomes are credible and, if

implemented as intended, should facilitate successful outcomes for students. Staff understand their role in supporting student achievement but teaching staff have limited experience providing academic support to higher education students and there are no plans in place to support staff through training specific to the higher education context.

302   The provider's plans for the provision of feedback to students on assessed work are not totally credible. Although they should enable comprehensive and helpful feedback for students, they would not ensure that students receive timely written feedback to improve their performance. While the measures outlined by staff to alleviate the problem are not a satisfactory alternative, the provider could address the issue before commencement of the programme by making changes to its assessment plan. Therefore, the review team concludes that, on balance, this Core practice is met.

303   The provider has yet to commence delivery of its higher education course, which means that the team was unable identify students' views about the quality of student support mechanisms or to examine assessed student work to assess the implementation of the provider's policies for the provision of helpful and timely feedback. For that reason, the review team had to place sole reliance on current policies and the oral testimony of staff in relation to its plans to support all students to achieve successful academic and professional outcomes. Therefore, the review team has a moderate degree of confidence in this judgement.

Annex 1

001 Self-evaluation
002 Pearson Centre Approval Letter (Sept. 2018)
003 Programme Specification: BTEC Higher National Diploma in Music (Technology/Sound Engineering)
004 Scheme of Work – HND Unit 13: Recording Technology
005 Assessment Regulations for Higher Education
006 Quality Assurance for Programmes
007 Course Design Guide
008 Assessment and Internal Verification Policy
009 Student Regulations and Course Guide Handbook
010 Academic Governance Framework
011 Terms and Conditions for Taught Students 2021-22
012 Enrolment Process Guide for Higher Education
013 Registration and Certification Policy
014 Recognition of Prior Learning Policy
015 Pearson Partnership Management Statement
016 Management and Governance Policy
017 BTEC Centre Guide to Quality Assurance 2020/21 (Levels 1-3)
018 Special Considerations and Reasonable Adjustment Policy
019 Access and Participation Statement
020 Staff Development and Training Policy
021 Staff CVs
022 Equipment Planning Guide
023 Student Protection Plan 2021-22
024 Learner Complaints Policy and Procedure
025 Learner Appeals Policy for Higher and Further Education
026 Assessment Appeals Policy
027 Health and Safety Policy
028 Higher Education Strategy 2021
029 Higher Education Teaching, Learning and Assessment Strategy
030 Course and Examination Contingency Plan
031 Application to Pearson to Offer Vocational Qualifications
032 Provision of Feedback to Students Policy
033 Notes of the Design and Approval of the HND Music (Aug 2018 – Feb 2021)
034 Pastoral Care Policy
035 Staff Recruitment and Selection Code of Practice
036 Safer Staff Recruitment Policy
037 HND Resource Mapping
038 Third Party Endorsement: Doncaster Chamber of Commerce
039 Third Party Endorsement: XP School Trust
040 Third Party Endorsement: Doncaster Careers Hub
041 Third Party Endorsement: Doncaster Council Creative and Cultural Sector
042 Third Party Endorsement: Doncaster Council Creative and Cultural Sector (identical to document 041)
043 Higher Education Enrolment Form Template
044 Staff Guidance for Admissions Interviews
045 Course Representative Guide for Staff
046 Course Representative Role Description
047 End of Course Evaluation Form Template HND Music
048 Special Considerations and Reasonable Adjustment Policy and Procedure (updated)
049 Individual Learning Plan Template
050 Student Induction Policy (incl. model induction programme)

051 Plagiarism Policy
052 Staff Job/Role Descriptions
053 CPD Training Plan 2021-22
054 Support Staff Training Record: Customer Services
055 Support Staff Training Record: Disability
056 Support Staff Training Record: Safeguarding
057 Support Staff Training Record: Advice and Guidance
058 Support Staff Training Record: Prevent
059 Support Staff Training Record: Customer Services
060 Support Staff Training Record: Advice and Guidance
061 Support Staff Training Record: Safeguarding
062 Support Staff Training Record: Prevent
063 Pearson Qualification Specification BTEC Higher Nationals Music
064 Unit Specification: Level 4 Core, The Music Industry
065 Unit Specification: Level 4 Specialist, Recording Technology
066 Unit Specification: Level 4 Optional, Creative Software Techniques
067 Unit Specification: Level 5 Core, Creative Research Project
068 Unit Specification: Level 5 Specialist, Advanced Sound Engineering
069 Unit Specification: Level 5 Optional, Mixing and Mastering
070 Assignment Brief: Level 4 Core, Revenue Streams
071 Assignment Brief: Level 4 Specialist, Signal Flow and Microphone Techniques
072 Assignment Brief: Level 4 Optional, Freelance Opportunity (Midi Piece)
073 Assignment Brief: Level 5 Core, Dissertation
074 Assignment Brief: Level 5 Specialist, Engineering Session Plans
075 Assignment Brief: Level 5 Optional, Intern in the Studio
076 Internal Verification of Assignment Briefs: Unit 1 The Music Industry
077 Internal Verification of Assignment Briefs: Unit 13 Recording Technology
078 Internal Verification of Assignment Briefs: Unit 14 Creative Software Techniques
079 Internal Verification of Assignment Briefs: Unit 31 Creative Research Project
080 Internal Verification of Assignment Briefs: Unit 38 Advanced Sound Engineering
081 Internal Verification of Assignment Briefs: Unit 40 Mixing and Mastering
082 HND Assessment Plan 2021-22
083 Scheme of Work: Unit 1 The Music Industry
084 Scheme of Work: Unit 13 Recording Technology
085 Scheme of Work: Unit 14 Creative Software Techniques
086 Scheme of Work: Unit 31 Creative Research Project
087 Scheme of Work: Unit 38 Advanced Sound Engineering
088 Scheme of Work: Unit 40 Mixing and Mastering
089 VLE
090 CV 1 External Member of Education Committee
091 CV 2 External Member of Education Committee
092 Third Party Approval: Pearson
093 Third Party Approval: Arts Award
094 Third Party Approval: Pearson
095 Assessment Board Terms of Reference and Protocols of Operation
096 Assessment Malpractice Policy
097 Higher Education Admissions Policy
098 Peer Observation Policy
099 Staff Induction Policy
100 Guidance of Mitigating Circumstances
101 Course Monitoring Template
102 Template for Internal Verification of Assessment Briefs
103 List of Library Resources
104 Blended Learning Policy
105 Minutes of Governing Body (18 November 2018)

106 Minutes of Governing Body (December 2019)
107 Teaching experience of course team
108 List of training for new staff
109 Pearson Qualification Guide HN in Music, 2018
110 HND unit selection and credits per level

Pearson documents sourced by the team
Responsibility Checklist
BTEC Higher Nationals Centre Guide to Quality Assurance and Assessment 2020-21
BTEC Higher Nationals Centre Guide to External Examination 2020-21
Pearson Centre Guidance: Dealing with Malpractice and Maladministration (2020)
Pearson Recognition of Prior learning Policy and Process (2020)

Other
Joint Council for Qualifications Suspected Malpractice Policies and Procedures

Provider Website
Course Page: https://www.higherrhythm.co.uk/courses/hnd-music-technology-and-sound-engineering, accessed 19 April 2021
Public Policy Page: https://www.higherrhythm.co.uk/public-policies/, accessed 19 April 2021

Meetings
M1 Academic Standards and Assessment
M2 Admissions and Student Engagement
M3 Facilities and Resources
M4 Teaching and Learning and Student Support
M5 Final Meeting

Observations
O1 Virtual Assessment of Facilities and Learning Resources