India Design Council
Higher Education Review
A handbook for review process and procedures

DESIGN EDUCATION QUALITY MARK

Higher Education Review: Summary

1   The overall aim of Higher Education Review is to inform students and the wider public whether a provider meets the expectations of the higher education sector for: the setting and/or maintenance of academic standards, the provision of learning opportunities, and the provision of information. Thus, Higher Education Review serves the twin purposes of providing accountability to students and others with an interest in higher education, while at the same time encouraging improvement.

2   Higher Education Review is a flexible system, which applies the greatest scrutiny where it is most needed.

3.   Higher Education Review is carried out by peer reviewers - staff from other providers. The reviewers are guided by a set of Expectations about the provision of higher education contained in the Quality Code.

4   Higher Education Review culminates in the publication of judgements. The provider is then obliged to produce an action plan in consultation with its own stakeholders, describing how it intends to respond to those findings.

Introduction

5.   The purpose of this section is to:

- state the aims of Higher Education Review
- give guidance to providers preparing for, and taking part in, Higher Education Review.

6.   The handbook is intended for providers going through the review process, teams conducting Higher Education Review and everyone who is involved in the process.

Aims of Higher Education Review

7.   The overall aim of Higher Education Review is to inform students and the wider public as to whether a provider

- sets and maintains agreed academic standards for its higher education qualifications
- provides learning opportunities which allow students to achieve the relevant awards and qualifications and meet the applicable Expectations outlined in the Quality Code
- provides information that is fit for purpose, accessible and trustworthy for the general public, prospective students, current students, students on completion of their studies, and those with responsibility for academic standards and quality
- plans effectively to enhance the quality of its higher education provision.

Judgements and reference points

8. To achieve these aims, we ask review teams to make judgements on:

    • the setting and/or maintenance of academic standards
    • the quality of students' learning opportunities
    • information about learning opportunities

9. The judgement on the setting and maintenance of academic standards will be expressed as one of the following:

    • meets expectations,
    • requires improvement to meet expectations or
    • does not meet expectations.

    The judgements on learning opportunities and information will each be expressed as one of the following:

    • commended, meets expectations,
    • requires improvement to meet expectations or
    • does not meet expectations.

    The judgements 'commended' and 'meets expectations' are considered to be satisfactory judgements, whereas the judgements 'requires improvement to meet expectations' is conditional judgement and 'does not meet expectations' is unsatisfactory.

10. The judgements are made by teams of peers by reference to the Expectations in the Quality Code. Judgements represent the reasonable conclusions that a review team is able to come to, based on the evidence and time available.

11. The review team will also identify features of good practice, affirm developments or plans already in progress and make recommendations for action. The recommendations will indicate the urgency with which the team thinks each recommendation should be addressed. The most urgent recommendations will have a deadline of one month after publication of the review report.

Desk-based analysis

12. Higher Education Review takes place in two stages. The first stage is a desk-based analysis by the review team of a wide range of information including the self-evaluation document submitted by the provider.

Review visit

13.   The second stage of Higher Education Review is a visit to the provider. The visit allows the review team to meet some of the provider's students and staff (and other stakeholders, where appropriate) and to scrutinise further information.

14.   The programme for, and duration of, the review visit varies according to the outcome of the desk-based analysis. Where this analysis demonstrates a strong track record in managing quality and standards, and that the provider is continuing to manage its responsibilities effectively, the review visit can be relatively short since there should be few issues about which the team would require further information. However, where the analysis does not demonstrate a strong track record, and/or indicates that the provider is not managing its responsibilities effectively (or the evidence provided is insufficient to demonstrate that it is meeting its responsibilities effectively), the review visit will be longer so as to allow the team to investigate its concerns thoroughly.

15.   There will be one visit to the provider and its duration will be between one day and five days. At the end of the review visit, the review team will agree its judgements and other findings, as described above.

Reviewers and review teams

16.   The size of the team for the whole review (that is, the desk-based analysis and the review visit) will be between two and four reviewers depending on the scale of the provision on offer.

17.   The reviewers will be appointed by the India Design Council from a pool of reviewers certified by the India Design Council as Programme Reviewers and have experience in the management and/or delivery of higher education provision. The council shall ensure that there is no conflict of interest with the appointed Programme Reviewers.

18.   Training for review team members is provided by the India Design Council. The purpose of the training is to ensure that all team members fully understand the aims and objectives of the review process; that they are acquainted with all the procedures involved; and that they understand their own roles and tasks, and the council's expectations of them.

Facilitators

19.   Providers are invited to nominate a facilitator. In summary, the facilitator will carry out the following key roles:

- liaise with the India Design Council secretariat throughout the review process to facilitate the organisation and smooth running of the review
- during the review visit, provide the review team with advice and guidance on the provider's structures, policies, priorities and procedures

20.   The facilitator will help to provide a constructive interaction between all participants in the review process. The development of an effective working relationship between the council and the provider through such liaison should help to avoid any misunderstanding by the provider of what the council requires.

The interval between reviews

21.   The interval between reviews is two years.

22.   A provider, which has had concerns, upheld about its provision after a full investigation will undergo a review six months after the earlier review. Under exceptional circumstances as determined by the India Design Council, (in consultation with the provider) the next review of that provider can be brought forward further.

23.   Finally, a provider, which had conditional judgement, a provider that has undergone significant material change, will undergo a review within twelve months of the earlier review. Under exceptional circumstances as determined by the India Design Council, (in consultation with the provider) the next review of that provider can be brought forward further.

The review process in detail

24. The standard timelines are given below. Please note that there may be unavoidable instances when the activities in the timetable need to take place over a shorter time period.

Working weeks	Activity
-16	• The provider makes an application in the prescribed format to the India Design Council for Review. • The India Design Council accepts the application and asks the provider to submit the self-evaluation document with supporting evidence
-12	• Provider uploads self-evaluation and supporting evidence
	• Review team begins desk-based analysis
-9	• The Review Team informs provider of any requests for additional documentary evidence
-6	• Provider uploads additional evidence (if required)
-5	• Team holds first team meeting to discuss desk-based analysis and agree the duration of, and programme for, the review visit
-4	• The council informs provider of:
	- the duration of the review visit
	- the team's main lines of enquiry
	- who the team wishes to meet
	- any further requests for documentary evidence
0	• Review visit

First contact with DEQM

25. We will write to you to confirm that you will be having a review and to ask for some information to help us schedule the review dates, such as the dates of your academic year and the dates of major examination periods. You can let us know at the same time whether there are other times when you think that it would be difficult to schedule your review, but we cannot promise to take into account anything other than the critical periods noted above.

26.   Once we have collated all dates for the review we will write back and confirm the dates and schedule for your review.

27.   As the exact duration of the review visit depends on the outcome of the desk-based analysis, you should plan to reserve a whole week for it.

Setting the size and membership of the review team

28.   The size of the review team is correlated to the scale and complexity of the provision under review. This is not because it takes more time for review teams to understand and review large and complex provision than provision which is small and/or less complex.

29.   Identifying the scale of the provision under review is a simple, formulaic process involving the application of thresholds to the total number of students (headcount).

30.   The size of the team is determined incrementally by establishing a base size according to the total number of students. The maximum team size will be four, regardless of what the measures indicate.

Total number of students (headcount) in provision which is within the scope of Higher Education Review	< 250	2 reviewers
	251-500	3 reviewers
	≥ 501	4 reviewers

31.   At the same time as we inform you of the size of the team, we will also tell you its membership. We will tell you which organisations the members of the review team, work for and whether they have declared any other interests to us (such as external examinerships or membership of a governing body of another provider). We will ask you to let us know of any potential conflicts of interest that members of the team might have with your organisation, and may make adjustments in light of that.

32.   Finally for this stage of the process, we will ask you to nominate your facilitator.

Uploading the self-evaluation document and student submission - 12 weeks before your review visit

33.   You will need to upload your SED and the accompanying evidence 12 weeks before the review visit.

34.   The SED is particularly important. The usefulness of the SED to the review team will be one of the main factors in determining the length of your review visit. If the SED is reflective and well targeted to the areas of the review and the evidence carefully chosen, the greater is the likelihood that the team will be able to verify your organisation's approaches and gather evidence of its

own quickly and effectively. The same is true of the quality of accompanying documentation that you provide.

Desk-based analysis and requests for additional information - nine weeks before your review visit

35. The review team will begin its desk-based analysis of all the information almost as soon as the SED is uploaded. Should the team identify any gaps in the information, or require further evidence about the issues they are pursuing, they will inform the India Design Council Secretariat. The council secretariat will then make a request to you for further information about nine weeks before the review visit. Requests for additional information will be strictly limited to what the team requires to complete the desk-based analysis and you are entitled to ask why the team has asked to see any of the information it has requested. You should provide the additional information requested at least six weeks before the review visit.

First team meeting - four weeks before your review visit

36. Five weeks before the review visit, the team will hold its first team meeting. The first team meeting (does not involve a visit to the provider), is the culmination of the desk-based analysis. Its purposes are to allow the review team to:

   • discuss its analysis of the documentary evidence
   • decide on issues for further exploration at the review visit
   • decide whether it requires any further documentary evidence
   • agree on the duration of the review visit
   • decide whom it wishes to meet at the review visit.

37. The review team will decide on the duration of the visit according to what the desk-based analysis reveals both about the provider's track record in managing quality and standards and the extent to which it meets the applicable Expectations of the Quality Code. Where the desk-based analysis finds a strong track record and evidence that all or nearly all Expectations are met, the team will not require a long visit to the provider to finish its work. However, where the desk-based analysis does not suggest a strong track record and/or indicates that several Expectations may not be met (or the evidence provided is insufficient to demonstrate that the provider is meeting its responsibilities effectively), the review team will need more time at the provider to talk to staff and students and analyse further evidence, in order to investigate its concerns thoroughly.

38. The criteria that teams will use in deciding on the length of the visit are set out in the table below. In practice, it is unlikely that the findings of the desk-based analysis will be consistent with all the criteria listed within a particular category.

39.   Review teams are permitted to specify a shorter visit than the guidance indicates. In any case, the duration of the review visit should not be regarded as a judgement about the provider's higher education provision; the judgements are only agreed at the end of the process.

40   The precise duration of the review visit will be determined by the review team within the parameters outlined below. Whether, for example, a review visit lasts three or four days is likely to depend on the scale and complexity of the higher education on offer and the number of Expectations, which the desk-based analysis indicates may not be met.

2 day visit	There is evidence that all or nearly all-applicable Expectations are met. Expectations which appear not to be met present low risks to the management of the higher education provision, in that they relate to: • minor omissions or oversights • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change The need for any remedial action has been acknowledged by the provider and it has provided clear evidence of appropriate action being taken within a reasonable timescale.
3 day visit	There is evidence that most applicable Expectations are met. Expectations which appear not to be met do not present serious risks, but may raise moderate risks in that they relate to: • weaknesses in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities • insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes • quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied. Plans that the provider presents for addressing identified problems are under-developed or not fully embedded in its operational planning.

4 day visit	The evidence is either insufficient to indicate that most applicable Expectations are met or indicates that several applicable Expectations are not being met.
	In the case of the latter, the Expectations not met present serious risks in that they relate to:
	- ineffective operation of parts of the provider's governance structure (as it relates to quality assurance) - significant gaps in policy, structures or procedures relating to the provider's quality assurance - serious breaches by the provider of its own quality assurance procedures.
	Plans for addressing identified problems are not adequate to rectify the problems or there is very little or no evidence of progress.
	The provider has not recognised that it has major problems, or has not planned significant action to address problems it has identified.

Confirmation of the review visit schedule - four weeks before your review visit

41. Within a week after the first team meeting, the council secretariat will confirm in writing the arrangements for the review visit, including:

    - its duration
    - whom the review team wishes to meet
    - whether the review team requires any further evidence
    - the review team's main lines of enquiry.

42. Telling you about the review team's main lines of enquiry is meant to help you prepare for the review visit. The lines of enquiry will be based either on those Expectations, which the desk-based analysis indicates are not being met, or on potential areas of good practice. The lines of enquiry do not preclude the review team from investigating any other area or issue within the scope of Higher Education Review during the review visit.

43. Review visits will always take place within one working week and not straddle weekends. Therefore, a four day review visit will always begin first thing on Monday morning. Shorter review visits may begin on a different day of the week, either first thing in the morning or at lunchtime. The India Design Council Secretariat will discuss the arrangements for the review visit with you and seek to identify the most convenient arrangements for a two, three or four day visit.

The review visit - week 0

44. As near to the beginning of the review visit as possible, the review team will hold a short meeting with the head of the provider. This is the review team's first meeting and the topics covered will vary from review to review, but the team is likely to be interested in the provider's overall strategy for higher education, which will help to set the review in context.

45. Thereafter the activity carried out at the visit will not be the same for every review, but may include contact with staff and students. The review team will ensure that its programme includes meetings with a wide variety of students, to enable it to gain first-hand information on students' experience as learners and on their engagement with the provider's quality assurance and enhancement processes. The review team will be pleased to make use of video or teleconference facilities to meet people who may find it difficult to attend the provider's premises.

46. The review visit will include a final meeting between the review team and senior staff of the provider, and the facilitator. This will not be a feedback meeting, but will be an opportunity for the team to summarise the major lines of enquiry and issues that it has pursued (and may still be pursuing). The intention will be to give the provider a final opportunity to offer clarification and/or present evidence that will help the team come to secure review findings.

47 On the final day of the review visit, the review team considers its findings in order to:

- decide on the judgements
- agree any features of good practice that it wishes to highlight
- agree any recommendations for action by the provider
- agree any affirmations of courses of action that the provider has already identified.

After the review visit

48. This part of the handbook describes what happens after the review visit has ended. The standard timeline for this part of the process is given below.

Working weeks	Activity
+2 weeks	• The India Design Council sends draft review report to provider
+4 weeks	• Provider give factual corrections, if any
+6 weeks	• The council communicates the award of final judgement to the provider
+12 weeks	• The provider submits the action plan to the council

Reports

49. After four weeks of review visit, you will receive the draft report for the findings. We will ask you to respond within two weeks, telling us of any factual errors or errors of interpretation in the report. Factual errors or errors of interpretation must relate to the period before or at the review visit; the review team will not consider amending the report to reflect changes or developments made by the provider after the review visit ended.

50. The review's findings (judgements, recommendations, features of good practice and affirmations) will be decided by the review team as peer reviewers.

51. The report will be written as concisely as possible, while including enough detail to be of maximum use to the provider.

52. The structure of the report will follow the structure recommended for the provider's self-evaluation document.

53. Where the draft report contains judgements of 'commended' or 'meets expectations', the report will be finalised and shared with you two weeks later. You will be notified of publication and, and will receive confirmation of your eligibility to use the Design Education Quality Mark, and will be provided with the relevant information to enable you to do this.

Action planning and sign-off

54.   After the report has been shared with you, you will be expected to provide an action plan, signed off by the head of the provider, responding to the recommendations and affirmations, and giving any plans to capitalise on the identified good practice. In case of conditional judgement, you are expected to provide a remedial action plan for consideration of the reviewers and work with the council to determine the next review date.

Process for unsatisfactory judgement

55.   The judgements 'does not meet expectations' is considered to be unsatisfactory. We will send a report to you to allow you to consider whether you wish to appeal the judgement. Any appeal should be made within one month of the dispatch of the draft report.

56.   Providers will be advised of the exact deadline for appeal when they are sent the second draft report.

57.   Where an unsatisfactory judgement is not appealed, the final judgement will be communicated within one week after the appeal deadline. Where an appeal against an unsatisfactory judgement is unsuccessful, the final judgement report will be communicated within one week after the end of the appeal process.

If a judgement of 'requires improvement to meet expectations' is given in any area

58.   If the published report contains a 'requires improvement to meet expectations' judgement, you will be asked to produce - within one academic term/semester of the report's publication - an action plan to address the review findings. The action plan requires to explain how the identified weaknesses or risks germane to the 'requires improvement to meet expectations' judgement are being addressed. In the interim till you remedy the shortcomings, you will be able to use the Design Education Quality Mark.

59.   We will ask you to submit your action plan to the council secretariat. If the action plan and associated reports show that progress has been made in dealing with the review findings, the council will arrange for the review team to consider whether the judgement should be changed to 'meets expectations'. This may involve a further visit to the provider by some or all of the review team.

60.   If the team agrees the judgement can be changed to 'meets expectations', the change in judgement will be recorded and the review regarded as complete. Providers will then be able to continue to use the Design Education Quality Mark.

61.   If the review team decides not to change the judgement, because the review team agrees that insufficient progress has been made in dealing with the review findings you will be required to follow the provisions as applied to 'does not meet expectations' judgement. You will then have to discontinue using the Design Education Quality Mark and ensure the removal of the Mark from all forms of communication.

If a judgement of 'does not meet expectations' is given in any area

62.   If the published report contains a judgement of 'does not meet expectations', or if you do not make sufficient progress in dealing with a 'requires improvement to meet expectations' judgement, you will be asked to provide an action plan detailing planned improvements to deal with the weaknesses or risks identified in the review germane to the 'does not meet expectations' or 'requires improvement to meet expectations' judgement. In addition, the action plan should show how you plan to review and strengthen quality assurance structures, processes and policies to limit the risk of such a judgement being delivered in future.

63.   We will ask you to submit your action plan to the council secretariat. If the action plan and associated evidence show that progress has been made in dealing with the review findings, the council will arrange for the review team to consider whether the judgement should be changed to 'meets expectations'. This may involve a further visit to the provider by some or all of the review team.

64.   If the team agrees the judgement can be changed to 'meets expectations', the change in judgement will be recorded and the review regarded as complete. Providers will then be able to use the Design Education Quality Mark. Confirmation of eligibility will be communicated by email upon publication of the change in judgement on the report.

65.   If there is no change in the judgement, then the 'does not meet expectations' judgement will stand until the next review.

Keeping the method under review

66.   Higher Education Review is organised on a rolling basis rather than a fixed cycle, with the possibility of changes to the process being introduced at any point, given sufficient justification and warning. A rolling process is intended to allow greater flexibility in the review process and enable changes to be made to the review method in a timely way, rather than waiting for all providers to be reviewed.

67.   Changes will be communicated to providers and review teams, and the date from which the change will be in operation will be made clear. It is envisaged that the change will not affect a review that has already started and is in process.

68.   Alongside any changes to the method, the council shall update the Quality Code regularly to take account of the changing nature of higher education and design education.

Annexure 1 - Definitions of key terms

What do we mean by academic standards?

Public confidence in academic standards requires public understanding of the achievements represented by higher education qualifications and how the standards are secured. Part A of the Quality Code explains how academic standards are set and maintained for higher education qualifications.

Threshold academic standards are the minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic award. Academic standards are the standards that individual degree-awarding bodies set and maintain for the award of their academic credit or qualifications. These may exceed the threshold academic standards.

Threshold academic standards define the minimum standards, which higher education providers must use to make the award of qualifications at a particular level of the relevant framework for higher education qualifications (for instance, a Bachelors level qualification, or a Masters level qualification). Threshold academic standards are distinct from the standards of performance that a student needs to demonstrate to achieve a particular classification of a qualification (for example, a first class classification in a particular subject or the award of Merit or Distinction).

Individual higher education providers are responsible for ensuring that the threshold academic standards are met in their awards by aligning programme learning outcomes with the relevant qualification descriptors in the national frameworks for higher education qualifications. They are also responsible for defining their own academic standards by setting the pass marks and determining the grading/marking schemes and any criteria for classification of qualifications that differentiate between levels of student achievement above and below the threshold academic standards.

What do we mean by academic quality?

Part B of the Quality Code sets out the Expectations about assuring and enhancing academic quality that all providers are required to meet. Academic quality is defined in the Quality Code as follows:

Academic quality is concerned with how well the learning opportunities made available to students enable them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning resources are provided for them. In order to achieve a higher education award, students participate in the learning opportunities made available to them by their provider. A provider should be capable of guaranteeing the quality of the opportunities it provides, but it cannot guarantee how any particular student will experience those opportunities. By ensuring that its policies, structures and processes for the management of learning opportunities are implemented effectively, a provider also ensures the effectiveness of its outcomes.

What do we mean by enhancement?

Enhancement is defined as: 'taking deliberate steps at provider level to improve the quality of learning opportunities'. This definition means that enhancement is more than a collection of examples of good practice that might be found across a provider. It is about a provider being aware that it has a responsibility to improve the quality of learning opportunities, and to have policies, structures and processes in place to make sure it can do so. It means that the willingness to consider enhancement stems from a high-level awareness of the need for improvement and is embedded throughout the provider.

What do we mean by good practice?

A feature of good practice is a process or way of working that, in the view of a review team, makes a particularly positive contribution to the following judgement areas: the provider's assurance of its academic standards, the quality and/or enhancement of the learning opportunities it provides for students, and the quality of the information it produces about its higher education provision.

What do we mean by information about higher education provision?

Part C of the Quality Code sets out the Expectation that all providers are required to meet concerning information about the learning opportunities offered: 'Higher education providers produce information for their intended audiences about the learning opportunities they offer that is fit for purpose, accessible and trustworthy.' This information is for the public at large, prospective students, current students, students who have completed their studies, and those with responsibility for academic standards and quality.

What is an affirmation?

An affirmation is recognition of an action that is already taking place in a provider to improve a recognised weakness or inadequacy in the following judgement areas: the assurance of its academic standards, the quality and/or enhancement of the learning opportunities it provides for students, and the quality of the information it produces about its higher education provision.

What is a recommendation?

Review teams make recommendations where they agree that a provider should consider changing a process or a procedure in order to: safeguard academic standards; assure the quality of, or take deliberate steps to enhance, the learning opportunities it provides for students; or to ensure that the information it produces for its intended audiences is fit for purpose, accessible and trustworthy.

Annexure 2 - Format and wording of judgements

There are four judgements in Higher Education Review, reflecting the three parts of the Quality Code (Part A: Setting and maintaining academic standards; Part B: Assuring and enhancing academic quality; and Part C: Information about higher education provision) and the embedding of enhancement throughout the Quality Code.

The wording of the judgements is as follows:

1   The setting and maintenance of the academic standards of awards...
2   The quality of student learning opportunities...
3   The quality of the information about learning opportunities...
4   The enhancement of student learning opportunities...

• The judgement on academic standards has three possible grades: meets expectations, requires improvement to meet expectations and does not meet expectations.

• The judgements on learning opportunities, information and enhancement have four possible grades: is commended, meets expectations, requires improvement to meet expectations and does not meet expectations.

• Review judgements may be differentiated so that different judgements may apply, for example, to undergraduate and postgraduate levels.

The criteria that review teams will use to come to these judgements are set out below. These criteria are cumulative, which means that most criteria within a particular section should be fulfilled in order to support the relevant judgement.

...is or are commended	**...meet(s) expectations**	**...require(s) improvement to meet expectations**	**...do(es) not meet expectations**
All applicable Expectations have been met.	All, or nearly all, applicable Expectations have been met.	Most applicable Expectations have been met.	Several applicable Expectations have not been met or there are major gaps in one or more of the applicable Expectations.
	Expectations not met do not, individually or collectively; present any serious risks to	Expectations not met do not present any serious risks. Some moderate risks may exist	Expectations not met present serious risk(s), individually or collectively, to the management of

	the management of this area.	which, without action, could lead to serious problems over time with the management of this area.	this area, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.
There are examples of good practice in this area and no recommendations for improvement. The provider has plans to enhance this area further. Managing the needs of students is a clear focus of the provider's strategies and policies in this area.	Any recommendations may relate, for example, to: minor omissions or oversights a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change completion of activity that is already underway in a small number of areas that will allow the provider to meet the Expectations more fully.	Any recommendations may relate, for example, to: weakness in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied problems which are confined to a small part of the provision.	Any recommendations may relate, for example, to: ineffective operation of parts of the provider's governance structure (as it relates to quality assurance) significant gaps in policy, structures or procedures relating to the provider's quality assurance breaches by the provider of its own quality assurance management procedures.

	The need for action has been acknowledged by the provider in its review documentation or during the review, **and** it has provided clear evidence of appropriate action being taken within a reasonable timescale. There is evidence that the provider is fully aware of its responsibilities for assuring quality: previous responses to external review activities provide confidence that areas of weakness will be addressed promptly and professionally.	Plans that the provider presents for addressing identified problems before or at the review are under-developed or not fully embedded in the provider's operational planning. The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues. However, there responses to suggest that it will take the required actions and provide evidence of action, as requested.	Plans for addressing identified problems that the provider may present before or at the review are not adequate to rectify the problems, or there is very little or no evidence of progress. The provider has not recognised that it has major problems, or has not planned significant action to address problems it has identified. The provider has limited understanding of the responsibilities associated with one or more key areas of the Expectations, or may not be fully in control of all parts of the organisation. The provider has repeatedly or persistently failed to take appropriate action in response to external review activities.

When teams make their judgements, they will take into account whether the Expectations of the Quality Code have been met. To assist teams in deciding whether Expectations have been met, the table below presents each Expectation alongside headings, which refer to the Indicators of sound practice in the relevant Chapter of the Quality Code. Neither the headings nor the Indicators of sound practice themselves are intended to operate as checklists and reviewers will not use them in this way. Reviewers will appreciate that the precise details of how an Expectation is being addressed will vary from provider to provider and, where applicable, according to providers' agreements with their degree-awarding bodies or other awarding organisations.

Not all Expectations apply to all providers, which is why the judgement criteria above refer to 'applicable Expectations'. Providers who do not provide research degree programmes, for example, are not expected to meet the Expectation on research degrees.

The different parts of the Quality Code are interconnected and so reviewers, in arriving at their judgements, will consider the Quality Code as a whole. For example, Chapters B1, B6, B7, B8, B10 and B11 all have important things to say about setting and maintaining academic standards. Therefore, evidence gathered by reviewers under these headings may influence their judgement on academic standards.

DEQM updates the Quality Code regularly to take account of the changing nature of higher education. As the Quality Code changes, so will the Expectations and Indicators of sound practice and this will be reflected in the table below. Where a Chapter or Part of the Quality Code is revised (other than minor amendments), providers have a stated period of time in which to make any necessary changes to their regulations, policies or practices to ensure they meet the relevant Expectation, and before the revised Chapter is used as the basis for review.

1 Setting and maintaining academic standards

Expectation - Academic governance
In order to secure their academic standards, higher education providers establish transparent and comprehensive academic frameworks and regulations to govern how they award academic credit and qualifications.
Expectation - Academic or assessment regulations
Higher Education Providers are responsible for determining the assessment processes, which will be used to demonstrate the achievement of the intended learning outcomes of modules and programmes leading to the award of their academic credit and/or qualifications.

Expectation - Definitive records of individual programmes and qualifications

Higher Education Providers maintain a definitive record of each programme and qualification that they approve (and of subsequent changes to it) which constitutes the reference point for delivery and assessment of the programme, its monitoring and review, and for the provision of records of study to students and alumni.

Expectation Design and approval of modules, programmes and qualifications

Higher Education Providers establish and consistently implement processes for the approval of taught programmes that ensure that academic standards are set at a level which meets the national threshold standard for the qualification and are in accordance with their own academic frameworks and regulations.

Expectation - Assessment of learning outcomes

Higher Education Providers ensure that credit and qualifications are awarded only where:

• the achievement of relevant learning outcomes (module learning outcomes in the case of credit and programme outcomes in the case of qualifications) has been demonstrated through assessment
• both the national threshold standards and their own academic standards have been satisfied.

2 Assuring and enhancing academic quality

Expectations	Quality Code Chapter Heading
Expectation - Programme design, development and approval Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective processes for the design, development and approval of programmes.	• The purpose and nature of programme design, development and approval • Processes for programme design, development and approval • Involvement in programme design, development and approval

Expectation - Recruitment, selection and admission Recruitment, selection and admission policies and procedures adhere to the principles of fair admission. They are transparent, reliable, valid, inclusive and underpinned by appropriate organisational structures and processes. They support higher education providers in the selection of students who are able to complete their programme.	• The basis for effective recruitment, selection and admission • Stages of the recruitment, selection and admission process
Expectation - Learning and teaching Higher education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent learner, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking.	• The basis for effective learning and teaching • The learning environment • Student engagement in learning
Expectation - Enabling student development and achievement Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.	• Strategic approaches • Student transitions • Facilitating development and achievement
Expectation - Student engagement Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.	• Defining student engagement • The environment • Representational structures • Training and ongoing support • Informed conversations • Valuing the student contribution • Monitoring, review and continuous improvement

Expectation - Assessment of students and the recognition of prior learning Higher education providers operate equitable, valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.	• The basis for effective assessment • Developing assessment literacy • Designing assessment • Conducting assessment • Marking and moderation • Examination boards and assessment panels • Enhancement of assessment processes
Expectation - Programme monitoring and review Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective, regular and systematic processes for monitoring and for review of programmes.	• The purpose and nature of programme monitoring and programme review • Processes for programme monitoring and programme review • Involvement in programme monitoring and review
Expectation - Academic appeals and student complaints Higher education providers have procedures for handling academic appeals and student complaints about the quality of learning opportunities; these procedures are fair, accessible and timely, and enable enhancement.	• The basis of effective appeals and complaints processes • Information, advice and guidance • Internal procedures: design and implementation • Action, monitoring and enhancement

3 Information about higher education provision

Expectations	Quality Code Chapter Heading
Higher education providers produce information for their intended audiences about the learning opportunities they offer that is fit for purpose, accessible and trustworthy.	• Information for the public about the higher education provider • Information for prospective students • Information for current students • Information for students on completion of their studies • Information for those with responsibility for maintaining standards and assuring quality

4. Enhancements

Expectations	Headings
Deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.	• Strategic approach to enhancement of student learning opportunities • Integration of enhancement initiatives in a systematic and planned manner at provider level • Ethos which expects and encourages enhancement of student learning opportunities • Identification, support and dissemination of good practice • Use of quality assurance procedures to identify opportunities for enhancement

Annexure 3 - Self-evaluation document

The self-evaluation document (SED) has three main functions:

- to give the review team an overview of your organisation, including its track record in managing quality and standards, and details of any relationships with degree-awarding bodies or awarding organisations and of the external reference points (other than the Quality Code) that you are required to consider
- to describe to the review team your approach to assuring the academic standards and quality of that provision
- to explain to the review team how you know that approach is effective in meeting the Expectations of the Quality Code (and other external reference points, where applicable), and how it could be further improved.

Thus, the SED has both descriptive and evaluative purposes.

The most useful format for the SED is under the four judgement headings for the review. You might also wish to bear in mind the Expectations that form the basis of each judgement in organising your SED. Further guidance is given below.

It is vital that the SED identifies the evidence that illustrates or substantiates the narrative. It is not the responsibility of the review team to seek out this evidence. The selection of evidence is at your discretion and we would encourage you to be discerning in that selection, limiting the evidence to that which is clearly germane to the SED. It is quite acceptable - indeed it is to be expected - that you will reference the same key pieces of evidence in several different parts of the SED.

How the self-evaluation document is used

The SED is used throughout the review process. During the desk-based analysis it is part of the information base which helps to determine the duration of the review visit. The reviewers will be looking for indications that:

- you systematically monitor and reflect on the effectiveness of your engagement with the Quality Code
- monitoring and self-reflection uses management information and comparisons against previous performance and national and international benchmarks, where available and applicable
- monitoring and self-reflection is inclusive of students (and other stakeholders where relevant)
- monitoring and self-reflection leads to the identification of strengths and areas for improvement, and subsequently to changes in your procedures or practices.

Reviewers will also expect the SED to consider the effectiveness of the provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

Where the SED indicates that the provider is capable of, and systematically engaged in, this process of self-reflection and evaluation, the reviewers are likely to have a higher level of confidence in it, and thus to agree on a shorter review visit, notwithstanding what other sources of evidence may indicate.

The SED continues to be used by the reviewers during the review visit, both as an information source and a way of navigating the supporting evidence.

Suggested structure of the self-evaluation document

Core element of the review

Section 1: Brief description

- Mission.
- Major changes since the last review
- Key challenges the provider faces
- Strategic aims or priorities
- Implications of changes, challenges and strategic aims for safeguarding academic standards and the quality of students' learning opportunities.
- Details of the external reference points, other than the Quality Code, which the provider uses

Section 2: Your track record in managing quality and standards

Briefly describe your track record in managing quality and standards by reference to the outcomes of previous external review activities and your responses to those activities. Describe how the recommendations from the last review(s) (where applicable) have been addressed, and how identified good practices has been built on. Refer to any action plans that have been produced as a result of review(s).

Section 3: Setting and maintaining academic standards

The Expectations of Part A of the Quality Code apply in this area. You should comment on each Expectation separately (where applicable). You should reference the evidence that you use to assure yourself that these Expectations are being met and that you are managing the area effectively.

Section 4: Assuring and enhancing academic quality

The Expectations of Part B of the Quality Code apply in this area. You should comment on each Expectation separately (where applicable). You should reference the evidence that your organisation uses to assure itself that these Expectations are being met and that you are managing the area effectively.

Section 5: The quality of information about the higher education provision offered

The Expectation of Part C: Information about higher education provision of the Quality Code applies in this area. You should reference the evidence that your organisation uses to assure itself that these Expectations are being met and that you are managing the area effectively.

Section 6: Enhancement of students' learning opportunities

The basis for the judgement in this area is the review team's assessment of whether and how deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.

You should reference the evidence that your organisation uses to assure itself that this Expectation is being met and that you are managing the area effectively.

Technical requirements for the SED and supporting evidence

You will need to upload your SED and the accompanying evidence 12 weeks before the review visit. The key technical points you will need to consider as you put the SED and supporting evidence together are as follows.

- Please supply your SED and supporting evidence in a coherent structure (that is, all files together, with no subfolders or zipped files) with documents clearly labelled numerically, beginning 001, 002, and so on.
- File names must only use alphanumeric characters (a-z and 0-9) and the dash (-).
- The underscore (_), full stops, spaces and any other punctuation marks or symbols will not upload successfully and, therefore, must be avoided.
- DEQM's systems cannot accept shortcut files (also known as .lnk and .url files). Any temporary files beginning with a tilde (~) should not be uploaded, and you do not need to upload administrative files such as thumbs.db and .DS_Store.

If you need technical assistance with uploading files, please contact the India Design Council Secretariat.

Other information given by the provider

The review team has two main opportunities to ask for additional evidence from the provider: between the First Team Meeting and the review visit; and at the review visit itself.

The types and amount of additional information requested by the review team will vary from review to review and according to several factors including the size of the provision under review and the issues which the review team considers to arise from the SED submission.

In some cases review teams may wish to see a sample of student work. Review teams will only ask for samples of student work when this is the most appropriate evidence to follow up an issue, or if it is the only form of evidence, which will answer a particular concern. In most circumstances it will be the last resort for choice of evidence. If a provider is not in a position to provide assessed student work (for example, because that work has been destroyed or returned to students) then the team will explore the issue using other evidence. It is likely that the team will explain the issue and ask a provider: 'Given that this issue could arise at any time in the academic year, what evidence would you use to investigate it, if you do not have records of student work?'. The team would then explore that evidence instead.

If a team considered that the provider could not furnish evidence (of whatever kind) that it has processes to effectively deal with such concerns, then that in itself could lead to an unsatisfactory judgement.

Whether you need to provide assessed student work and/or evaluations the sample would be up to four programmes. For each programme you should normally expect to be asked to provide a sample of the work of the most recently assessed unit that includes:

- a range of levels and years of study
- a range of modules, units or courses
- a representative range of attainment / marks
- a range of assessment methods (for example, continuous assessments / coursework; practical / laboratory work and projects; videotapes and artefacts; and examination scripts, essays and dissertations).

Marking and feedback sheets, and assessment criteria should accompany the samples. The point of looking at student work is to see that the policies and procedures which the institution owns centrally are followed in practice at the local level. Review teams will not be repeating the role of the examiner.

Annexure 4 - The role of the facilitator

The provider is invited to appoint a facilitator to support the review. The role of the facilitator is intended to improve the flow of information between the team and the provider. It is envisaged that the facilitator will be a member of the provider's staff. The role of the facilitator is to:

- act as the primary contact for the IDC Secretariat during the preparations for the review
- act as the primary contact for the review team during the review visit
- provide advice and guidance to the team on the SED and any supporting documentation
- provide advice and guidance to the team on the provider's structures, policies, priorities and procedures
- keep an updated list of evidence to be presented to the review team throughout the review
- ensure that the provider has a good understanding of the matters raised by the review team, thus contributing to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the provider
- meet the review team at the team's request during the review, in order to provide further guidance on sources of information and clarification of matters relating to the provider's structures, policies, priorities and procedures

The facilitator will not be present for the review team's private meetings. However, the facilitator will have the opportunity for regular meetings, which will provide opportunities for both the team and the provider to seek further clarification outside of the formal meetings. This is intended to improve communications between the provider and the team during the review and enable providers to gain a better understanding of the team's lines of enquiry.

The facilitator is permitted to observe any of the other meetings that the team has apart from those with students. Where the facilitator is observing, they should not participate in discussion unless invited to do so by the review team.

Appointment and briefing

The person appointed, as facilitator must possess:

- a good working knowledge of the provider's systems and procedures, and an appreciation of quality and standards matters
- knowledge and understanding of Higher Education Review
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review team.

Protocols

Throughout the review, the role of the facilitator is to help the review team come to a clear and accurate understanding of the structures, policies, priorities and procedures of the provider. The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with the council secretariat. The facilitator should not act as an advocate for the provider. However, the facilitator may legitimately:

- bring additional information to the attention of the team
- seek to correct factual inaccuracy
- assist the provider in understanding matters raised by the team.

It is for the review team to decide how best to use the information provided by the facilitator. The facilitator is not a member of the team and will not make judgements about the provision.

The facilitator is required to observe the same conventions of confidentiality as members of the review team. In particular, the confidentiality of written material produced by team members must be respected, and no information gained may be used in a manner that allows individuals to be identified. However, providing appropriate confidentiality is observed, the facilitator may make notes on discussions with the team and report back to other staff, in order to ensure that the provider has a good understanding of the matters raised by the team at this stage in the process. This can contribute to the effectiveness of the review, and to the subsequent enhancement of quality and standards within the provider.

The review team has the right to ask the facilitator to disengage from the review process at any time, if it considers that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.

Annexure 5 - Appointment, training and management of reviewers

Higher Education Review is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the management and/or delivery of higher education provision. They are appointed by the India Design Council according to the selection criteria below.

The credibility of review depends in large measure upon the currency of the knowledge and experience of review teams. The council's preference, therefore, is for staff employed by providers. We also know, however, that currency of knowledge and experience is not lost as soon as employment comes to an end. Thus, the council also considers self-nominations from former staff or design professionals who can demonstrate a continuing engagement with academic standards and quality. More specific details are given below.

Reviewers are identified either from nominations by providers or self-nominations, as follows.

- Staff reviewers currently working for a provider must be nominated by their employer, as an indication of the employer's willingness to support the reviewer's commitment to the review process. We will not accept self-nominations from staff who are employed by a provider.

- Former staff or design professionals may nominate themselves for consideration. To be eligible for consideration, and in addition to meeting the selection criteria set out below, former staff or design professionals must demonstrate a continuing and meaningful engagement with the assurance of academic standards and quality.

Selection criteria

The essential criteria for staff reviewers are as follows:

- experience in managing and assuring academic standards and the quality of higher education provision in a senior academic or professional support capacity at organisational and/or faculty or school level
- good oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

In making our selection from those nominated, we try to make sure that a wide range of different providers are represented in the pool of reviewers, and that the pool reflects - in aggregate - sectoral, discipline, geographical and gender balances.

Successful nominees are inducted and trained by the India Design Council so that they are familiar with the aims, objectives and procedures of the review process, and their own role. Nominees are only appointed as reviewers once they have completed their training to the satisfaction of the India Design Council.

Contract management

Reviewers are appointed on the basis that they agree to undertake, if requested, two reviews per academic year. The appointment will be reviewed after two years, but may be extended beyond this period by mutual agreement and subject to satisfactory performance.

At the end of each review, we ask reviewers to complete a standard evaluation form. The form invites feedback on the respondent's own performance and that of the other reviewers.

We share the feedback generated with reviewers at regular intervals, to allow them to understand, and reflect on, the views of their peers. The feedback is anonymous; those receiving the feedback cannot see who has provided it.

Reviewers with particularly good feedback are invited to provide further information for use in training or dissemination to other reviewers. Reviewers with weaker feedback may be offered additional support and/or released from the reviewer pool, depending on the nature of the feedback and its prevalence.