

Annex B: Variation and revocation of degree awarding powers in England

**Operational guidance for providers on
assessment by the Office for Students**

Enquiries to regulation@officeforstudents.org.uk

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Introduction

1. The Higher Education and Research Act 2017 (HERA)¹ gave the Office for Students (OfS) the power to grant higher education providers in England authorisations to use degree awarding powers (DAPs). It also gave the OfS the power to vary or revoke DAPs authorisations for higher education providers in England irrespective of whether that authorisation was originally granted by the OfS or made under an Act of Parliament or by Royal Charter.
2. This operational guidance is intended for existing providers of higher education in England that already hold a DAPs authorisation and that are being considered by the OfS for either a variation or revocation of that DAPs authorisation. It provides information to help providers understand the OfS's approach to assessment in DAPs variation and revocation cases.
3. This operational guidance sets out information on the assessment process, and should be read alongside the OfS regulatory framework for higher education in England (the OfS regulatory framework),² as the principal source of information about the DAPs criteria providers will be assessed against.
4. Appendix D of this document sets out revised evidence requirements the OfS will use, subject to a provider's agreement, to assess its application for DAPs. While the substantive requirements and criteria against which providers will be assessed remain unchanged, the revised evidence requirements in this operational document have been designed to streamline the assessment process by clarifying the meaning and purpose of the evidence requirements set out in Annex C of the regulatory framework in relation to the DAPs criteria, and by removing unnecessary duplication.
5. We will ask a provider applying for DAPs at the start of the assessment process to confirm that it is happy to use the evidence requirements set out in Appendix D of this document, but it can, if it prefers, choose to be assessed using the evidence requirements in Annex C of the regulatory framework.
6. This operational guidance should also be read in conjunction with OfS Regulatory advice 17: Variation and revocation of degree awarding powers (Regulatory advice 17),³ which sets out guidance about how and under what circumstances the OfS might vary or revoke a provider's DAPs authorisation, and the DAPs guidance set out in the OfS regulatory framework.
7. The OfS will undertake a DAPs assessment in the following circumstances:
 - a. When a provider with an existing time-limited DAPs authorisation is seeking indefinite DAPs. A provider that is granted Full DAPs by the OfS will hold its award on a time-limited basis in the first instance. After three years of operating with an authorisation for Full DAPs, the provider will be subject to an assessment, which, if successful, would

¹ See Higher Education and Research Act 2017 ([legislation.gov.uk](https://www.legislation.gov.uk)).

² See The regulatory framework for higher education in England - Office for Students.

³ See Regulatory advice 17: Variation and revocation of degree awarding powers - Office for Students.

enable authorisation with no time limit. An authorisation with no time limit is referred to as 'indefinite DAPs'. Providers with an existing DAPs authorisation granted by the Privy Council on a renewable basis that have operated with DAPs for three or more years may also make a request to the OfS for consideration for indefinite DAPs, and will be subject to assessment as outlined in this document.

- b. When a provider with existing time-limited Full DAPs or indefinite DAPs makes a request to the OfS for an extension to its powers to cover additional academic levels or subject areas. Any extension to these powers will be subject to assessment as outlined in this document. The exception to this is where a provider is seeking a new research DAPs authorisation. To apply for a research DAPs authorisation, a provider will need to submit a new application which will be considered under the assessment method outlined in Degree awarding powers in England: Operational guidance for providers on assessment by the OfS.⁴
 - c. Where a provider is seeking an extension to powers at the same time as seeking indefinite DAPs, the assessment of both aspects will normally be conducted concurrently.
 - d. The OfS may also undertake a DAPs assessment if it is considering whether to vary or revoke a provider's DAPs authorisation as a form of regulatory intervention.
8. The main features of the assessment process to be undertaken in the circumstances specified in paragraph 7 are outlined below. This guidance sets out the key features of the assessment process that apply in all circumstances. It also sets out specific features of the assessment process that apply when variation or revocation of a DAPs authorisation is being considered as a form of regulatory intervention. The scope and nature of any assessment will be determined by us and will be appropriate and proportionate for the type of variation under consideration.

⁴ Available as Annex D at [Regulatory advice 12: How to apply for degree awarding powers - Office for Students](#).

The assessment: key features

Context, purpose and nature of assessment

9. The purpose of a DAPs assessment is to gather evidence to inform a judgement about whether a provider being considered for a variation or revocation of its DAPs authorisation continues to meet the DAPs criteria, and has the ability to:
 - provide, and maintain the provision of, higher education of an appropriate quality
 - apply, and maintain the application of, appropriate standards to that higher education.
10. In variation cases where the variation is not being considered as a form of regulatory intervention, we will carry out an initial DAPs eligibility and suitability assessment as set out in Regulatory advice 17, before commencing a DAPs assessment.
11. The assessment for the variation of DAPs will not normally replicate the detailed scrutiny carried out when DAPs were first awarded; it is intended to confirm that the powers in question have been exercised securely, and, where any new powers are sought, these will also be exercised securely. We may, however, carry out such detailed scrutiny where we consider this necessary. As with all DAPs applications, OfS officers will undertake an eligibility and suitability assessment of a provider, and this initial assessment will determine the scope and level of detail of the DAPs variation assessment and whether the assessment should be desk-based in the first instance or should include at the outset a requirement to visit the provider.
12. Appendix A sets out the standard assessment process and an indicative timeframe.

Expert assessment

13. DAPs assessments will be conducted by assessment teams with membership that includes OfS-appointed academic experts. Assessors will have experience of higher education and knowledge relevant to those areas they are responsible for assessing. They will also understand the OfS's regulatory framework, and the way in which DAPs assessments are designed to deliver the OfS's approach to regulation in practice. They will be able to assimilate and evaluate different kinds of evidence and will draw on their expertise to reach expert academic judgements about the quality and standards of higher education across a range of contexts.
14. The size and composition of each assessment team will be tailored to the characteristics of the provider being assessed, taking account of factors such as the number of students, type of courses, type of provider and type of DAPs sought and already held. Typically, the assessment team will include members with expertise in academic and professional support services, in exercising degree awarding powers and in representing the interests of students.
15. Each assessment team will typically include a subject specialist or specialists to reflect the subject areas in which the provider offers courses. Where an assessment team includes a subject specialist, the subject specialist may be called on to scrutinise particular aspects of

provision but will generally act as a full member of the assessment team. If appropriate, the OfS can also appoint further specialists to contribute to the assessment, to act as part of the assessment team or to provide more limited advice as appropriate. This option may be taken for particularly complex cases or where a provider offers specialist provision.

16. We may include a student member in an assessment team, where we consider it appropriate to do so.
17. Assessments for research DAPs will always involve specialist advice from UK Research and Innovation (UKRI) or its constituent councils. For other DAPs assessments we envisage that the use of additional advisers would be exceptional, such as in circumstances where the provider and/or its provision has particularly unusual or distinctive characteristics, or where the assessment team's initial assessment raises particular issues which were not apparent at the beginning of the process when the team was composed.
18. We will provide training for the assessment team. All team members will take part in DAPs-specific training before they conduct a DAPs assessment. The purpose of the training is to ensure that all team members fully understand and are familiar with:
 - the OfS's regulatory approach and the requirements we impose for quality, standards and degree awarding powers
 - the aims and objectives of the different DAPs assessment methods
 - all the procedures and approaches involved, including interrogating and cross-checking evidence, and making consistent, outcomes-focused findings
 - their own roles and tasks, and the OfS's expectations of them.
19. The assessment will be coordinated by an OfS officer who will be a full member of the assessment team. The OfS officer will brief the assessment team at the beginning of the process and act as primary liaison between the assessment team and the provider. A provider will also be invited to nominate a facilitator who will coordinate the assessment on its behalf. Further information about the roles and responsibilities of the OfS officer and provider facilitator is set out in Appendix C.
20. Details of assessment team members will be notified to the provider.
21. If, due to unforeseen circumstances, a member of the assessment team needs to exit the process before an assessment is complete, we will seek to appoint a replacement assessor, depending on the stage of the assessment. Where this happens, we will ensure that any new assessor is properly briefed.

Assessment against the criteria for DAPs

22. The criteria for authorisation for DAPs are designed to ensure that a provider with DAPs demonstrates a firm guardianship of academic standards, a firm and systematic approach to the assurance of the quality of the higher education that it provides, and the capacity to contribute to the continued good standing of higher education in England.

23. The **overarching criterion** for the authorisation for DAPs is that a provider must be 'a self-critical, cohesive academic community with a proven commitment to the assurance of standards supported by effective quality systems'.
24. Guidance on the underpinning criteria for the authorisation of DAPs is set out in Annex C of the OfS regulatory framework.⁵ To support clear communication and provide a common reference for providers and the assessment team, the DAPs criteria and evidence requirements set out in Appendix D of this document have been given unique identifiers.
25. The DAPs criteria, including the overarching criterion, are the reference point for the DAPs assessment process and assessment teams will assess a provider against these criteria. The assessment team's judgement will relate to whether the provider continues to meet the relevant DAPs criteria, and, in each case, the assessment team will provide reasons for its judgement. For providers seeking an extension of powers, the assessment team will also make a judgement about whether the provider has demonstrated that it meets these criteria in the context of the extension of powers sought.
26. DAPs assessments follow a tailored scrutiny process in which the provider's submission of evidence and the scrutiny process are focused on the subject(s) or level(s) for which powers are sought. Some DAPs criteria and outcomes – for example, those relating to academic governance – apply in the same way regardless of the type of powers sought. For other criteria focusing on staff expertise and learning resources, a provider need only demonstrate that it meets the requirements in the relevant subject(s) or level(s), depending on the type of application made, for example whether the provider is applying for subject-specific DAPs or not. The assessment process is appropriate for the size, complexity and nature of provision offered by the provider. An applicant with existing degree awarding powers seeking additional subject(s) or level(s) must also, however, provide evidence that it continues to meet the criteria for the powers it has been exercising.

Student engagement

27. The assessment team will ask to see evidence of student engagement and gather students' views about various aspects of their educational experience as this relates to the DAPs criteria. Students can contribute evidence by participating in meetings with the assessment team, where a visit takes place. Students can also contribute evidence through a student submission produced by the provider's students or their representatives, to help the assessment team understand students' views about the part(s) of the provision under assessment. Provision of a student submission is optional for students.

Outcome of the assessment

28. The outcome of the DAPs assessment is a report, compiled by the assessment team summarising its findings from the assessment.

⁵ See [The regulatory framework for higher education in England - Office for Students](#).

Draft assessment report

29. When the assessment team has completed its draft assessment report, we will share this with the provider and invite the provider to comment on the report including whether there is anything in the draft report that it considers to be factually inaccurate.
30. If the provider does not have any comments to make, it does not need to do anything further. If the provider wants to submit comments, it must do so within 14 calendar days beginning from the day after it receives the draft assessment report. For example, if the provider receives the draft report on the first day of the month, its comments must be submitted on or before 1700 on the 15th day of the month. If the provider does not submit any comments by this deadline, we will record that no comments have been received. If we do not receive any comments, we will send the provider a copy of the final report after the 14-day response period has ended.
31. We will not normally extend the 14-day response period unless there are exceptional circumstances that mean the provider is not able to meet the deadline for submission. If a provider thinks that there are exceptional circumstances, it should contact us as soon as it becomes aware that meeting the deadline may not be possible.
32. In making any comments about the draft report, a provider can tell us about:
 - typographical or numerical errors
 - information that it considers is factually inaccurate
 - any information that is relevant to the assessment process that it thinks has not been considered by the assessment team
 - any specific content of the report that it considers should be redacted before publication, for example for data protection reasons or because it considers it to be commercially sensitive.

Information that a provider considers is factually inaccurate

33. When making a comment of this type, the provider must explain why what is written in the draft report is factually inaccurate and refer to any supporting evidence. The provider should label any evidence it submits in attachments as numbered appendices and explain which appendix relates to which comment.
34. When the provider refers to a specific part of the report we need to know, with no ambiguity, the wording in the draft report that it is referring to. If we cannot determine which wording in the report a comment relates to, we may not be able to consider it.

Any information that is relevant to the assessment process that the provider thinks has not been considered by the assessment team

35. If a provider thinks there is material information or evidence that it provided to us for the assessment that we have not considered, it can tell us about this.

Considering a provider's comments

36. Any evidence submitted by a provider in support of any comments it makes must have been available during the period the assessment was conducted. When evidence is submitted (in

support of a provider's comments) that was not available during this period because it was created after the period of assessment, we will not normally consider it as it was not available at the time of the assessment. A provider will be given an opportunity to make representations in relation to the publication of the report and can make any further points it wishes as part of that process.

37. We will consider each comment a provider makes and determine whether the relevant part of the draft report should be amended.
38. We will provide a response to the provider's comments and tell the provider when we have made any amendments to the report. We will do this at the same time as we send the provider a copy of the final report.

Quality Assessment Committee

39. We will send the final report to the OfS's Quality Assessment Committee (QAC) following completion of the stages set out in paragraphs 28 to 38. QAC is an OfS committee, comprised in the majority of members who are not members of the OfS nor OfS staff. As set out in section 24 of HERA⁶, the majority of the members of the committee must be individuals who appear to the OfS to have experience of providing higher education on behalf of an English higher education provider or being responsible for the provision of higher education by such a provider. QAC has responsibility for providing advice to the OfS under section 46 of HERA⁷, on the quality of and standards applied to the higher education being provided by providers for which the OfS is considering granting, varying, or (in certain circumstances) revoking authorisation for degree awarding powers. QAC formulates and confirms this advice having considered the assessment team's report.
40. QAC does not have responsibility for making decisions about individual DAPs cases. The decision about whether to grant, vary or revoke a DAPs authorisation is set out in the OfS's scheme of delegation.⁸ The role of QAC is to provide independent advice to inform such decisions. This advice may include any concerns regarding the award of DAPs or additional monitoring or restrictions that should be considered by the OfS in its decision making.

Publication of reports

41. Each DAPs assessment team report will normally be published on the OfS website after a decision has been reached about whether to vary or revoke a provider's DAPs authorisation and in line with the approach set out in Regulatory advice 21: Publication of information.⁹

⁶ See [Higher Education and Research Act 2017 \(legislation.gov.uk\)](https://www.legislation.gov.uk).

⁷ See [Higher Education and Research Act 2017 \(legislation.gov.uk\)](https://www.legislation.gov.uk).

⁸ Available at [Our board and committees - Office for Students](#).

⁹ See [Regulatory advice 21: Publication of information - Office for Students](#).

Representations

42. If the OfS takes a provisional decision that DAPs should not be authorised on the basis requested by a provider, we will notify the provider's governing body of this provisional decision and the reasons for it, and we will offer the provider the opportunity to make representations.
43. We will set out the process and timeframe (which will not be less than 28 days from when the OfS provisional decision is communicated) for the submission of representations.
44. The OfS will consider a provider's representations before taking a final decision about the authorisation of DAPs.
45. The representations process follows the statutory process set out in HERA¹⁰ and Annex A of Regulatory advice 17 for variations and revocations of DAPs.
46. The statutory process set out in HERA also sets out that a provider may appeal to the First Tier Tribunal against any decision to vary or revoke a DAPs authorisation.

¹⁰ See [Higher Education and Research Act 2017 \(legislation.gov.uk\)](https://www.legislation.gov.uk).

Assessment for positive forms of variation (i.e. time-limited to indefinite DAPs and extension of powers)

47. The assessment of a provider for the reasons outlined in paragraph 7 will normally follow the standard assessment process as set out below and in Appendix A.

Making an application

48. The application process is set out in Regulatory advice 17.¹¹ A provider can contact the OfS if it wishes to initiate a variation of its current powers, or we may contact a provider when we think a variation assessment should begin, for example in order to allow enough time for an assessment to be carried out before a provider's time-limited DAPs authorisation expires.
49. We will initiate the assessment process when we are satisfied that the provider meets the eligibility and suitability requirements set out in Regulatory advice 17.
50. The variation or revocation of a provider's DAPs as a form of regulatory intervention will normally only be considered when other forms of regulatory intervention have either been used and have failed to address the OfS's concerns, or where there are good reasons why the OfS considers that other forms of regulatory intervention are unlikely to be effective in addressing the concerns in practice. This is likely to be particularly relevant where concerns relate to ongoing conditions of registration that have particular relevance for DAPs, such as those for quality and standards, financial viability and sustainability, or management and governance.

Preparatory stages

51. We will contact a provider to begin preparing for the assessment. The preparations will comprise:

- an initial briefing to help the provider prepare for its DAPs assessment and allow it to ask questions and receive further information about the process and the likely evidence required
- a discussion about the timeline for the assessment, including the date by which the provider should upload its self-assessment and initial evidence, whether the assessment is likely to involve a visit to the provider, and potential student engagement
- notification from the provider of the impact of any changes to the provider's academic structure and/or academic governance that have occurred since its last DAPs authorisation

¹¹ See [Regulatory advice 17: variation and revocation of degree awarding powers - Office for Students](#).

- details of any changes to the provider's higher education provision, and its quality assurance policies and processes, that have occurred since its last DAPs authorisation
- notification of the assessment team.

Submission of evidence

52. Following the initial briefing, a provider is required to submit a self-assessment which describes, analyses and comments clearly and explicitly on how it meets the DAPs criteria associated with the DAPs authorisation it currently holds. Where the provider is seeking an extension of its DAPs authorisation, its self-assessment should also clearly indicate how it considers it meets the criteria in the context of the additional powers sought. The self-assessment should provide contextual information for the application, including a brief summary of any changes to the provider's structure and academic governance, higher education provision, and quality assurance processes that have occurred since the last assessment for DAPs. It should also include details of the higher education awards and courses currently offered and plans for future delivery within its current DAPs authorisation and/or proposed extension of powers where applicable.
53. The provider should submit initial evidence to support the claims made in its self-assessment. This self-assessment and initial submission of evidence will assist in the planning of the assessment and will also be used by the assessment team for its initial desk-based assessment against the DAPs criteria.
54. In submitting its initial evidence, the provider should make use of existing documentation wherever possible. For a provider seeking to vary a time-limited DAPs authorisation to an indefinite DAPs authorisation, it should not be necessary for it to prepare materials especially for this assessment, except for the self-assessment. The assessment team will request further evidence, including samples of evidence at departmental or course level, as appropriate.
55. Appendix D offers guidance on the types of evidence a provider might need to submit for an assessment for the variation of its DAPs authorisation. A provider may be applying for an extension of its DAPs authorisation by academic level or subject area, or seeking to extend its existing time-limited authorisation to indefinite. Providers are therefore encouraged to select evidence that would be appropriate and proportionate to the type of DAPs variation being considered. Appendix D is indicative only and it is likely, given the nature of the assessment, that not all items listed will be appropriate. Other evidence not listed in Appendix D may also be supplied by the provider and/or requested by the assessment team if this will help with demonstrating whether the criteria are met.

Desk-based assessment

56. All assessments will include a desk-based assessment. We will advise whether a visit to the provider is also required, as set out in paragraphs 60 to 61. The assessment team will check that the submission includes sufficient information to enable it to conduct its desk-based assessment. Assessment team members will record their desk-based analysis using a standard template to ensure all relevant areas are considered and that a consistent

approach to assessment is adopted. The purpose of the desk-based assessment is for the assessment team to:

- ensure members are familiar with the provider
 - assess evidence against the DAPs criteria to determine areas that require follow-up investigation
 - assess the impact of any significant changes or developments since the last assessment or renewal that may affect the provider's ability to continue to meet the DAPs criteria
 - assess how the provider has operated its current DAPs authorisation and whether the provider continues to meet the DAPs criteria
 - assess how the provider considers it meets the DAPs criteria for any extension of powers sought (where applicable)
 - determine what further evidence is required from the provider, including a sample of evidence on the setting and maintaining of standards at departmental and/or course level to be made available
 - determine whether advice is likely to be needed from other expert advisers to confirm that the provider applies and maintains academic standards at an appropriate level.
57. Normally the outcome of the desk-based assessment will be a request to the provider for further information. Where multiple examples of supporting evidence from departmental or course levels are required, the OfS officer will give guidance on the selection of samples.
58. Once the provider has supplied the further evidence requested, the assessment team will assess the evidence and meet in private to discuss its findings.
59. Where we have not specified that a visit to the provider is required, the assessment team will discuss and agree its conclusions at this stage.
60. Where a visit is required, the overall programme of activities will be confirmed with the provider as soon as possible after the team meeting, including:
- confirming whether advice is to be requested from other expert advisers
 - identifying any further evidence to be submitted by the provider
 - planning the visit, agreeing a programme of activities, specifying the people whom the assessment team should meet, and the further information the assessment team should seek to gain from those meetings.
61. Where we have specified that a desk-based assessment only is required, if the assessment team finds any issue which it considers might warrant further investigation by way of a visit to the provider, the assessment team will inform us. The provider will be informed if we decide that a visit should take place. We will determine the timings for the visit through discussion with the provider and will allow the provider and the assessment team time to prepare for the visit.

Assessment team visit

62. Where a visit is required, it is likely to last between one and three days. Meetings are likely to involve members of a provider's governing body, senior managers, staff and students. The visit will be used to explore those areas that the desk-based assessment has highlighted as requiring further investigation and clarification before the assessment team can draw its conclusions. The visit may also include observations of teaching or review of assessed work by the team where required. The assessment team may request additional evidence during the visit.
63. The assessment team will meet privately, either virtually or in person, to discuss its findings and agree its conclusions. No feedback will be given to the provider at the end of the visit. The assessment team has discretion to extend the visit in exceptional circumstances, for example where a serious issue emerges which was not apparent beforehand. Where it is not possible to extend the visit, it may be necessary to organise a follow-up visit.

Final report

64. The assessment team will produce a draft report setting out its findings against the DAPs criteria. The report will be structured according to the DAPs criteria A-E (foundation degree awarding powers and taught degree awarding powers) and A-H (research degree awarding powers) and will provide advice about whether the provider continues to meet the DAPs criteria for its existing DAPs authorisation and, where relevant, whether it meets the DAPs criteria for the extension of powers sought.
65. The draft report will be sent to the provider for the provider to comment as set out in paragraphs 28 to 38.
66. The final report will be considered by QAC before QAC's advice is provided to the OfS.
67. QAC will provide advice to the OfS about the quality of, and standards applied to, higher education for any purposes relating to the authorisation, variation or revocation of DAPs.
68. The OfS will make a decision about whether to authorise DAPs on the basis sought by the provider. We will have regard to QAC's advice and the assessment team's report in making our decision about whether to vary the provider's DAPs. This includes consideration of the evidence and reasoning included within the assessment report, and the detail of QAC's advice, and is not limited to consideration of the judgements for each criterion given in an assessment report, or the overall advice provided by QAC. We will also consider any other intelligence we hold about a provider and its compliance with the ongoing conditions of registration when making a decision.
69. For any decision taken on a variation of a provider's DAPs, we will follow the process outlined in Annex A of Regulatory advice 17. Where we make a provisional decision **not** to vary powers on the basis sought by the provider, we will offer the provider the opportunity to submit representations about the provisional decision, as set out in paragraphs 42 to 46.

Assessment for regulatory interventions

70. A DAPs assessment may be required to gather evidence where the OfS is considering whether to vary or revoke a provider's DAPs authorisation as a form of regulatory intervention. In these cases, the standard assessment process, as set out in paragraphs 48 to 69 and Appendix A, will be followed, subject to the following changes.

Assessment visit

71. As in the assessment process set out above for other variations, we will determine whether an assessment team visit to the provider will be required. It is highly likely in the case of DAPs assessments for regulatory interventions that a visit will be required. We may also specify particular areas to be addressed and we may ask the assessment team to include in the visit a significant test, or re-testing, of the extent to which the provider meets the relevant DAPs criteria.
72. Where we are considering revoking a provider's DAPs authorisation because there are serious concerns relating to the quality and standards of provision, the assessment will not normally replicate the detailed scrutiny that led to the provider's original DAPs authorisation. However, we may ask an assessment team to carry out such detailed scrutiny where we consider this necessary. The assessment team will normally be asked to undertake a detailed DAPs assessment that includes one or more visits by the assessment team to the provider. The assessment will focus on testing matters relating to the quality of and standards applied to higher education including the provider's ongoing compliance with the DAPs criteria. The assessment team will provide evidence which we will use to determine whether revocation of a DAPs authorisation is appropriate.
73. Any visit for the purposes of considering a regulatory intervention in the form of a variation or revocation of a provider's DAPs may require more time and/or a larger team, according to the circumstances and the issues involved. We will discuss this with the provider at the preparatory stage. Otherwise, the assessment team visit will be conducted as in paragraphs 48 to 69.
74. Further information on our approach to the variation or revocation of DAPs as a regulatory intervention can be found in Regulatory advice 17.¹²

¹² See [Regulatory advice 17: variation and revocation of degree awarding powers - Office for Students](#).

Appendix A: Indicative timeframe for variation assessment

1. The DAPs variation assessment process undertaken by the assessment team, as set out in this guidance, will normally take approximately 18-24 weeks. This is indicative and may take longer depending on the volume and quality of evidence submitted and the complexity of the DAPs case.
2. We will initiate the assessment process when we are satisfied that the provider meets the eligibility and suitability requirements set out in Regulatory advice 17. We will also set out a fee estimate for the assessment and take payment from the provider.
3. The main stages of the process are set out below.

Event	Description
Desk-based assessment stage	
This stage will normally take between 8-10 weeks from the date of provider submission of self-assessment and supporting evidence.	
Provider briefing	OfS officer contacts provider to discuss the timeline for the assessment, including the date by which the provider must upload its self-assessment and initial evidence, whether the assessment is likely to involve a visit to the provider, and potential student engagement.
Submission	Provider submits self-assessment and supporting evidence to OfS. Student submission is also uploaded.
Desk-based assessment	Assessment team conducts desk-based assessment and identifies additional evidence requests, including departmental/course level sampling, and whether specialist input is likely to be required.
Additional evidence	Provider submits additional evidence.
Further assessment	Assessment team considers additional evidence and, where no visit required, meets to discuss findings (or to plan visit if required).
Visit – where specified at outset	
Visit	Assessment team visits provider and undertakes other scrutiny activity such as online meetings or observations as required.

Event	Description
Final report stage This stage will normally take between 10-14 weeks, although final timings will depend on the schedule of QAC meetings.	
Draft report	Draft report sent to provider for comment.
QAC	Final report submitted to QAC. QAC provides advice to the OfS.

- Where the OfS has specified a desk-based assessment only and later decides that a visit to the provider should be conducted, the indicative timescale above may be extended to allow the team and the provider to prepare. The timescales for report production and advice to the OfS will be adjusted accordingly and will normally follow the same intervals as outlined above.

Appendix B: Academic experts

1. Degree awarding powers (DAPs) assessments will be conducted by assessment teams with membership that includes OfS-appointed academic experts. Academic experts will have senior-level experience and expertise in higher education in those areas they are responsible for assessing. They will also understand the OfS regulatory framework for higher education in England,¹³ and the way in which DAPs assessments are designed to deliver the OfS approach to regulation in practice.

Expertise and experience

2. Regardless of their specific area or areas of expertise, all DAPs academic experts will be expected to demonstrate a common set of knowledge and skills, as follows:
 - the ability to make reliable, consistent, evidence-based judgements
 - an understanding of the OfS's regulatory framework, including the DAPs criteria
 - the ability to work effectively as part of a team
 - strong analytical and investigatory skills with the ability to assimilate and evaluate large quantities of evidence
 - excellent oral and written communication skills
 - the ability to work effectively with electronic and/or web-based communication systems
 - the ability to adhere to agreed protocols, procedures and deadlines.

Expert and specialist adviser pool

3. Beyond these common characteristics, the pool of academic experts will reflect a diversity of experience, knowledge and specialism, including some with experience of setting up and/or working in new higher education providers.
4. For example, some will have subject-specific expertise, experience in designing and delivering higher education courses, assessing the achievement of students and teaching and learning. Others will have particular expertise in the management and delivery of academic and administrative support services, and/or in representing the interests of students. In aggregate, each DAPs team will demonstrate expertise and experience in those specific areas where judgement and assessment are required.

Training and monitoring of performance

5. We will arrange and deliver training for assessment team members. All assessment team members will be required to take part in DAPs specific training before they take part in a

¹³ See Securing student success: Regulatory framework for higher education in England - Office for Students.

DAPs assessment. The purpose of the training is to ensure that all team members fully understand and are familiar with:

- the OfS's regulatory approach and the requirements we impose for quality, standards and degree awarding powers
- the aims and objectives of the different DAPs assessment methods
- all the procedures and approaches involved, including interrogating and cross-checking evidence, and making consistent, outcomes-focused findings
- their own roles and tasks, and the OfS's expectations of them.

Appendix C: Roles and protocols

Roles

OfS officer

1. An OfS officer is a full member of the assessment team and will contribute to the assessment on the same basis as other assessors. The OfS officer is also responsible for coordinating the assessment process and guiding the assessment team and the provider through all stages of degree awarding powers (DAPs) assessment, ensuring that the assessment is conducted according to the procedures described in this document.
2. The provider will be advised which OfS officer will be coordinating its DAPs assessment. A provider may phone or email an OfS officer should it have any questions. An OfS officer can provide advice about the process but cannot act as a consultant for the assessment.
3. The OfS officer will:
 - be a full member of the assessment team
 - act as the main point of contact for the provider
 - brief the provider about the assessment process to ensure they know what to expect
 - liaise with the provider to confirm the schedule for on-site visits
 - discuss with the provider any requests for additional information made by the team
 - brief the assessment team about requirements, protocols, obligations and responsibilities
 - coordinate and oversee the work of the assessment team
 - ensure the assessment team's findings are supported by valid and reliable evidence and that any assessment criteria have been applied consistently
 - work with the assessment team to produce any assessment reports.

Provider facilitator

4. The provider is invited to appoint a facilitator to support the assessment process. The role of the facilitator is to act as the liaison between the assessment team and the provider. It is envisaged that the facilitator will be a member of the provider's staff.
5. The role of the provider facilitator is to:
 - act as the primary contact for the OfS officer during preparations for the DAPs assessment, including any on-site visits
 - act as the assessment team's primary contact during any on-site visits
 - provide advice and guidance to the assessment team on the provider submission and any supporting documentation

- provide advice and guidance to the assessment team on the provider's structures, policies, priorities and procedures
 - keep an updated list of evidence to be presented to the assessment team throughout the assessment, to be confirmed by the OfS officer
 - ensure that the provider has a good understanding of matters raised by the assessment team, thus contributing to the effectiveness of the assessment
 - meet the assessment team at the team's request during on-site visits, in order to provide further guidance on sources of information and clarification of matters relating to the assessment.
6. The facilitator will not be present for the assessment team's private meetings. However, the facilitator will have the opportunity for regular meetings so that both the assessment team and the provider can seek further clarification outside of the formal meetings. This is intended to improve communication between the provider and the assessment team during the on-site visits and enable providers to gain a better understanding of the areas being investigated.
 7. The facilitator is permitted to observe any of the other meetings that the assessment 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 assessment team.

Protocols

Provider facilitator

8. The role of the provider facilitator is to help the assessment team come to a clear and accurate understanding of the provider's arrangements for meeting the DAPs criteria.
9. The facilitator role requires objectivity, clear communication and the ability to establish effective relationships with the OfS officer. The facilitator should not act as an advocate for the provider, but may legitimately:
 - bring additional information to the attention of the assessment team
 - seek to correct factual inaccuracy
 - assist the provider in understanding matters raised by the assessment team.
10. The assessment team will decide how best to use the information provided by the facilitator. The facilitator is not a member of the assessment team and will not make judgements about the provision.
11. The facilitator must observe the same conventions of confidentiality as the assessment team.
12. All communications (written or oral) connected with a DAPs assessment are treated as confidential 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 assessment team and report back to other staff, so that the provider has a good understanding of the matters raised by the assessment team at this stage. This can contribute to the effectiveness of the DAPs assessment.

13. The assessment team members also have the right to ask the facilitator to disengage from an on-site visit at any time if they consider that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.

Assessment team

14. Assessment team members are expected to:

- always be courteous and professional during visits and meetings
- respect organisational sensitivities and practices
- base the views they form on accurate, valid and reliable evidence
- strictly observe the confidentiality of the assessment process.

15. Assessment team members may not:

- engage in informal discussions that might compromise, or be seen to compromise, the validity and independence of subsequent judgements
- participate in formal meetings that they observe (though they may take notes)
- accept gifts or invitations to formal or informal events (such as dinners or award ceremonies).

Appendix D: DAPs criteria and evidence requirements

1. This appendix sets out revised evidence requirements the OfS will use, subject to a provider's agreement, to assess its application for DAPs. While the substantive requirements and criteria against which providers will be assessed remain unchanged, the revised evidence requirements in this operational document have been designed to streamline the assessment process by clarifying the meaning and purpose of the evidence requirements set out in Annex C of the regulatory framework in relation to the DAPs criteria, and by removing unnecessary duplication.
2. We will ask a provider applying for DAPs at the start of the assessment process to confirm that it is happy to use the evidence requirements set out in this appendix, but it can, if it prefers, choose to be assessed using the evidence requirements in Annex C of the regulatory framework.

Overarching criterion for the authorisation for DAPs

3. The overarching criterion for the authorisation for DAPs is:

For New DAPs	An emerging self-critical, cohesive academic community with a clear commitment to the assurance of standards supported by effective (in prospect) quality systems
For Full DAPs	A self-critical, cohesive academic community with a proven commitment to the assurance of standards supported by effective quality systems

4. The underpinning criteria for the different types of DAPs authorisation are set out below. These provide a framework to accommodate subject-specific and level-specific DAPs, without the need for separate sets of criteria. Differentiation for the different types of powers will be achieved through a tailored scrutiny process in which both the provider's submission of evidence and the scrutiny itself are focused on the subject(s) or qualification level(s) for which powers are being sought. Some criteria and evidence requirements, for example those relating to academic governance, will apply in the same way regardless of the type of powers applied for. For other criteria focusing on staff expertise and learning resources, a provider will only need to demonstrate competence in the relevant subject(s) and level(s).
5. To further understand how an assessment will test a provider against the criteria and evidence requirements in a way which is tailored to the provider's specific context, the below should be noted:
 - a. While, for convenience, all criteria and evidence requirements are generally framed in the present tense (e.g. 'are'), these may be satisfied in prospect (e.g. 'will be') depending on the provider's particular circumstances.
 - b. For providers applying through the **New DAPs** route, an assessment will test how a provider is developing (or, where relevant, has already developed) its own arrangements for satisfying the DAPs criteria by the end of its probationary period. Where arrangements are in prospect, the assessment will consider whether these are likely to satisfy the

relevant DAPs criteria if put into practice at the relevant time, and whether the provider's plans for developing such arrangements are credible.

- c. For providers applying through the **Full DAPs** route (whether directly or after a New DAPs probationary period), an assessment will seek assurance that the provider has already developed the necessary arrangements to satisfy the DAPs criteria and, wherever possible, the assessment will test if the provider is operating those arrangements and satisfying the criteria fully and effectively in practice (noting that some arrangements may not be operational at the point of assessment, e.g. where the provider currently makes awards through a validating partner pending authorisation of its own powers).
- d. Where a provider applying through either route currently delivers higher education in partnership with another provider (such as where a provider delivers awards validated by another), the assessment will also consider the arrangements governing that delivery. Relatedly, it will consider how the provider intends to assume responsibility for any areas it is not currently responsible for, and its plans for transitioning from one set of arrangements to another if it is successful in achieving the powers it is seeking.
- e. For providers seeking a **variation** to an existing authorisation (for example, to move to indefinite DAPs or extend powers by level or subject area), an assessment will test if a provider has been operating its arrangements and existing powers fully and effectively. Where a provider is applying to extend its degree awarding powers, an assessment will further focus on understanding how a provider will adapt its arrangements to make awards in the new area.

A: Academic governance

Criterion A1: Academic governance

A1.1: An organisation granted degree awarding powers has effective academic governance, with clear and appropriate lines of accountability for its academic responsibilities.

A1.2: Academic governance, including all aspects of the control and oversight of its higher education provision, is conducted in partnership with its students.

A1.3: Where an organisation granted degree awarding powers works with other organisations to deliver learning opportunities, it ensures that its governance and management of such opportunities is robust and effective and that decisions to work with other organisations are the result of a strategic approach rather than opportunism.

Explanation

There must be sound academic governance and management structures with integrity in all respects, so that there can be full public confidence in the integrity of the provider's qualifications.

There should be appropriate safeguards to ensure that if the provider decides to work with other organisations, these arrangements do not jeopardise academic standards or the quality of programmes. Such arrangements remain the ultimate responsibility of the provider with degree awarding powers, which must ensure that its oversight is effective for all its provision.

Seeking to engage students as partners is an important part of the academic governance and management of academic standards and quality, as is effective oversight of the information which the provider produces about its provision for all its stakeholders, especially prospective, current and completed students.

Evidence requirements

To assist in demonstrating that criterion A1 is met, a provider will need to provide evidence that:

- A1a: Its higher education mission and strategic direction are coherent and clear.
- A1b: Its academic policies effectively support its higher education mission and strategy and enable it to operate sound academic governance.
- A1c: It develops, implements and communicates its academic policies and procedures in collaboration with its staff and, where appropriate, external stakeholders.
- A1d: There is clarity and differentiation of function and responsibility at all levels in the provider in relation to its academic governance structures and arrangements for managing its higher education provision, and these arrangements are consistently applied.
- A1e: The function and responsibility of the senior academic authority is clearly articulated and consistently applied.
- A1f: There is appropriate depth and strength of academic leadership to ensure effective academic governance.
- A1g: Students individually and collectively are engaged in the academic governance of the provider and its higher education provision, with students supported to be able to engage effectively.
- A1i: Where it works (or intends to work) in partnership with others to deliver learning opportunities, there is effective management and robust oversight of these opportunities. Arrangements are governed through formal written agreements appropriate to the type of partnership, and decisions to work with others are the result of a strategic approach informed by an effective assessment of risk. This covers partnership arrangements such as (but not limited to) validating and subcontracting provision for delivery by another provider, or for example student work placements delivered by other organisations.

B: Academic standards and quality assurance

Criterion B1 – Regulatory frameworks

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

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

Explanation

The security of a provider's academic standards of qualifications depends in large measure on the academic frameworks and regulations which govern their award. These can be expected to cover a wide variety of topics ranging from the approval of degree schemes, the use or not of credit, through to the conduct of student assessments and appeals against academic decisions. Providers that award degrees are required to have in place a comprehensive set of regulations covering these matters. These academic frameworks and regulations are approved by the provider's senior academic authority.

Evidence requirements

To assist in demonstrating that criterion B1 is met, a provider will need to provide evidence that:

- B1a: The academic frameworks and regulations governing its higher education provision (covering, for example, student admissions, assessment, progression, award, appeals and complaints) are appropriate, and implemented consistently and effectively. These frameworks and regulations may be the provider's own, or they may belong to a partner in cases where the provider is not the awarding body.
- B1b: Where appropriate and in addition to any current arrangements, it has created further academic frameworks and regulations it will implement if successful in achieving the DAPs sought, and these are appropriate to that future status.
- B1c: It maintains definitive and up-to-date records of each qualification it awards and each programme it offers, and students and alumni are provided with records of study.

Criterion B2 – Academic standards

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

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

Explanation

A provider holding DAPs must have clear, consistent and effective mechanisms for setting and maintaining the academic standards of its higher education qualifications. This includes designing and delivering courses and qualifications that meet the threshold academic standards described in the FHEQ and ensuring that standards above the threshold continue to be reliable over time and reasonably comparable to those set and achieved by other UK degree awarding bodies.

Threshold standards for all levels and standards above the threshold for bachelors' degrees are described in the sector-recognised standards published by the OfS, which are drawn from the FHEQ and work of the Quality Council for UK Higher Education.

Evidence requirements

To assist in demonstrating that criterion B2 is met, a provider will need to provide evidence that:

- B2a: Its higher education qualifications are offered at levels that correspond to the relevant levels of the FHEQ.
- B2b: The setting and maintaining of academic standards takes appropriate account of relevant external points of reference and external and independent points of expertise.
- B2c: Its programme approval, monitoring and review arrangements are robust, applied consistently, and ensure that academic standards are set at a level which meets the UK threshold standard for the qualification and are in accordance with its own academic frameworks and regulations.
- B2d: Credit and qualifications are awarded only where the achievement of relevant learning outcomes (module learning outcomes in the case of credit and programme outcomes in the case of qualifications) has been demonstrated through assessment and / or appropriate recognised prior learning, and both the UK threshold standards and the academic standards of the relevant degree awarding body have been satisfied.

Criterion B3 – Quality of the academic experience

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

Explanation

Providers offering higher education awards are expected to consider carefully the purposes and objectives of the programmes they are offering. They are also expected to design their curricula, learning and teaching activities and associated resources, and assessment and feedback, in a way that will give diligent students the best chance of achieving their purposes and objectives and the threshold academic standards for the qualification being sought. Providers offering higher education qualifications must have the means of establishing for themselves that their intentions are, in practice, being met.

Evidence requirements

Criterion B3 – Quality of the academic experience

To assist in demonstrating that criterion B3 is met, a provider will need to provide evidence that:

Design and approval of programmes

- B3a: It operates effective processes for the design, development and approval of programmes. These processes involve external expertise and students, and result in programmes that are up to date, provide educational challenge and are coherent (including for programmes with multiple elements, cohorts or alternative pathways).
- B3b: Relevant staff are informed of, and provided with guidance and support on, these procedures and their roles and responsibilities in relation to them. Responsibility for approving new programme proposals is clearly assigned, and any subsequent action is carefully monitored.
- B3c: It consults relevant learning support and professional services to inform its programme planning, design and approval arrangements.

Learning and teaching

- B3d: It has a learning and teaching strategy or equivalent to provide a high quality academic experience to all its students irrespective of their location, mode of study, academic subject, protected characteristics, previous educational background or nationality.
- B3e: It maintains physical, virtual and social learning environments and specialist facilities appropriate to its context that are safe, accessible and reliable for every student. For students who may be studying at a distance from the provider (whether planned or unplanned), it has in place robust arrangements for ensuring that learning opportunities for those students remain effective.
- B3f: It enables every student to monitor their own progress.

Assessment

- B3g: It operates effective assessment processes that are clearly articulated and consistently operated. Assessment processes ensure assessments are valid and reliable, enabling every student to demonstrate the extent to which they have achieved the intended learning outcome(s) for the credit or qualification being sought.
- B3h: It provides students with feedback on assessments which is timely, constructive and developmental, supporting them to understand the basis on which it makes its academic judgements and how assessment feedback can further support their academic development.
- B3i: It supports students to understand, and develop the necessary skills to demonstrate, good academic practice.
- B3j: It operates consistent processes for preventing, identifying, investigating and responding to unacceptable academic practice, and these take account of emerging technologies in this area.

External examining

- B3k: It makes effective use of external examiners, including in the moderation of assessment tasks and student-assessed work, and uses feedback from external examiners to improve its higher education provision. Furthermore, it informs external examiners of

Criterion B3 – Quality of the academic experience

actions taken as a result of that feedback.

Academic appeals and student complaints

- B3l: It has effective procedures for handling academic appeals and student complaints about the quality of the academic experience, and these procedures are fair, accessible and timely. It takes appropriate action in response to an appeal or complaint.
- B3m: It monitors and analyses its complaints and appeals data or information, to understand trends and inform enhancements to its arrangements to reduce rates of complaints and appeals.

C: Scholarship and the pedagogical effectiveness of staff

Criterion C1 – The role of academic and professional staff

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

Explanation

The capacity and competence of the staff who teach and who facilitate and assess learning are central to the value of the education offered to students. Providers awarding their own qualifications have a crucial responsibility to ensure that every student has the chance to develop as an independent learner, and the opportunity to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.

Chances are maximised by effective teaching and the facilitation of learning undertaken by staff with academic, professional and vocational expertise in line with the provider's curriculum offer. This includes a responsibility for ensuring that staff – including those on temporary, fractional or hourly-paid contracts – maintain a professional understanding of current developments in research and scholarship commensurate with the level and subject of the qualifications being offered and, where applicable, keep in touch with practice in their professions, and for ensuring that structured opportunities for them to do so are both readily available and widely taken up. It also means that teaching for degree-level qualifications should reflect, in a careful, conscious and intellectually demanding manner, the latest developments in the subject of study.

Providers also have a responsibility for making certain that the assessment of their students is carried out in a professional, rigorous and consistent way.

Evidence requirements

To assist in demonstrating that criterion C1 is met, a provider will need to provide evidence that:

- C1a: It rigorously assesses the skills and expertise needed to teach its students.
- C1b: It assesses, monitors and maintains appropriate staff/student ratios and staff recruitment practices.

And that all relevant staff involved in teaching or supporting student learning, and in the

assessment of student work, have:

- C1c: Appropriate qualifications and skills to deliver and develop its higher education provision.
- C1d: Appropriate academic and, where applicable, professional or industry expertise.
- C1e: Appropriate opportunities to reflect on and enhance their practice and scholarship.
- C1f: Appropriate engagement with current subject-specific research or advanced scholarship, and with the pedagogy of their discipline, and this directly informs and enhances their teaching.
- C1g: Experience in curriculum and assessment design (or opportunities to gain that experience) and engage with the activities of other higher education providers, for example through becoming external examiners, validation panel members or external reviewers.

D: Environment for supporting students

Criterion D1 – Enabling student development and achievement

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

Explanation

The teaching and learning infrastructure – all the facilities, digital resources and support activities that are provided to maximise students' chances of developing their potential and of obtaining the qualification they are seeking – is a means to an end.

Providers that award their own qualifications are expected to have mechanisms in place designed to support and develop students beyond the arrangements for learning, teaching and assessment addressed in criterion B3. These include the specialist support services such as counselling, disability and careers advice and cover both the generic provision of services to a cohort of students and the targeted support for individual students. It is part of a provider's strategic approach which embodies the integration, coherence and internal cooperation between different areas of a provider, including for example links between professional services, academic departments and student representative bodies, as well as with external organisations.

Evidence requirements

To assist in demonstrating that criterion D1 is met, a provider will need to provide evidence that:

- D1a: It takes a strategic and operational approach to student development and support that is guided by a commitment to equity, considers resource needs, and monitors and evaluates its effectiveness in delivering its intended outcomes.
- D1b: Its administrative support systems provide timely, secure and accurate information to enable the monitoring of student progression and performance (including against relevant regulatory requirements) and satisfy academic and non-academic management information needs.

Criterion D1 – Enabling student development and achievement

- D1c: It advises students on and inducts them into their courses in an effective way, taking account of different student choices and needs. This includes supporting students to make effective use of relevant learning resources (such as, but not limited to, physical and virtual learning environments, specialist equipment or practice space) and to access further support where needed.
- D1d: It provides opportunities for all students to develop skills that enable their academic, personal and professional progression, for example academic, employment and future career management skills.

E: Evaluation of performance

Criterion E1 – Evaluation of performance

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

Explanation

A provider that has powers to award its own qualifications must have in place the means of critically reviewing its own performance, in particular in relation to standards and student outcomes. It needs to know how it is doing in comparison with other similar providers and have in place robust mechanisms for disseminating good practice. It must also be able to identify limitations or deficiencies in its own activities and take timely and effective remedial action when this is called for.

Evidence requirements

To assist in demonstrating that criterion E1 is met, a provider will need to provide evidence that:

- E1a: Critical self-assessment is integral to its higher education provision and it makes appropriate use of internal and external monitoring and review opportunities.
- E1b: It has clear mechanisms for assigning and discharging actions identified through the scrutiny and monitoring of its academic provision.
- E1c: It takes effective action to respond to identified weaknesses and further develop its strengths.

F: Academic staff

Criterion F1 – Academic staff

F1: The organisation's supervision of its research students, and the teaching it undertakes at doctoral level, is underpinned by academic staff with high levels of knowledge, understanding and experience of current research and advanced scholarship in their subjects of study.

Explanation

The creation and interpretation of knowledge which extends a discipline, usually through original research, is a defining characteristic of the UK doctorate, and the award of research degrees places a particular and substantial responsibility on an awarding body. Accordingly, the organisation's academic staff should command the respect and confidence of their academic peers across the UK and international higher education sector and be considered credible to deliver research degree programmes.

Organisations wishing to offer research degrees should have a strong underpinning culture in place that actively encourages and supports creative, high quality research and scholarship among its academic staff, and its doctoral and other research students. Such a culture typically involves engagement with a range of discipline-based, professional practitioner and research-active communities, and this ensures that research students should only be accepted into an environment that provides support for doing and learning about research, and where excellent research, recognised by the relevant subject community, is occurring.

Academic staff involved in the delivery of research degrees are expected to have knowledge, understanding and experience of research and advanced scholarship that go well beyond expectations for staff engaged in the delivery of taught degrees. Strength and depth in research supervision capacity, research performance in authoritative external peer reviews, and demonstrable involvement in research-related activities with other higher education providers or comparable organisations engaged in research, are all factors to be taken into account in any consideration of the merits of an application for research degree awarding powers.

Evidence requirement

To assist in meeting criterion F1, the applicant organisation will be required to provide evidence that:

- F1a: Its policies and procedures relating to research, advanced scholarship, and research degree programmes are appropriate, effective and reflect sector best practice, and are understood and applied consistently, both by those involved in the delivery of research degrees and, where appropriate, by the students involved.
- F1b: It has a strong and sustainable research culture, which directly informs and enhances the supervision and teaching of research degree students.
- F1c: It has a critical mass of research staff and students, representing a viable and sustainable research community.
- F1d: It actively engages in discipline-based and broader based communities of researchers and scholars external to the organisation and takes steps to engage the public at large with the research it undertakes.

Criterion F1 – Academic staff

- F1e: It has established productive research-relevant links, formal or informal, with other higher education and specialist research institutions through, for example, joint research activities.
- F1f: It has a critical mass of research leaders, normally at professorial level, whose role is to support the development of research and an effective research culture.
- F1g: Staff involved in the delivery of research degree programmes, in a teaching and/or supervisory capacity:
 - i. Are themselves active researchers who produce externally recognised outputs in research and advanced scholarship.
 - ii. Are examiners of research degrees, appointed as internal examiners by the awarding institution or as external examiners elsewhere.
 - iii. Command the respect and confidence of academic peers across the sector as reflected, for example, in Research Excellence Framework (REF) outcomes, other authoritative external reviews, awards of distinction, through research contracts and/or funding, as invited/keynote speakers at national and international research events and conferences, as members of national and international research committees or bodies.
 - iv. Have current knowledge of developments within the higher education sector relating to research and research degrees.
 - v. Have access to a systematic and effective approach to staff development and appraisal that enables them to develop and enhance their knowledge of current research and advanced scholarship.

The applicant organisation will also be required to provide an analysis of, and supporting commentary relating to, the data it has used to satisfy itself that the staff involved with the delivery of its research degree programmes have met the metric requirements outlined below. Data should be provided for the three years immediately preceding the submission of an application for research degree awarding powers.

Applicant organisations should be aware that numeric criteria contribute to a broader assessment of their capacity to assume the 'particular and substantial responsibility' (criterion F1, explanation above) placed on organisations holding research degree awarding powers and necessarily involves an evaluative dimension. The applicant organisation will be required to provide evidence that:

- F1h: A significant proportion (normally around a half, as a minimum) of its academic staff are active and recognised contributors to at least one organisation such as a subject association, learned society or relevant professional body. Such contributions are expected to involve some form of public output or outcome, broadly defined, demonstrating the research-related impact of academic staff on their discipline or sphere of research activity at a regional, national or international level.
- F1i: A significant proportion (normally around a third, as a minimum) of its academic staff have recent (i.e. within the past three years) personal experience of research activity in other UK or international higher education or specialist research institutions by, for example, acting as external examiners for research degrees, serving as panel members for the validation or review of research degree programmes, or contributing to collaborative

Criterion F1 – Academic staff

research projects with other organisations (other than as a doctoral student). An applicant organisation will be required to demonstrate both that such activity has taken place, and that in the case of collaborative research activity, the member of staff has made a personal contribution to the research and that a tangible output has been or is in the process of being achieved.

- F1j: A significant proportion (normally around a third, as a minimum) of its academic staff can demonstrate recent achievements (i.e. within the past three years) that are recognised by the wider academic community to be of national and/or international standing (e.g. as indicated by authoritative external peer reviews). It is expected that the evidence will largely relate to work undertaken within the applicant organisation rather than in other higher education institutions.

G: National guidance

Criterion G1 – National guidance

G1: The organisation satisfies relevant national guidance relating to the award of research degrees.

Evidence requirement

To assist in meeting criterion G1, the applicant organisation will be required to demonstrate that it meets fully and will continue to meet, the expectations of:

- G1a: The Qualifications Frameworks in relation to the levels of its research degree programmes.
- G1b: Research degree management frameworks issued by relevant research councils, funding bodies and professional/statutory bodies, which might include Conditions of Research Council Training Grants issued by Research Councils UK and Statement of Expectations for Postgraduate Training issued by Research Councils UK and other training funders.

H: Minimum number of doctoral degree conferrals

Criterion H1 – Minimum number of doctoral degree conferrals

H1: The applicant organisation has achieved more than 30 doctoral degree conferrals*, awarded through partnerships with UK awarding bodies.

H2: In addition, the applicant organisation will need to demonstrate that:

- H2a: The majority of conferred doctoral degrees have been achieved by students who are not also academic staff of the organisation.
- H2b: Its completion rates meet sector norms.

*includes professional doctorates

Appendix E: Evidence collected for DAPs assessments

Introduction: Principles-based regulation

1. The OfS operates a 'principles-based' rather than a 'rules-based' approach to regulation, not least to encourage diversity and innovation among providers.¹⁴ This requires the assessment team to make collective professional judgements¹⁵ on the quality of the student academic experience and the standards used in judging students' achievements, and to provide advice to the OfS as to whether the provider meets the requirements of the overarching criteria for the authorisation of DAPs.
2. This appendix explains the documentary evidence that providers should consider including with their applications; oral and observational evidence will also be taken into account on visits but is not covered here.
3. This appendix is indicative only. It is likely that, given the nature of assessment, not all items listed will be appropriate to every assessment. Similarly, other evidence not listed in this appendix may also be submitted by a provider and/or requested by the assessment team if this will help with demonstrating whether the criteria are met.
4. A provider is encouraged to select evidence that would be appropriate and proportionate to the nature, scope and context of its assessment.

Evidence to support an application for a DAPs variation or revocation assessment

Introduction

5. The OfS's criteria for authorisation for DAPs are designed to ensure that a provider with DAPs demonstrates a firm guardianship of academic standards, a firm and systematic approach to the assurance of the quality of the higher education that it provides, and the capacity to contribute to the continued good standing of higher education in England.
6. The overarching criterion for the authorisation for DAPs is that a provider must be 'a self-critical, cohesive academic community with a proven commitment to the assurance of standards supported by effective quality systems'. Guidance on the underpinning criteria for the authorisation for DAPs is set out in the OfS's regulatory framework for higher education in England.

¹⁴ See the [OfS regulatory framework](#).

¹⁵ Professional judgement: Judgements that are free from bias made by persons demonstrably qualified to make a judgement on the matter in hand who, by virtue of their experience and expertise, are able to identify the principles to be applied in the provider's context; collect the evidence needed to enable them to test whether the requirements embodied in the principle(s) are satisfied; analyse all the available evidence; consider conclusions that can be drawn from it (with alternatives); come to a decision; and provide the rationale for having reached it.

7. The DAPs criteria, including the overarching criterion, are the reference point for the assessment process and assessment teams will assess providers against these criteria.
8. In cases of assessment for OfS regulatory intervention, for example where the OfS is considering whether to vary a provider's DAPs authorisation by way of a restriction of that authorisation or to revoke a DAPs authorisation, the OfS may specify particular DAPs criteria to be assessed.
9. The remainder of this appendix is written on the basis of a positive variation assessment (see paragraphs 48 to 69). However, in cases of assessment for potential OfS regulatory intervention, it is likely the assessment process and suggested evidence submissions as set out in this guidance will still apply. The OfS would engage further with a provider before initiating this form of assessment and would be clear on the process to be followed and the particular evidence requirements that apply.

The self-assessment and evidence for a DAPs variation

10. For a DAPs variation application, the initial source of supporting evidence is the provider's self-assessment. This should show (with reference to supporting evidence) how, at the time of its application, the provider meets each of the underpinning criteria for Full DAPs and the respective evidence requirements.¹⁶
11. As set out in the main guidance above for a variation assessment, the self-assessment should describe, analyse and comment clearly and explicitly on how the provider meets the DAPs criteria associated with the DAPs authorisation it currently holds. Where a provider is seeking an extension of its DAPs authorisation, the provider's self-assessment should also clearly indicate how it considers it meets the criteria in the context of the additional powers sought.
12. Because data and metrics provide only a partial measure of the provider's past performance, the provider's self-assessment should also include:
 - a concise, critical self-assessment of its present status with respect to the Full DAPs criteria, which leads to a self-assessment of its standing with respect to the overarching criterion.
13. A provider seeking a variation of a research DAPs authorisation (for example from time-limited to indefinite, or from subject-specific to unrestricted powers) should set out in its self-assessment how the additional DAPs criteria F-H are met. A provider should include evidence relating to the development of its community of researchers and professional practitioners, and its plans to develop this community further in order to provide a sustainable and stable environment for research students. Likely sources of evidence might include (but are not limited to) an introduction to, and commentary on, the provider's existing policies and strategies, and its plans for subsequent iterations.
14. The assessment team evaluating the provider's self-assessment, and the supporting evidence the provider has chosen to cite, will take into account the extent to which, together, they demonstrate that the provider has the critical self-awareness and ability to

¹⁶ See the regulatory framework, pages 148-157, at [Securing student success: Regulatory framework for higher education in England - Office for Students](#).

act, independent of external scrutiny, to provide students with a high quality academic experience and awards that conform to national threshold standards.¹⁷ The assessment team will also consider the general credibility of the evidence that the provider cites in support of its application.

Indicative supporting evidence

Criterion A1: Academic governance

15. In its self-assessment, the provider should explain how its governing body assures itself that its senior academic authority is effective in monitoring the academic experience provided for students, and the standards of awards and credits and, likewise, how the senior academic authority assures itself that those individual committees and other groups that report to it follow the policies, procedures and regulations that it has approved.
16. A provider should supply evidence matched to its own circumstances. In all cases, however, a provider should expect to provide copies of the regulations and procedures of its governing body, the academic regulations and procedures that its senior academic authority has approved, together with the regulations, procedures and standing orders under which its senior academic authority operates.
17. Where a provider is working with one or more awarding bodies, it is likely that the assessment team will also want to see reports by the awarding bodies on how the provider has applied its standards.
18. Likely sources of evidence might include (but are not limited to):
 - higher education mission, strategy and associated policies
 - academic policies
 - roles, job descriptions and CVs for academic leaders and senior managers
 - the provider's scheme of delegation
 - for a provider of foundation degrees, the progression agreement that will enable students who have successfully achieved a foundation degree under the provider's DAPs authorisation, to study for a higher-level award
 - papers (including data and information) for meetings of the provider's governing body intended to enable the provider to assure that body on the effectiveness of the provider's academic governance arrangements and that students' academic experiences, and standards, including the standards of awards, are being monitored and managed
 - papers (including data and information) for the senior academic authority for meetings at which it discusses and adopts its annual report to the provider's governing body. In the absence of an annual report by the senior academic authority to its oversight body, the

¹⁷ See OfS primary regulatory objectives 2 and 3, regulatory framework, page 14, at [Securing student success: Regulatory framework for higher education in England - Office for Students](#).

provider should be prepared to provide access for assessors to the minutes and supporting papers for meetings of the senior academic authority

- evidence of effective academic partnership arrangements
 - information that shows how the senior academic authority:
 - sets and monitors standards at credit and award levels, and ensures they are consistent with sector-recognised standards¹⁸
 - checks that the academic experience of students (including the curriculum and their learning environment) meets OfS regulatory requirements
 - assures itself that staff and students are informed of its procedures and expectations for ethical conduct, and
 - assures itself that the academic governance arrangements that it oversees are effective (for example, through internal or external reviews of both the senior academic authority and the governing body).
19. The assessment team will seek to satisfy itself that any external reports or reviews have been undertaken by credible persons or bodies, and that such reviews were appropriately framed. The assessment team will also wish to see evidence of how a provider has responded to such external reports.
20. Likely sources of evidence might include (but are not limited to):
- information that shows how the governing body will assure itself that the provider will operate a code of conduct and ethics for staff and students matched to its circumstances, and how:
 - conflicts of interest between senior managers and academic leaders will be avoided and, where unavoidable, managed
 - the membership of the senior academic authority, including students and staff who are not managers, will participate in its work
 - the senior academic authority will ensure, on behalf of the provider, that the curriculum that leads to awards made under its own DAPs authorisation has been tested for quality and standards prior to its approval
 - the senior academic authority will set, approve and monitor the standards used in assessments for awards and credits.

¹⁸ See [Sector-recognised standards \(officeforstudents.org.uk\)](https://officeforstudents.org.uk).

Criterion B: Academic standards and quality assurance

21. In its self-assessment, a provider can explain the key features of the internal regulations for academic standards and quality assurance it currently has and key features of the internal regulations it intends to operate for any extension of DAPs powers if awarded. The self-assessment should highlight any changes the provider proposes to make to its current arrangements and explain the rationale underlying such changes.

Supporting evidence

22. A provider should provide supporting evidence with its self-assessment that is matched to its own circumstances. Likely sources of evidence might include (but are not limited to):

- copies of the provider's existing and proposed academic regulations in full¹⁹
- a sample of reports identified by the assessment team from external examiners and verifiers for courses operated by the provider
- the report of a recent course validation the provider has conducted or participated in, together with the provider's follow-up and the minutes of the meeting of the provider's senior academic authority at which the report of the validation was received and its recommendations enacted
- the periodic report the senior academic authority receives on the provider's arrangements for students to contribute to the governance of their course and to make representations to academic leaders on the students' academic experience and other matters
- evidence of the way that the provider operates academic integrity, academic appeals, and complaints procedures and their outcomes
- evidence of the way that the provider monitors the learning environment it provides for students and plans for its improvement
- evidence of how students' feedback on their course, and their academic experience more generally, is sought, analysed and applied.

23. Where a provider is able to supply, as part of its evidence, a report of a recent independent review of its academic governance, which examines and comments on the effectiveness of the provider's regulations for academic matters, less evidence may be needed by the assessment team.

24. The assessment team will seek to satisfy itself that any external reports or reviews have been undertaken by credible persons or bodies, and that such reviews were appropriately framed, and underpinned by sound evidence. Where, as part of its supporting evidence, a provider is unable to supply a report of a recent independent review of its academic

¹⁹ To be interpreted broadly and include admissions, assessment, classification and student disciplinary regulations.

governance, the assessment team may need to seek further information. In these circumstances, likely sources of evidence might include (but are not limited to):

- a larger sample of reports from external examiners
- additional evidence of the provider's ability to develop, test (validate) and submit new items of provision and (where relevant) new awards for approval by its senior academic authority.

Criterion C: Scholarship and the pedagogical effectiveness of staff

25. In this part of its self-assessment, the provider should explain how it has planned for and recruited the academic and professional staff who currently provide students with teaching and support for learning and educational and personal development. It should also explain how its strategic plans for its learning environment will ensure that:

- teaching staff have the training and resources to maintain and develop:
 - their subject-level qualifications and competencies
 - their pedagogical skills and overall effectiveness in, for example, support for students with additional needs
 - research supervision for dissertations where the provider is seeking research DAPs authorisation
- professional support staff have access to the training and resources they need to maintain their overall effectiveness.

Supporting evidence

26. Each provider should supply evidence matched to its own circumstances. For this criterion, the assessment team is likely to want to see evidence that the governing body has regular opportunities to assure itself that due attention is given by the provider's senior academic authority, to ensure that there is effective support:

- to sustain and enhance the scholarship, research and pedagogical effectiveness of teaching staff
- for the development of professional support staff
- to give students a level of learning resources overall that enables them to achieve their awards.

27. Other sources of evidence might include (but are not limited to):

- relevant annual internal reports to the governing body (for example, a report of issues by the provider's HR department)

- samples of the provider's contracts of employment for academic staff (teaching, research and other) and for professional support staff
 - the provider's staffing and recruitment plans (if not covered in its strategic plan(s))
 - a summary of the subject-based and pedagogical development opportunities provided for academic staff and professional support staff in the previous two academic years and how the provider contributes to and supports national subject and learning networks
 - a summary account of the support that the provider has provided over the last two academic years to enable academic and professional staff to engage with their professional associations, employer associations and other bodies, and how the provider contributes to the general work of such bodies
 - any external reports or reviews that have been commissioned by the governing body or senior academic body. These should be undertaken by credible persons or bodies, and appropriately framed. The assessment team will also wish to see evidence of how a provider has responded to such external reports.
28. Likewise, the assessment team will want to establish that the senior academic authority monitors the provider's staffing overall so that students receive the tuition and support they are entitled to expect.

Criterion D: Environment for supporting students

29. A provider being assessed for a DAPs variation is expected to be able to demonstrate that:
- it has arrangements and resources which enable students to develop their academic, personal and professional potential
 - it monitors and evaluates arrangements and resources for supporting student development and achievement to ensure they remain fit-for-purpose.
30. In its self-assessment, the provider will need to show how it checks that the teaching support and environment for learning that it has offered to students – whether in its contract with them, its promotional materials and/or in internal handbooks – is being delivered to the standards offered.

Supporting evidence

31. The provider's self-assessment should demonstrate how the provider's senior academic authority monitors the performance of its learning and teaching infrastructure to ensure that the academic experience of students matches what has been offered to them. Organisations that award their own qualifications are expected to have mechanisms in place designed to support and develop students beyond the arrangements for learning, teaching and assessment addressed in criterion B3. These include the specialist support services such as counselling, disability and careers advice and cover both the generic

provision of services to a cohort of students and the targeted support for individual students.

32. Likely sources of evidence might include (but are not limited to):

- advice, information and guidance for students about their courses and the support and resources available to them
- administrative support systems which enable the provider to monitor student progression and performance accurately and provide timely accurate information for academic and non-academic management information needs
- reports from feedback meetings between students and teaching staff and students, teaching staff and senior managers
- details of planned student support, counselling and advisory frameworks
- the provider's plans for monitoring the effectiveness of student support services
- strategies for effective course induction for students
- papers from the provider's senior academic authority showing:
 - how it has monitored the learning and teaching infrastructure
 - where it has intervened to require changes to sustain a satisfactory academic experience for students
 - how students have been able to contribute to oversight of the learning and teaching infrastructure, including through membership of the senior academic authority
- papers from the provider's governing body showing how it has assured itself that the senior academic authority and the provider's senior managers are together ensuring that the provider's learning and teaching infrastructure enables students to study and succeed.

Criterion E: Evaluation of performance

33. A provider with DAPs must be able to demonstrate that:

- it has the will and the capacity to subject its own activities and performance to self-critical scrutiny
- it can form timely and realistic plans to address weaknesses and capitalise on strengths and carry them out successfully.

34. In its self-assessment, a provider requesting a DAPs variation should seek to demonstrate that:

- it regularly assesses individual activities and their performance and its performance overall against the activities and performance of other degree-awarding bodies
- it makes use of internal and external monitoring or review of its academic, support, management and governance arrangements, reports on them to its governing body and acts on their findings.

Supporting evidence

35. Likely sources of evidence for this criterion might include (but are not limited to):

- reports to the provider's governing body from senior managers and the senior academic authority on the provider's academic performance and other aspects of its work
- reports from external bodies on the provider, or that are relevant to its activities, that have been referred to the provider's governing body with recommendations for actions and how these have been followed up
- reports commissioned by the provider on the effectiveness of its governing body and its academic governance and any subsequent actions and responses
- reports to the provider's senior academic authority and its governing body comparing aspects of the provider's arrangements with those of other degree-awarding bodies, with suggestions for improvements and responses to such reports.

36. Where, as part of its evidence, the provider is able to submit report(s) to its senior academic authority and its governing body from a credible external review – of its management and governance arrangements, academic staffing, the learning environment and/or its students' academic experience – the assessment team may be able to focus its attention on how the terms of reference for such reviews were set, their outcomes and the provider's response to the reports as part of the evidence base for this and previous criteria where applicable.

Criteria F-H: Applications for a variation of existing research degree awarding powers

37. A provider seeking a variation of its existing research DAPs authorisation (for example from a time-limited to an indefinite award) will be expected to demonstrate there is no change to its ability to meet the research DAPs criteria F-G. The provider's self-assessment should demonstrate how it maintains a sustainable institutional research culture that is conducive to advanced scholarship and research, and supportive for research students. The assessment team will also want to understand how the provider applies national standards for awards²⁰ and complies with the management frameworks for research degrees issued by UKRI and its constituent councils.²¹

²⁰ See regulatory framework, Annex C.

²¹ See regulatory framework, Annex C.

Contextual information

38. Likely sources of evidence might include (but are not limited to) the provider's:

- higher education mission, strategy and associated policies
- academic governance structure
- organisational structure
- academic policies
- roles, job descriptions and CVs for academic leaders and senior managers
- papers (including data and information) for meetings of the provider's governing body intended to enable the provider to assure that body on the effectiveness of the provider's academic governance and that students' academic experiences, and standards including the standards of awards, are being monitored and managed
- papers (including data and information) for the senior academic authority for the meeting or meetings at which it discusses and adopts its annual report to the provider's governing body
- external independent reports
- evidence of effective partnership arrangements.

Criterion F: Academic staff

39. A provider seeking a variation of its research DAPs is expected to be able to demonstrate that it continues to meet the following criterion F requirement:

- the organisation's supervision of its research students, and the teaching it undertakes at doctoral level, is underpinned by academic staff with high levels of knowledge, understanding and experience of current research and advanced scholarship in their subjects of study.

40. The assessment team will need to review the qualifications, scholarly research and, where relevant, the advanced practice-based activity of all the provider's teaching and learning support staff in order to assess the extent to which a culture conducive to research is likely to feature in the provider's arrangements.

41. The characteristics of the catalogue of evidence that will be needed by the assessment team for these criteria, and particularly for criterion F, will depend on the characteristics of the provider's areas of subject and/or practice specialisation. In general terms, however, a provider should provide information for each member of its teaching and learning support staff that sets out:

- their qualifications (academic, professional and/or practitioner) at degree level and above

- a summary of their current scholarly and research activity in their specialist subject and/or practice area(s), including publications and other contributions.
42. The entry for each individual should clearly distinguish between advanced scholarship and research work undertaken since the individual joined the provider and when they were employed by others.

Supporting evidence

43. Likely sources of evidence for this criterion might include (but are not limited to):

- regulations for the research degrees it awards
- regulations for research students and codes of conduct for staff and students engaged in research and advanced scholarship, including for academic integrity
- supervision arrangements for research students
- training courses for research students in, for example, research methods, ethics and academic integrity
- staff development and contract arrangements for supervisors of research students and specialists providing learning support for research students
- records of training for research and advanced scholarship provided for academic and learning support staff and research students
- arrangements for the provider to report on its research activity and the admission, progression and support of research students to its senior academic authority
- contributions to the work of subject, practitioner and professional communities relevant to the provider's portfolio of existing and planned subject provision and/or its practice-based provision
- research staff contracts, CVs and recent research activity
- overview reports on research degree courses
- engagement with a range of discipline-based, professional practitioner and research-active communities
- research-based engagement with the wider community and the public
- Research Excellence Framework (REF) outcomes (if applicable)
- external reviews of its research activity
- research contracts and/or external funding for research projects
- external recognition of the quality of its research and/or researchers
- its approach to staff development and appraisal to develop and enhance staff knowledge of current research and advanced scholarship.

44. We do not expect to retest the criterion F metric requirements set out below but a provider can notify the assessment team if there have been any changes to its ability to meet these metrics:

- a significant proportion (normally around half, as a minimum) of its academic staff are active and recognised contributors to at least one subject association, learned society or relevant professional body
- a significant proportion (normally around one-third, as a minimum) of its academic staff have recent (that is, within the past three years) personal experience of research activity in another UK or international higher education institution or research institution
- a significant proportion (normally around one-third, as a minimum) of its academic staff can demonstrate recent achievements (that is, within the past three years) from within the provider organisation that are recognised by the wider academic community to be of national or international standing.

45. If required, likely sources of evidence for the above metrics might include (but are not limited to):

- research staff contracts, CVs and details of recent research activity such as indicated in the evidence list above
- REF outcomes (if applicable)
- external peer reviews of its research activity
- outputs from collaborative research projects
- staff data sets.

Criterion G: National guidance

46. A provider seeking a variation of its research DAPs is expected to be able to demonstrate that it continues to meet the following criterion G requirement:

- it satisfies relevant national guidance relating to the award of research degrees.

Supporting evidence

47. Likely sources of evidence for this criterion might include (but are not limited to):

- policies and procedures relating to research, advanced scholarship and research degree courses
- academic frameworks, policies and assessment regulations for research
- academic governance structure, terms of reference/standing orders
- organisational structure

- role/job descriptions for key roles
- external, independent reports
- research degree approval documentation
- information for prospective and enrolled students
- relevant meeting minutes and papers
- internal papers and reports
- evaluation data/outcomes
- student records (for example, training/supervision).



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