

Office for  
Students



# **Annex D: Degree awarding powers in England**

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

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# Introduction

1. This operational guidance is intended for existing and new providers of higher education in England that wish to apply to the Office for Students (OfS) for authorisation for degree awarding powers (DAPs) from 1 April 2023. It provides information to help providers understand the OfS's approach to assessment in DAPs cases. It describes the main features of the different DAPs assessments. There are also appendices explaining in more detail:
  - the experts and specialist advisers who may take part in the process
  - the roles of those involved in DAPs assessments and operational approach to be followed
  - the unique identifiers by which providers and assessors can commonly refer to each DAPs criterion and evidence requirement
  - the evidence that will be collected for DAPs assessments
  - the monitoring and assessment activity during the New DAPs probationary period
  - the assessment activity during the Full DAPs scrutiny period.
2. Although this operational guidance sets out background information on the application and assessment process for DAPs, providers should consult the DAPs criteria set out at Annex C of the OfS Regulatory framework for higher education in England<sup>1</sup> (the OfS regulatory framework), as the principal source of information about how assessments will be carried out and the requirements against which providers will be tested.
3. For new and existing providers that are applying for a DAPs authorisation, this operational guidance should also be read in conjunction with Regulatory advice 12: How to apply for degree awarding powers.<sup>2</sup>

## Types of degree awarding powers

4. The OfS may authorise providers to grant different types of degrees. Providers can apply to the OfS for authorisation to grant:
  - foundation degrees only (up to and including Level 5 as set out in the sector-recognised standards published by the OfS<sup>3</sup>)
  - awards up to, and including, bachelors' degrees (up to and including Level 6 as set out in the sector-recognised standards published by the OfS)

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<sup>1</sup> See [Securing student success: Regulatory framework for higher education in England - Office for Students](#).

<sup>2</sup> See [Regulatory advice 12: How to apply for degree awarding powers - Office for Students](#).

<sup>3</sup> See [Sector-recognised standards \(officeforstudents.org.uk\) \[PDF\]](#). Note, sector-recognised standards are drawn from the Framework for Higher Education Qualifications of UK Degree-Awarding Bodies (FHEQ).

- all taught awards (up to and including Level 7 as set out in the sector-recognised standards published by the OfS)
  - research awards (research masters' degrees at Level 7 and doctoral degrees at Level 8 as set out in the sector-recognised standards published by the OfS).
5. Providers may apply for these authorisations on a subject-specific basis or covering all subjects. Providers authorised to grant taught awards of any description will be authorised to grant all taught awards that fall within the definition set out in section 42(3) of the Higher Education and Research Act 2017 (HERA).<sup>4</sup>

## **Types of DAPs authorisations**

6. The OfS may grant a New DAPs authorisation to a provider that has been delivering higher education for less than three years.<sup>5</sup> It may grant a Full DAPs authorisation to a provider that has been delivering higher education for three or more years. In each case, the authorisation will normally be time-limited for three years. All types of authorisations can also be applied for and granted on a subject-specific basis.

## **Purpose and key features of DAPs assessments**

7. The purpose of a DAPs assessment is to gather evidence to inform a judgement about whether a provider applying for a DAPs authorisation meets the DAPs criteria and whether the provider 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.
8. The approach to a DAPs assessment is designed to be consistent with the OfS's overall approach to regulation. In summary, a DAPs assessment will:
- focus on assessing the things that matter to students and include the views of students in the assessment process
  - assess a provider against the outcomes-focused, DAPs criteria
  - be a clear and transparent process for a provider
  - limit the regulatory burden on a provider by limiting requests for information and observation to the evidence needed to support robust judgements
  - be applied consistently and rigorously, but also flexibly and proportionately – allowing a high quality provider to engage in a way which suits its own circumstances
  - remove unnecessary barriers to entry for a new provider.

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<sup>4</sup> See [Higher Education and Research Act 2017 \(legislation.gov.uk\)](https://www.legislation.gov.uk).

<sup>5</sup> A provider that has been delivering higher education for three years or more can also apply for New DAPs.

9. We will follow the approach to assessment set out below for the majority of applications received. There may however be certain circumstances in which we adopt a more flexible approach, for example if we need to undertake an assessment for a provider that has changed owner or legal entity. In these circumstances we would discuss the type of assessment that would be appropriate with the provider.

## **Expert assessment**

10. 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.
11. The size and composition of each assessment team will be tailored to the characteristics of the provider being assessed, taking into account factors such as the number of students, type of courses, type of provider and type of DAPs sought or 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.
12. 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.
13. We may include a student member in an assessment team, where we consider it is appropriate to do so.
14. 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.
15. 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.
16. 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 given in Appendix B.
17. 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

18. The criteria for authorisation for degree awarding powers are designed to ensure that a provider with DAPs has demonstrated 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 English higher education.
19. The overarching criterion for the authorisation for DAPs is:

<b>For New degree awarding powers</b>	An <b>emerging</b> self-critical, cohesive academic community with a <b>clear commitment</b> to the assurance of standards supported by effective ( <b>in prospect</b> ) quality systems.
<b>For Full degree awarding powers</b>	A self-critical, cohesive academic community with a <b>proven</b> commitment to the assurance of standards supported by effective quality systems.

20. Guidance on the underpinning criteria for the authorisation for DAPs is set out in Annex C of the OfS regulatory framework. To support clear communication and provide a common reference for providers and the assessment team, the DAPs criteria and evidence requirements from the OfS's regulatory framework have been given unique identifiers and are reproduced in this document at Appendix C.
21. The DAPs criteria are the reference point for the DAP's assessment and assessment teams will assess a provider against these criteria. The assessment team's judgement will relate to whether the relevant DAPs criteria have been met and, in each case, the assessment team will provide reasons for its judgment.
22. The way in which the DAPs criteria are applied will vary depending on the type of authorisation a provider is seeking. For example, the New DAPs test will confirm whether the standards set for the provider's courses are appropriate and assess whether the detailed criteria are met, either now or in prospect, and whether the provider's New DAPs plan demonstrates how the criteria will be met in practice by the end of the probationary period.

For Full DAPs, the assessment will look at whether the criteria are met in practice at the time of application.

23. 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 needs only to 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.
24. Further information about how the DAPs criteria are applied are given under each type of DAPs assessment.

### **Student engagement**

25. Where there are students at the provider being assessed and a visit takes place as part of the assessment, they will have the opportunity to contribute evidence by participating in meetings with the assessment team. Students can also contribute evidence through a student submission produced by the provider's students or their representatives to help assessors understand students' views about the part(s) of the provision under assessment. Provision of a student submission is optional for students. The assessment team will also 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.

### **Outcome of the assessment**

26. The outcome of the DAPs assessment is a report compiled by the assessment team setting out its findings.

### **Draft assessment report**

27. 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.
28. 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.
29. 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.

30. 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.

### **Information that a provider considers is factually inaccurate**

31. 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.

32. 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**

33. 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**

34. 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.

35. We will consider each comment a provider makes and determine whether the relevant part of the draft report should be amended.

36. 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**

37. We will send the final report to the OfS's Quality Assessment Committee (QAC) following completion of the stages set out in paragraphs 26-36. QAC is an OfS committee, comprised in the majority of members who are neither members of the OfS nor OfS staff. As set out in



section 24 of HERA,<sup>6</sup> 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 HERA,<sup>7</sup> 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.

38. QAC does not have responsibility for making decisions about individual DAPs cases. Decision-making arrangements about whether to grant, vary or revoke a DAPs authorisation are set out in the OfS's scheme of delegation.<sup>8</sup> 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 DAPs reports**

39. Each DAPs assessment report will normally be published on the OfS website after a decision has been reached on the provider's DAPs application and in line with the approach set out in Regulatory advice 21: Publication of Information.<sup>9</sup>

### **Representations**

40. 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 will offer the provider the opportunity to make representations.
41. We will set out the process and timeframe (which will be not less than 28 days from when the OfS provisional decision is communicated) for the submission of representations and we will consider those representations before we make a final decision about whether to authorise DAPs.
42. The OfS will consider a provider's representations before taking a final decision about the authorisation of DAPs.

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

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

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

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

# Assessment for New degree awarding powers (New DAPs)

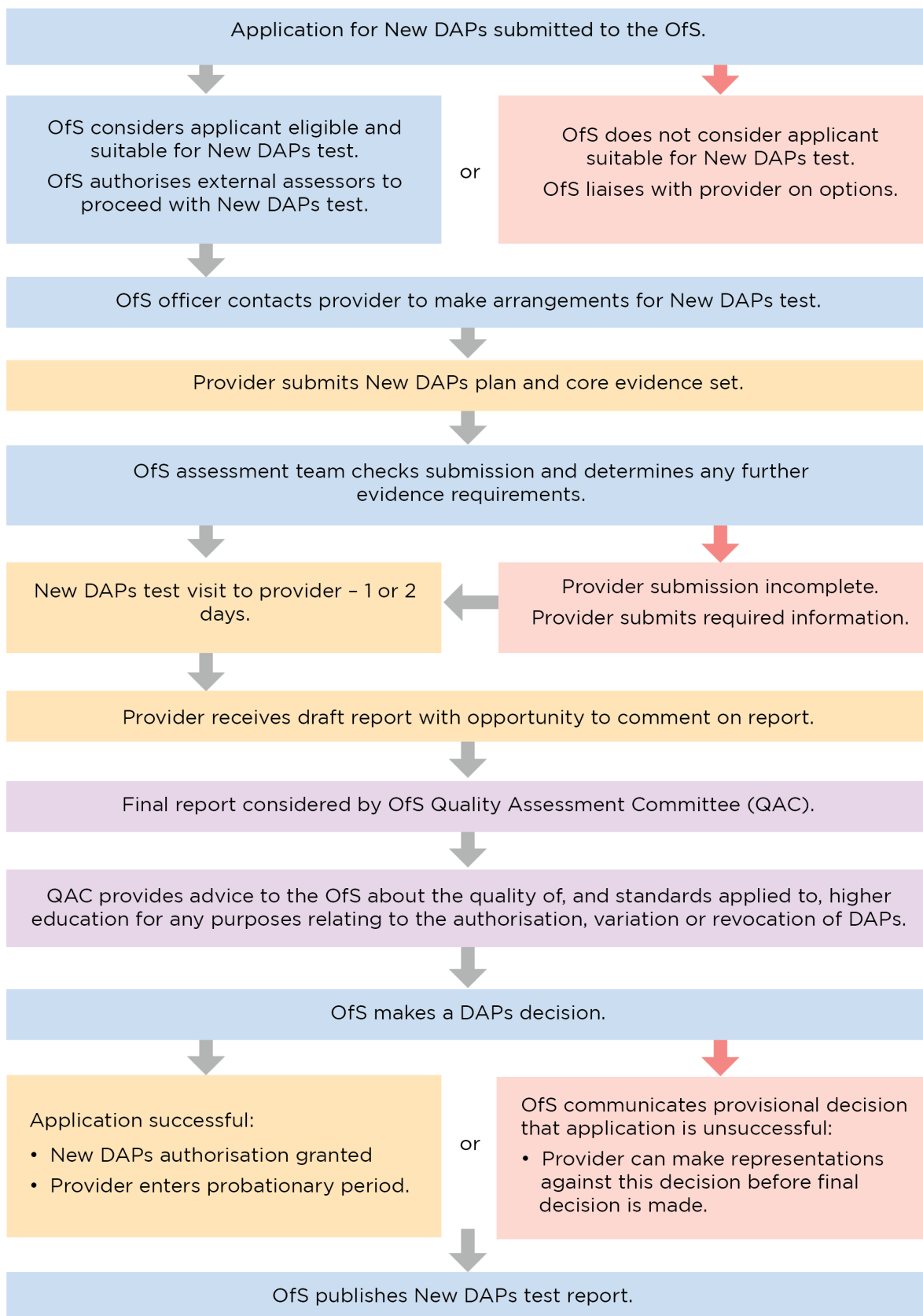
43. This section describes the approach we will take to assess applications for New DAPs, including advice on progression to Full DAPs at the end of the three-year probationary period.
44. We will accept applications for New DAPs from a provider that has been delivering higher education for less than three years. A provider that has a three-year track record may also apply for New DAPs if it wishes to do so.
45. A provider can apply for a New DAPs authorisation to award foundation degrees, awards up to and including bachelor's degrees and all taught awards. Such applications are assessed against the overarching criterion and DAPs criteria A-E as set out in Annex C of the OfS regulatory framework.
46. New DAPs authorisations will be subject to certain restrictions to reflect the probationary nature of the award – these are set out in the regulatory framework, see paragraph 238 of that document.

## Making an application

47. OfS Regulatory advice 12: How to apply for degree awarding powers, sets out the eligibility and application requirements for New DAPs and provides guidance on how to submit an application for New DAPs and provides guidance on how to submit an application.
48. When we are satisfied that a New DAPs application meets the requirements set out in Regulatory advice 12, we will form an assessment team to undertake a DAPs assessment. This is called the 'New DAPs test'. Figure 1 provides a summary of the main stages for the New DAPs test.
49. We will also contact the provider to begin preparing for the assessment. The preparations will comprise:
  - an individual briefing to help the provider prepare for its DAPs assessment and allow it to ask questions and receive further information about the process, including the process for the submission of the New DAPs plan and supporting evidence
  - a discussion about the timeline for the assessment, including the date by which the provider should upload its New DAPs plan and supporting evidence to the OfS online portal. Information on how to access the OfS online portal is set out in Regulatory advice 12
  - notification of the assessment team.
50. A provider must be ready to submit its New DAPs plan and supporting evidence to us as soon as we have confirmed that the New DAPs test can proceed. Timings for this submission will be discussed with the provider at the provider briefing.

51. We will provide the assessment team with the relevant documents from the provider's application for DAPs, including the New DAPs plan and the supporting evidence. Further information on the New DAPs plan and the supporting evidence is provided below.

**Figure 1: Main stages for New DAPs test<sup>10</sup>**



<sup>10</sup> The OfS will authorise the assessment team to proceed with the New DAPs test when it is satisfied that the provider meets the eligibility and suitability requirements as set out in paragraph 29 of Regulatory advice 12.

## New DAPs plan

52. The purpose of the New DAPs plan and its supporting evidence is to enable us to assess whether a provider is able to meet the criteria set out in Annex C of the OfS regulatory framework, by the end of the probationary period, and whether it has arrangements that can take effect from the date of the New DAPs authorisation, to make awards at the level for which it has applied.
53. A provider is expected to submit a credible New DAPs plan which demonstrates how it will meet the DAPs criteria in full by the end of the probationary period. Providers applying for New DAPs are likely to vary in their experience of delivering higher education. Therefore, the plan should clearly identify criteria that the provider considers it can fully demonstrate as met in practice at the time of the application, and when it expects to be able to demonstrate that the remaining criteria are met before the end of the probationary period. This mapping process should identify the sources of evidence that are available at the time of application and those that will become available over the course of the probationary period.
54. The New DAPs plan should also propose suitable opportunities for consideration of a provider's arrangements against the DAPs criteria by the assessment team that will carry out the probationary monitoring – for example, assessment boards which could be observed by the assessment team. The assessment team will decide how and when such consideration will take place and will confirm this as part of a plan of monitoring assessment activity.
55. The New DAPs plan can be submitted in any format but must clearly map against the DAPs criteria.

## Supporting evidence

56. The evidence that supports a provider's New DAPs plan must be clearly referenced in the plan and included in the initial submission to the OfS. For a new provider, documentation at this stage is likely to include policies, strategies and plans, and details of the proposed courses to be delivered during the probationary period. A provider will need to include evidence to demonstrate that academic standards set for these proposed courses are or will be set at an appropriate level. Supporting evidence might include a representative sample of draft course documentation together with an explanation of the process for course approval that a provider has or intends to operate.
57. Further information about the evidence collection process and likely sources of evidence required as part of a provider's submission are set out in Appendix D.
58. A provider that has a track record is likely to be able to provide evidence that one or more of the DAPs criteria are met in its initial submission. Such evidence will also be considered as part of the New DAPs test. A provider that can demonstrate that one or more DAPs criteria are met in its initial submission may receive less intense monitoring during the probationary period, delivering a risk-based approach to assessment.

## **New DAPs test**

59. The purpose of the New DAPs test is to:

- assess the credibility of the provider's New DAPs plan
- assess the provider's understanding of the DAPs criteria
- confirm that the standards set or that will be set for the provider's proposed courses are at an appropriate level.

60. The New DAPs test will comprise a desk-based assessment of the New DAPs plan and supporting evidence, followed by a visit to the provider.

## **Team composition**

61. The size and composition of each assessment team will be tailored to the characteristics of the provider under assessment and the type of powers sought. We will compose the assessment team based on information we hold about the provider. Details of assessment team members will be shared with the provider to allow the provider to draw attention to any possible conflicts of interest. It is envisaged that an assessment team will comprise a minimum of three external experts and an OfS officer.

## **Desk-based assessment**

62. The desk-based assessment will take place in two stages:

### **Stage one**

63. In the first stage, we will check that the evidence submission is complete and includes sufficient information to enable the assessment team to conduct an initial analysis.

64. The outcome from stage one is for the assessment team to confirm that there is sufficient information to proceed and to agree the sample of additional evidence to be requested from the provider.

65. Where the provider's submission does not provide sufficient evidence to proceed to the next stage, the submission will be returned to the provider and the assessment suspended. We will explain to the provider why the assessment team has come to that conclusion. In order for the assessment to proceed, the provider will need to submit additional evidence within a set time period.

### **Stage two**

66. Once the provider has submitted the further evidence requested, the assessment team will undertake a desk-based assessment of all the available evidence. The purpose of stage two is for the assessment team to:

- ensure members are familiar with the provider
- assess the credibility of the New DAPs plan, identifying areas that are credible and areas that require follow-up investigation

- assess the evidence against the DAPs criteria to determine areas that require follow-up investigation.
67. The assessment team will record its desk-based analysis, using a standard template to ensure all relevant areas are considered and that a consistent approach to assessment is adopted. The assessment team will meet, either virtually or in person, to discuss its findings and agree the next steps, including:
- any further evidence or information requests to the provider
  - the programme for the New DAPs test visit, including its duration, the activities the assessment team will undertake and the people the assessment team should meet, and the information the assessment team should seek to gain from those meetings.

### **Academic standards**

68. A key part of the New DAPs test is to gain assurance that academic standards for the proposed courses are set or will be set at an appropriate level. The provider will be required to submit evidence to demonstrate how academic standards have been set or will be set by the intended start date of the probationary powers. This can be in the form of the submission of course documents with evidence of how a course was developed and approved in accordance with sector-recognised standards, if that evidence is available. Evidence could also include a representative sample of draft course documentation, together with an explanation of the process for course approval that a provider has or intends to operate, which demonstrates assurance of the standards set for its courses. Further guidance on sources of evidence can be found in Appendix D.

### **New DAPs test visit**

69. The visit is likely to last one or two days and will be used to test the provider's understanding of the DAPs criteria. Meetings are likely to involve members of a provider's governing body, senior managers, staff and students. A visit will also give the assessment team the opportunity to directly assess the resources that will be available to students.
70. The overall programme of activities will be confirmed with the provider in advance, with some flexibility built in (for example, to allow the assessment team to focus on specific DAPs criteria or areas of concern, types or examples of evidence). The assessment team has discretion to lengthen the visit – such as, where a serious issue emerges which was not apparent beforehand. Where it is not possible to extend the visit, it may be appropriate to organise a follow-up visit.
71. At the end of the visit, the assessment team will meet in private to reflect on the evidence gathered, establish what each piece of evidence has shown, and, on that basis, whether the provider appears to be ready to operate with New DAPs. In reaching these findings, the assessment team will consider the three areas the New DAPs test is intended to assess:
- the credibility of the New DAPs plan
  - the provider's understanding of the DAPs criteria
  - the standards set, or that will be set, for the proposed courses.

72. The assessment team's findings will represent the reasonable judgement that the assessment team is able to come to, based on the evidence and time available.

### New DAPs test report

73. The assessment team will produce a draft report setting out its findings from the New DAPs test. The report may include the need for the provider to make specified changes to its New DAPs plan to ensure this will provide a suitable basis for monitoring and further assessment. The report will be structured according to the three areas (listed above) that the New DAPs test is intended to assess. It will provide findings about the provider's readiness to operate with New DAPs and will also provide a recommendation as set out below.

The provider is <b>ready now</b>	The provider is <b>not ready</b>
<ul style="list-style-type: none"> <li>• The provider has a credible New DAPs plan</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>• The provider has demonstrated a full understanding of the DAPs criteria</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>• The standards set for the proposed courses are at an appropriate level.</li> </ul>	<ul style="list-style-type: none"> <li>• The provider's New DAPs plan is not credible</li> </ul> <p style="text-align: center;"><b>or</b></p> <ul style="list-style-type: none"> <li>• The provider has not demonstrated a full understanding of the DAPs criteria</li> </ul> <p style="text-align: center;"><b>or</b></p> <ul style="list-style-type: none"> <li>• The standards set for the proposed courses are not at an appropriate level.</li> </ul>

74. The OfS will send the draft report to the provider for the provider to comment as set out in paragraphs 26-36. Any such comments will be considered, and the report amended if appropriate.

75. QAC will consider the final report, and the provider's New DAPs plan, and will provide advice to the OfS. QAC has authority to provide advice to the OfS on the quality of and standards applied to the higher education for any purpose relating to the authorisation, variation or revocation of degree awarding powers.

76. 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 when making this decision. This includes consideration of the evidence and reasoning included in the assessment report and the detail of the 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.

77. Further information about the decision-making process is set out in the regulatory framework, and in Regulatory advice 12.

78. Where we make a provisional decision that New DAPs should not be authorised, or should not be authorised for the level or type of powers sought, we will invite a provider to submit representations about the provisional decision, as set out in paragraphs 40-42.

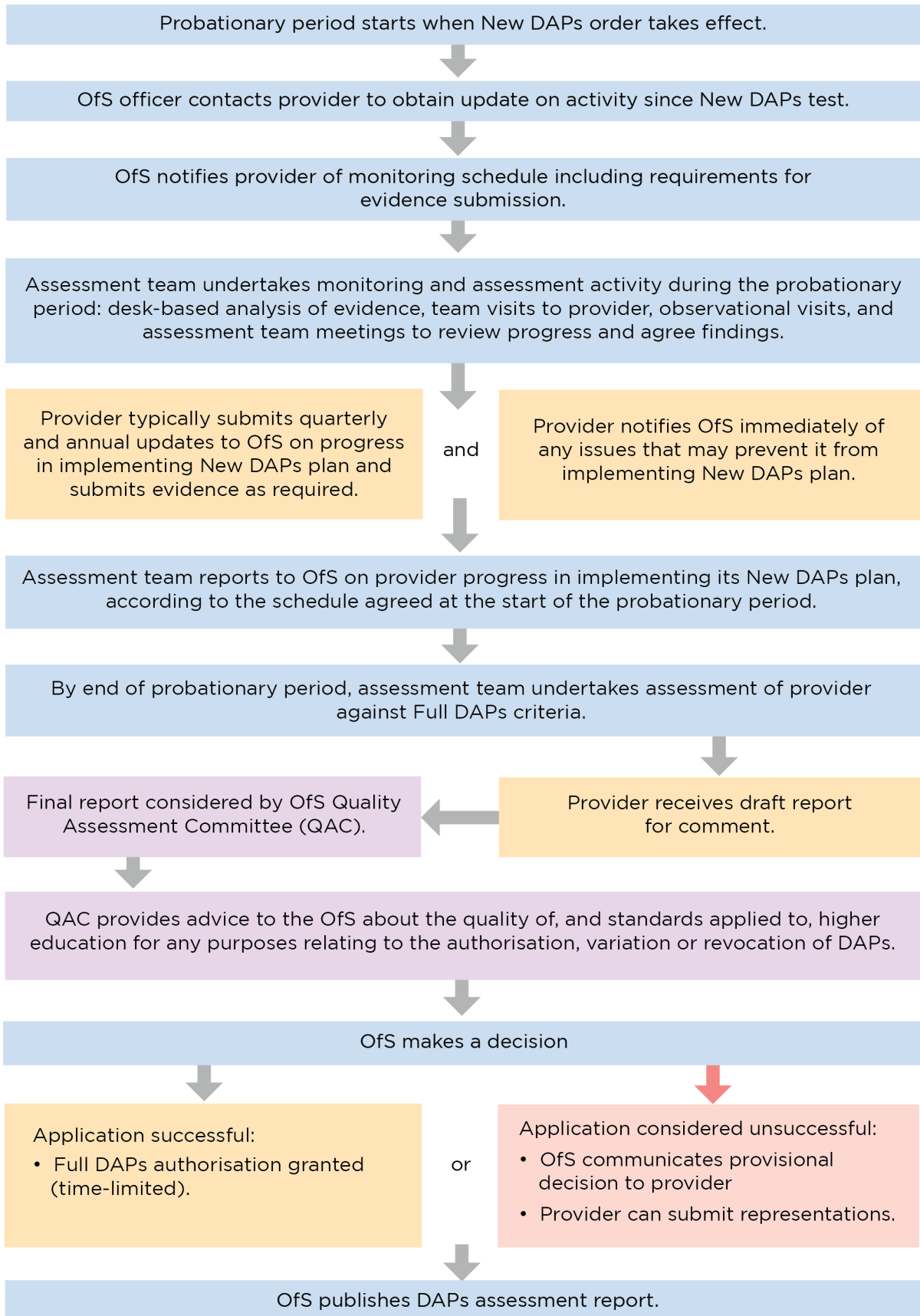


## **Monitoring and assessment during the probationary period**

79. When a New DAPs authorisation has been granted, we will monitor the implementation of the provider's New DAPs plan during the three-year probationary period. Figure 2 provides a summary of the main stages of the monitoring and assessment process. The purpose of monitoring is to confirm:

- that the provider is setting and maintaining academic standards securely
- that the provider is making sufficient progress in implementing its New DAPs plan to ensure that it will be able to demonstrate that it meets the DAPs criteria in full before the end of its probationary period.

**Figure 2: Main stages during probationary period for New DAPs**



## **Team composition**

80. The size and composition of the assessment team for monitoring and assessment during the probationary period will be tailored to the characteristics of the provider and the type of powers being sought. For continuity, and where possible, we will aim to use the same OfS officer, and at least one member from the assessment team that undertook the New DAPs test. Where appropriate, we will also aim to use a subject specialist in any monitoring assessment. However, given the length of the engagement, assessors may have to exit the process before the assessment is complete. Where this happens, we will ensure that any new assessor is properly briefed.
81. Between them, members of the assessment team will have the appropriate knowledge, skills and expertise to monitor the implementation of the New DAPs plan and to undertake assessment against the DAPs criteria. It is envisaged that, as a minimum, the assessment team will comprise two experts and an OfS officer.

## **Monitoring and assessment activity**

82. Shortly before the probationary period commences, the OfS officer coordinating the assessment will meet with the provider to obtain an update on any activity that has taken place in the period between the OfS granting the New DAPs authorisation and the authorisation taking effect. This will be an opportunity for the provider to brief the OfS officer on any new developments and provide an update on the implementation of the New DAPs plan.
83. At the start of the probationary period, we will review any new evidence that has become available since the New DAPs test to agree a plan for the monitoring and assessment of the provider over the three-year period. The monitoring plan will align with the provider's New DAPs plan and will ensure there is sufficient opportunity for the assessment team to test each DAPs criterion and the underpinning evidence requirements.
84. Monitoring activities over the probationary period will normally include desk-based analysis of documentary evidence, and either on-site or online meetings with the provider's staff and students, observation visits by individual assessors and/or advisers, and team meetings to review progress and agree findings. The provider will be notified of the schedule of monitoring activity before the probationary period commences and will normally align with milestones in the provider's New DAPs plan.
85. Typically, a monitoring schedule will involve:
  - Short self-assessments submitted by the provider on a quarterly basis. These will be considered by OfS officers to determine if progress against the New DAPs plan is as expected.
  - A more detailed self-assessment including any evidence that can be used to assess the provider's ability to meet the DAPs criteria, to be submitted at a specified point in years 1 and 2 of the probationary period. This will be considered by the assessment team as part of its monitoring activity and tested during the monitoring visit set out below.

- Visits by the assessment team. A visit will typically take place at specified points in years 1 and 2 of the probationary period. The evidence gathered during these visits will also form part of the monitoring assessment.
  - Observations throughout the probationary period. As well as monitoring visits, the assessment team will wish to observe key events or activities that will contribute to the evidence about whether the provider meets the DAPs criteria. Where possible these observations will be arranged as part of the monitoring visits, but observations could take place at other points in the probationary period where that is most appropriate.
86. This is a typical schedule for a provider that continues to meet the expected progress against its New DAPs plan. If any of the monitoring activity indicates a lack of progress or other issues which require more scrutiny, we may require more regular monitoring activity, either in the form of more frequent self-assessments, or more frequent visits undertaken by the assessment team.
87. The provider must inform us without delay of any issues that may prevent it from fully implementing its New DAPs plan. Should the plan need to change or adapt, for example in response to changed circumstances, we will need to be assured that those changes do not jeopardise the likelihood of the provider being able to meet the DAPs criteria at the end of the monitoring process.
88. Further information about the types, frequency and purpose of monitoring and assessment activity over the three-year probationary period can be found in Appendix E.

### **Monitoring assessment reports**

89. After it has completed a monitoring assessment, the assessment team will provide a report to the OfS on its findings about the provider's progress against its New DAPs plan. This report will provide a rounded view of all the evidence considered by the assessment team. This report will provide two judgements – one about whether the provider is setting and maintaining academic standards securely, and the other about progress in implementing the New DAPs plan.
90. The judgement about academic standards will be:
- the provider is setting and maintaining academic standards securely, or
  - the provider is not setting and maintaining academic standards securely.
91. The judgement about progress with the New DAPs plan will be:
- the provider is making sufficient progress, or
  - the provider is making sufficient progress, but corrective actions are required to maintain the likelihood that the provider will meet the DAPs criteria in full at the end of the probationary period, or
  - the provider is making insufficient progress.

92. Where the judgement about progress is 'making sufficient progress, but corrective actions are required', the report will set out the areas that need to be addressed and the provider will be required to develop an action plan to set out the steps it will take to address the concerns and to ensure that progress against the plan is recovered.
93. Where a provider is judged not to be setting and maintaining academic standards securely, and/or to have made insufficient progress with the New DAPs plan, the report will set out the areas of concern and the reasons for this judgement. We will engage with the provider to determine the most appropriate approach for the provider to respond to the concerns identified.
94. As set out in paragraph 86, where concerns are identified a provider may be subject to more frequent monitoring by the assessment team.
95. Monitoring for year 3 will depend on the provider's progress during the probationary period and the outcomes of any previous monitoring assessments, and whether the provider intends to seek a variation of its New DAPs authorisation to a Full DAPs authorisation.

### **Outcome of the probationary period**

96. Before the end of the probationary period, a provider will be expected to submit a self-assessment. This should provide a critical analysis of the way in which the provider has met the DAPs criteria through the full implementation of its New DAPs plan and reflect on the probationary period.
97. Each DAPs criterion will be assessed using a range of evidence including policies and processes, evidence that demonstrates the outcomes and impact from processes, analysis of data, observations of practice, and meetings with the provider's staff, students and other stakeholders.
98. The assessment team's judgement about whether or not the provider meets the DAPs criteria will be the outcome of a cumulative assessment process over the probationary period. In preparing a final report, the assessment team will draw on the provider's self-assessment, its own assessment activities carried out during the probationary period, any relevant monitoring and assessment carried out by the OfS, and its view of the success with which the provider has implemented its New DAPs plan.

### **Final report**

99. 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 set out in Annex C of the OfS's regulatory framework and will provide advice about whether each criterion has been met.
100. The draft report will be sent to the provider for comment, and this process followed, as set out in paragraphs 26-36.
101. The final report will be considered by QAC before QAC's advice is provided to the OfS.<sup>11</sup>

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<sup>11</sup> See [Our board and committees - Office for Students](#) for further information on QAC and the OfS committee structure.

102. 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.
103. QAC's advice to the OfS may be that the provider is not able to meet the DAPs criteria in full at the end of the probationary process but is likely to do so within the next 12 months.
104. The decision about whether the DAPs criteria are met and whether time-limited Full DAPs should be authorised will be made in accordance with the OfS's scheme of delegation.
105. 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 when making this decision. This includes consideration of the evidence and reasoning included in the assessment report and the detail of the QAC's advice and is not limited to consideration of the judgments for each criterion given in an assessment report or the overall advice given 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.
106. Further information about the decision-making process is set out in the regulatory framework, and in Regulatory advice 12.
107. Where we make a provisional decision that Full DAPs should not be authorised, we will offer the provider the opportunity to submit representations about the provisional decision, as set out in paragraphs 40-42.

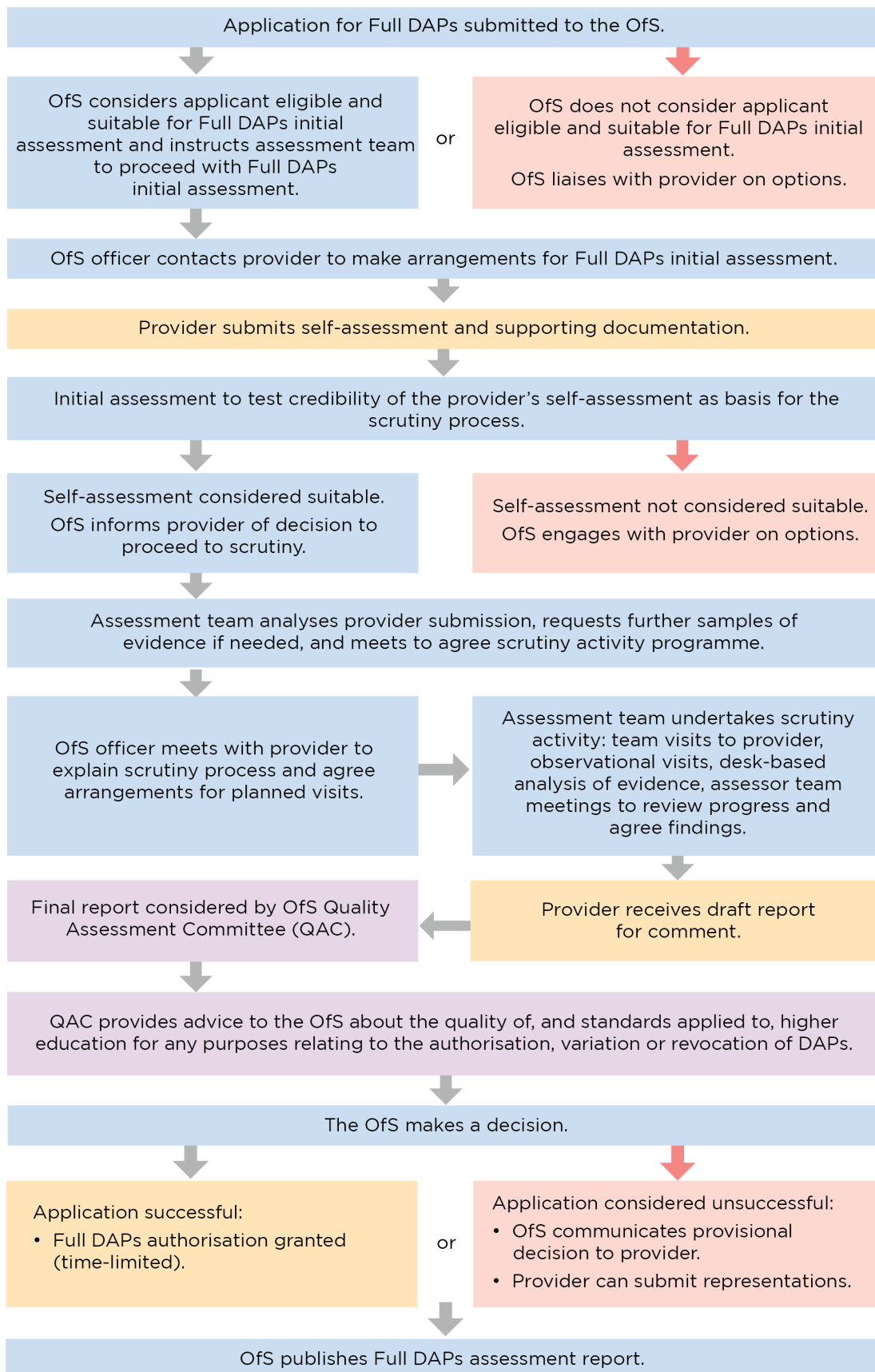
# Assessment for Full degree awarding powers (Full DAPs)

108. This section describes the approach we will take to assess applications for Full DAPs.
109. A provider can apply to the OfS for a Full DAPs authorisation to award foundation degrees, awards up to, and including, bachelors' degrees and all taught awards or research awards.
110. A provider that has three or more years' track record of delivering higher education, either through an arrangement with a degree-awarding body or under its own degree awarding powers, may apply for a Full DAPs authorisation.<sup>12</sup> A Full DAPs authorisation will normally be limited to three years in the first instance. Figure 3 provides a summary of the main stages for the Full DAPs assessment.
111. Applications for authorisation to award foundation degrees, awards up to, and including, bachelors' degrees, and all taught awards are assessed against the overarching criterion and DAPs criteria A-E, as set out in Annex C of the OfS regulatory framework. Applications for research awards authorisation are assessed against the overarching criterion and DAPs criteria A-H, as set out in Annex C of the OfS regulatory framework.
112. Where a provider with an existing DAPs authorisation is applying for additional levels or subjects, it will need to demonstrate how it continues to meet the criteria for the powers it has been exercising as well as for the additional level(s) or subject(s) that it seeks. For example, a provider with taught degree awarding powers applying to the OfS for research awards authorisation will need to provide evidence of how it meets DAPs criteria F-H, as well as demonstrating that it continues to meet the overarching criterion and DAPs criteria A-E.

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<sup>12</sup> See OfS regulatory framework, paragraphs 249 and 253. There is an argument that to be able to apply for Full DAPs, the provider should have been in a 'validation' partnership with its awarding body and that a partnership based on programmes franchised to the provider by the awarding body does not enable the provider to demonstrate an understanding of setting and maintaining academic standards. In practice, however, the categories 'validated' and 'franchised', as used by various awarding bodies, can be elastic. The OfS will therefore place the burden of proof on the provider to show that (whatever the formal status of their relationship with their awarding body) they satisfy the overarching criterion and meet the detailed criteria and sub-criteria.

**Figure 3: Main stages for Full DAPs assessment<sup>13</sup>**



<sup>13</sup> The OfS will authorise external assessors to proceed with the Full DAPs initial assessment when it is satisfied that the provider meets the eligibility and suitability requirements as set out in paragraph 52 of Regulatory advice 12.



## Making an application

113. OfS [Regulatory advice 12: How to apply for degree awarding powers](#) sets out the eligibility and application requirements for Full DAPs and provides guidance on how to submit an application.
114. When we are satisfied that a Full DAPs application meets the requirements as set out in Regulatory advice 12, we will form an assessment team to undertake an initial assessment.
115. We will provide the assessment team with the relevant documents from the provider's application for DAPs.
116. A provider must be ready to submit its self-assessment and supporting evidence to us as soon as we have confirmed that the Full DAPs assessment can proceed. Further information on the self-assessment and the supporting evidence is provided below.
117. We will contact the provider to begin preparing for the assessment. The preparations will comprise:
  - an individual briefing to help the provider prepare for its assessment and allow it to ask questions and receive further information about the process, including the process for the submission of the self-assessment and supporting evidence
  - a discussion about the timeline for the assessment, including the date by which the provider should upload its self-assessment and supporting evidence
  - notification of the assessment team.

## Self-assessment

118. 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 powers it seeks. Further details on the purpose of the self-assessment and requirements are outlined in Appendix D.
119. A key distinction between Full DAPs and New DAPs is that for Full DAPs a provider must demonstrate that it meets all the criteria in full at the point of application. The scrutiny process is not a developmental activity and the assessment team's role is to assess the provider against the DAPs criteria.
120. The self-assessment can be submitted in any format but must clearly map against the DAPs criteria.

## Supporting evidence for initial assessment

121. A provider must submit supporting evidence to demonstrate that the DAPs criteria are met in full at the point of application. The DAPs criteria set out in Annex C of the [OfS regulatory framework](#) indicate the evidence requirements for each criterion. A provider may wish to use the same evidence sources to demonstrate how it meets the different evidence requirements applicable to one or multiple DAPs criterion. Where multiple examples of departmental or course evidence is available, a provider should submit an initial sample to demonstrate the implementation of its approach to meeting the criteria in practice. This sample will be needed

for the initial assessment for Full DAPs. Once the decision has been made to proceed to scrutiny, the assessment team will request further evidence.

122. Where a provider intends to deliver new courses, or make changes to existing courses, in the first year of it exercising its own degree awarding powers, the assessment team would expect to see proposals for these courses as part of the evidence submission.
123. Further information about the evidence collection process, and likely sources of evidence required as part of a provider's submission, are set out in Appendix D.

## **Initial assessment**

124. The purpose of the Full DAPs initial assessment is to assess the credibility of a provider's self-assessment and supporting evidence as the basis for the scrutiny process. The initial assessment will be a desk-based activity and will not normally involve a visit to a provider.
125. The assessment team will review the submission and provide analysis, using a standard template to ensure all relevant areas are considered and a consistent approach is taken on whether:
  - the self-assessment adequately addresses the scope of each DAPs criterion and the evidence requirements/outcomes
  - the self-assessment is supported by relevant and appropriate evidence that has been selected judiciously and is well organised
  - there is a sufficient level of self-criticality demonstrated
  - there are any critical issues or recent or impending major developments that could affect gathering of evidence in the scrutiny period
  - overall, the self-assessment and evidence base forms a reasonable basis to support a detailed scrutiny.
126. The outcome from the initial assessment will be a recommendation from the assessment team, about whether an assessment should proceed to the scrutiny stage.
127. Where the assessment team considers that a provider's self-assessment is not suitable, it will notify us and provide the reasons for its judgement. If we agree with the assessment team's findings that the self-assessment is not suitable, we will notify the provider that its application for Full DAPs has been unsuccessful. We will explain to the provider why the assessment team has come to that conclusion. A provider may reapply for Full DAPs. If it does so within one year of the OfS's decision that an application was unsuccessful, it must set out in its new application the changes that it has made to address the reasons for its previous unsuccessful application. We will determine whether or not we will accept an application in these circumstances.

## Scrutiny process

128. We will conduct a scrutiny process to assess the extent to which a provider's arrangements meet the DAPs criteria. The aims of the scrutiny process are to determine whether a provider:
- meets the DAPs criteria, including the overarching criterion
  - has the ability to provide, and maintain the provision of, higher education of an appropriate quality
  - has the ability to apply, and maintain the application of, appropriate standards to that higher education.
129. The nature and length of the scrutiny are likely to vary, depending on factors such as a provider's higher education track record, the robustness of its self-assessment and supporting evidence, and the provider's scheduling of events and activities that may require observation.

## Team composition

130. The size and composition of each assessment team will be tailored to the characteristics of the provider under review and the type of powers being sought. We will compose the assessment team based on information we have about the provider. Between them, members of the assessment team will have the appropriate knowledge, skills and expertise to undertake assessment against the DAPs criteria. It is envisaged that an assessment team will comprise a minimum of three external experts and an OfS officer.
131. The provider will be notified of the details of assessment team members.
132. 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.

## Desk-based assessment

133. The assessment team will scrutinise the self-assessment and supporting evidence submitted by the provider and record its 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 the evidence against the DAPs criteria to determine areas that require follow-up investigation.
134. The assessment team will meet, either virtually or in person, to discuss its findings and agree the next steps, including:
- the sample of additional evidence to be requested from the provider

- the programme of planned assessment activity over the scrutiny period (see Appendix E for further information).

## Scrutiny activity

135. Following the assessment team's planning meeting, the OfS officer will communicate requests for additional information to the provider.
136. The OfS officer will also arrange a briefing meeting with the provider. The purpose of this meeting is for the OfS officer to establish contact, on behalf of the assessment team, with relevant and key personnel at the provider in order to discuss the scrutiny process in more detail. It is also an opportunity for the provider to ask questions and highlight any operational considerations. This meeting may be held virtually or in person.
137. The assessment team's activities over the scrutiny period will follow the planned programme agreed at the assessment team's planning meeting. This plan will be kept under review and may change in the light of emerging issues or risks. Scrutiny activity will likely include desk-based analysis of documentary evidence, meetings with provider staff and students, observation visits by individual assessors and/or advisers, and assessment team meetings to review progress and agree findings. Further information about the types, frequency and purpose of activity over the scrutiny period can be found in Appendix F.
138. Through its programme of planned activity, the assessment team will gather a range of evidence for assessment to determine whether and how the provider meets each DAPs criterion. Evidence will include provider analysis of student data; observations of practice; and meetings with provider staff, students and stakeholders; as well as policies and processes and their impact. This triangulation of evidence enables a robust assessment of the DAPs criteria and ensures the assessment team's findings are valid and reliable.

## Final report

139. At the end of the scrutiny period, the assessment team will produce a draft report setting out its findings from its assessment of the provider against the DAPs criteria. The report will be structured according to the DAPs criteria A-E (for foundation, bachelors' and taught degree awarding powers) and A-H (research degree awarding powers), and will provide findings about whether each criterion has been met.
140. The OfS will send the draft report to the provider for comments as set out in paragraphs 27-36.
141. QAC will consider the assessment team's final report and 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 degree awarding powers.<sup>14</sup>
142. It is for the OfS to make a regulatory 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 when making this decision. This includes consideration of the evidence and reasoning included in the assessment report and the detail of QAC's advice, and is not limited to consideration of the judgments for each criterion given in an assessment report or the

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<sup>14</sup> See [Our board and committees - Office for Students](#).

overall advice given 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.

143. Further information about the decision-making is set out in the regulatory framework, and in Regulatory advice 12.
144. Where we make a provisional decision that Full DAPs should not be authorised or should not be authorised for the level or type of powers sought, we will invite a provider to submit representations about the provisional decision, as set out in paragraphs 40-42.

## Appendix A: 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,<sup>15</sup> 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

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<sup>15</sup> 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 B: Roles and protocols

## Roles

### OfS officer

1. An OfS officer is part 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 the 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. An OfS officer will:
  - be part 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 the provider 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 a 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 C: Unique identifiers for DAPs criteria and evidence requirements

1. The following tables list the criteria and evidence requirements for the authorisation of degree awarding powers (DAPs) as outlined in Annex C of the regulatory framework for higher education in England.<sup>16</sup> In these tables, each criterion and evidence requirement has been given a unique identifier to provide a common reference for providers and expert teams.

## 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 organisation 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 organisation 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 organisation produces about its provision for all its stakeholders, especially prospective, current and completed students.

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<sup>16</sup> See [Securing student success: Regulatory framework for higher education in England - Office for Students](#).

### **Evidence requirement**

To assist in demonstrating that criterion A1 is met, the applicant organisation will be required to provide evidence that:

- A1a: Its higher education mission and strategic direction and associated policies are coherent, published, understood and applied consistently.
- A1b: Its academic policies support its higher education mission, aims and objectives.
- A1c: There is clarity and differentiation of function and responsibility at all levels in the organisation in relation to its academic governance structures and arrangements for managing its higher education provision.
- A1d: The function and responsibility of the senior academic authority is clearly articulated and consistently applied.
- A1e: There is appropriate depth and strength of academic leadership.
- A1f: It develops, implements and communicates its policies and procedures in collaboration with its staff and students and external stakeholders.
- A1g: It will manage successfully the responsibilities that would be vested in it were it to be granted degree awarding powers.
- A1h: Students individually and collectively are engaged in the governance and management of the organisation and its higher education provision, with students supported, to be able to engage effectively.
- A1i: Where the organisation works with, or proposes to work with, other organisations to deliver learning opportunities, the arrangements are based on a strategic approach, informed by the effective assessment of risk including the carrying out of due diligence. They are defined in a written legal agreement and are subject to the same robust oversight and governance as the rest of the organisation's provision.

## **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 the 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. Organisations 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 organisation's senior academic authority.

### Evidence requirement

To assist in demonstrating that Criterion B1 is met, the applicant organisation will be required 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 to its current status and are implemented fully and consistently.
- B1b: It has created, in readiness, one or more academic frameworks and regulations which will be appropriate for the granting of its own higher education qualifications.
- B1c: Definitive and up-to-date records of each qualification to be awarded and each programme being offered by the organisation are being maintained. These records are used as the basis for the delivery and assessment of each programme and there is evidence that 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.

### Evidence requirement

To assist in demonstrating that criterion B2 is met, the applicant organisation will be required to provide evidence that:

- B2a: Its higher education qualifications are offered at levels that correspond to the relevant levels of the Frameworks for Higher Education Qualifications of UK Degree Awarding Bodies.
- B2b: The setting and maintaining of academic standards takes appropriate account of relevant external points of reference and external and independent points of expertise, including students.
- B2c: Its programme approval 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 their own academic frameworks and regulations.
- B2d: Credit and qualifications will be 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 both the UK threshold standards and the academic standards of the relevant degree awarding body have been satisfied.
- B2e: Its programme approval, monitoring and review arrangements are robust, applied consistently and explicitly address whether the UK threshold academic standards are achieved and whether the academic standards required by the individual degree awarding body are being maintained.
- B2f: In establishing, and then maintaining, threshold academic standards and comparability of standards with other providers of equivalent level qualifications, it makes use of appropriate external and independent expertise.

### **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**

Organisations 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. Organisations offering higher education qualifications must have the means of establishing for themselves that their intentions are, in practice, being met.

## **Evidence requirement**

To assist in demonstrating that Criterion B3 is met the applicant organisation will be required to provide evidence that:

### **Design and approval of programmes**

- B3a: The organisation operates effective processes for the design, development and approval of programmes.
- B3b: Relevant staff are informed of and provided with guidance and support on, these procedures and their roles and responsibilities in relation to them.
- B3c: Responsibility for approving new programme proposals is clearly assigned, including the involvement of external expertise, where appropriate, and subsequent action is carefully monitored.
- B3d: Coherence of programmes with multiple elements or alternative pathways is secured and maintained.
- B3e: Close links are maintained between learning support services and the organisation's programme planning and approval arrangements.

### **Learning and teaching**

- B3f: The organisation articulates and implements a strategic approach to learning and teaching which is consistent with its stated academic objectives.
- B3g: The organisation maintains physical, virtual and social learning environments that are safe, accessible and reliable for every student, promoting dignity, courtesy and respect in their use.
- B3h: Robust arrangements exist for ensuring that the learning opportunities provided to those of its students that may be studying at a distance from the organisation are effective.
- B3i: Every student is enabled to monitor their progress and further their academic development.

### **Assessment**

- B3j: The organisation operates valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.
- B3k: Staff and students engage in dialogue to promote a shared understanding of the basis on which academic judgements are made.
- B3l: Students are provided with opportunities to develop an understanding of, and the necessary skills to demonstrate, good academic practice.
- B3m: The organisation operates processes for preventing, identifying, investigating and responding to unacceptable academic practice.
- B3n: Processes for marking assessments and for moderating marks are clearly articulated and consistently operated by those involved in the assessment process.

#### External examining

- B3o: The organisation makes scrupulous use of external examiners including in the moderation of assessment tasks and student assessed work.
- B3p: The organisation gives full and serious consideration to the comments and recommendations contained in external examiners' reports and provides external examiners with a considered and timely response to their comments and recommendations.

#### Academic appeals and student complaints

- B3q: The organisation has effective procedures for handling academic appeals and student complaints about the quality of the academic experience; these procedures are fair, accessible and timely, and enable enhancement.
- B3r: Appropriate action is taken following an appeal or complaint.

## 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. Organisations 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 organisation's curriculum offer. This includes a responsibility for ensuring that staff maintain a professional understanding of current developments in research and scholarship in their subject 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.

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

#### Evidence requirement

To assist in demonstrating that criterion C1 is met, the applicant organisation will be required to provide evidence that all staff involved in teaching or supporting student learning, and in the assessment of student work have:

- C1a: Relevant learning, teaching and assessment practices that are informed by reflection, evaluation of professional practice, and subject-specific and educational scholarship.



## Criterion C1 – The role of academic and professional staff

- C1b: Academic and (where applicable) professional expertise.
- C1c: Active engagement with the pedagogic development of their discipline knowledge.
- C1d: Understanding of current research and advanced scholarship in their discipline and that such knowledge and understanding directly inform and enhance their teaching. Also, active engagement with research and/or advanced scholarship to a level commensurate with the level and subject of the qualifications being offered.
- C1e: Opportunities to engage in reflection and evaluation of their learning, teaching and assessment practice.
- C1f: Development opportunities aimed at enabling them to enhance their practice and scholarship.
- C1g: Opportunities to gain experience in curriculum development and assessment design and to engage with the activities of other higher education providers, for example, through becoming external examiners, validation panel members or external reviewers.
- C1h: Expertise in providing feedback on assessment, which is timely, constructive and developmental.
- C1i: Experience of curriculum development and assessment design.\*
- C1j: Engagement with the activities of providers of higher education in other organisations (through, for example, involvement as external examiners, validation panel members, or external reviewers).\*

In addition, the applicant organisation will be required to provide evidence that:

- C1k: It has made a rigorous assessment of the skills/expertise required to teach all students and the appropriate staff/student ratios.
- C1l: It has appropriate staff recruitment practices.

\*C1i and C1j apply to staff with key programme management responsibilities, for example programme leaders and assessment coordinators.

## 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.

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. It is part of an organisation'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 requirement

To assist in demonstrating that criterion D1 is met, the applicant organisation will be required to provide evidence that:

- D1a: The organisation takes a comprehensive strategic and operational approach to determine and evaluate how it enables student development and achievement for its diverse body of students.
- D1b: Students are advised about, and inducted into, their study programmes in an effective way and account is taken of different students' choices and needs.
- D1c: The effectiveness of student and staff advisory, support and counselling services is monitored, and any resource needs arising are considered.
- D1d: Its administrative support systems enable it to monitor student progression and performance accurately and provide timely, secure and accurate information to satisfy academic and non-academic management information needs.
- D1e: The organisation 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.
- D1f: The organisation provides opportunities for all students to develop skills to make effective use of the learning resources provided, including the safe and effective use of specialist facilities, and the use of digital and virtual environments.
- D1g: The organisation's approach is guided by a commitment to equity.

## E: Evaluation of performance

## Criterion E1 – Evaluation of performance

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

### Explanation

An organisation 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 organisations 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 requirement

To assist in demonstrating that criterion E1 is met the applicant organisation will be required to provide evidence that:

- E1a: Critical self-assessment is integral to the operation of its higher education provision and that action is taken in response to matters raised through internal or external monitoring and review.
- E1b: Clear mechanisms exist for assigning and discharging action in relation to the scrutiny and monitoring of its academic provision.
- E1c: Ideas and expertise from within and outside the organisation (for example on programme design and development, on teaching, and on student learning and assessment) are drawn into its arrangements for programme design, approval, delivery and review.

## 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.

## Criterion F1 – Academic staff

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 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 D: 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.<sup>17</sup> This requires degree awarding powers (DAPs) assessors to make collective professional judgements<sup>18</sup> 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 set out in Annex C of the OfS regulatory framework.
2. This appendix explains the documentary evidence that providers should include 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 possible 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.
5. Evidence based on overseas delivery may be sufficient, but it is up to a provider to evidence how it is relevant to delivery in England.
6. The appendix is in two parts:
  - Part 1 is for providers applying for New DAPs
  - Part 2 is for providers for applying for Full DAPs.

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<sup>17</sup> See the OfS regulatory framework.

<sup>18</sup> 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.



## Part 1: Evidence to support an application for New DAPs

### The New DAPs plan and other sources of evidence

7. The plan, and the supporting information and data submitted with it, is the primary evidence needed to support the New DAPs test and is the starting point for the assessment team. Assessors will also gather oral evidence in meetings with provider during the initial visit to the provider.
8. Additional documentary evidence, data and information should be put forward by a provider during the New DAPs probationary period. Assessors will also gather evidence from monitoring visits and observations including oral evidence from meetings with provider staff and stakeholder groups such as students. Towards the end of the probationary period, an assessment will be undertaken that will inform a judgement about whether a provider should be granted Full DAPs authorisation. This assessment will draw on evidence collected throughout the probationary period. Notes of the information accumulated by assessment teams during the probationary period will be recorded and subjected to the same tests for credibility and relevance that will apply to all other evidence that contributes when the assessors make their collective judgements.

### The focus and purpose of the New DAPs plan

9. The purpose of the plan is outlined in paragraphs 52-55 of the main document. When deciding what to include in their plan, a provider should consider carefully the overarching criterion for the authorisation of New DAPs – so that, when it applies it can demonstrate that it is:

'an emerging self-critical, cohesive academic community with a clear commitment to the assurance of standards supported by effective (in prospect) quality systems.'<sup>19</sup>

### Criterion A1: Academic governance

10. A provider should explain how it intends to establish (or has established) academic governance arrangements that are effective and conform to the requirements set out in criterion A1 of Annex C of the OfS regulatory framework. For these purposes, 'academic governance' is defined as the means through which the provider is accountable, both to its senior academic authority and to its governing body (as defined in section 85 of HERA) and, ultimately, to the OfS for its conduct of academic matters and adherence to national requirements and expectations.<sup>20</sup>

### Supporting evidence

11. A provider should supply evidence matched to its own circumstances. Likely sources of information might include (but are not limited to):

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<sup>19</sup> See the [Regulatory framework](#), Annex C.

<sup>20</sup> See the [Regulatory framework](#), Annex C, criteria A1-A3.

- higher education mission, strategy and associated policies
  - academic policies
  - evidence of effective academic partnership arrangements
  - planning papers for the provider's New DAPs application as approved by its governing body
  - roles, job descriptions and CVs (where available) for academic leaders and senior managers
  - scheme of delegation
  - briefing papers on curriculum development and academic standards for the governing body
  - information on how (and how frequently) the governing body will assess its own effectiveness in relation to academic governance
  - for a provider for New DAPs for foundation degrees, the progression agreement that will enable students who have successfully achieved a foundation degree under the provider's New DAPs authorisation, to study for a higher-level award<sup>21</sup>
  - how students are individually and collectively engaged in the governance and management of the provider.
12. For the established and intended way of working of the provider's senior academic authority (its academic board or committee), likely sources of information might include (but not be limited to):
- draft terms of reference and procedures for a proposed (or existing) senior academic authority, that set out its authority vis-à-vis:
    - senior managers
    - the provider's governing body<sup>22</sup>
  - how the governing body will review the effectiveness of the provider's senior academic authority and the frequency of such reviews
  - 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

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<sup>21</sup> See Regulatory framework, paragraph 226.

<sup>22</sup> See Regulatory framework, Annex B: Public interest governance principle IV, 'Academic governance', and Annex C, criterion A1.

- the membership of the senior academic authority, including how 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 New DAPs 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.

## Criterion B: Academic standards and quality assurance

13. This part of the New DAPs plan should explain:

- the provider's intentions for implementing its internally-approved body of academic and other regulations to govern its higher education provision, awards and credits
- details of the proposed programmes approved by the provider
- the provider's contractual and other relations with staff and students
- how it has established the elements needed for a working body of academic and other regulations for a provider with DAPs, that conform to the requirements of Criterion B1-3 of Annex C of the regulatory framework.

### Supporting evidence

14. A provider should supply evidence matched to its own circumstances. For example, a provider that has previously worked with an established UK degree-awarding body will be able to provide evidence drawn from that relationship demonstrating that it understands what is required of the academic and other regulations of a provider with degree awarding powers, and the importance of using credible expert external advice in its academic procedures.
15. A provider from outside the UK that has degree awarding powers in another jurisdiction may be able to provide evidence of interactions with a regulatory body for degree-level awards and conformity with its requirements. A provider from a jurisdiction outside England, where the advice of independent external examiners and other experts is not routinely sought, will need to demonstrate how it plans to use credible expert external advice in its academic procedures to ensure that its awards and credits meet OfS regulatory requirements.
16. A provider with an 'emerging' senior academic authority will need to demonstrate, in its New DAPs plan, how senior managers and academic leaders currently monitor what is provided through the provider's learning and teaching infrastructure and intervene, where necessary, to ensure that what is provided is consistent with undertakings given to students and their needs in practice.
17. The New DAPs plan should also help assessors to understand how the provider envisages its senior academic authority will monitor the performance of the learning and teaching infrastructure as it progresses through its New DAPs probationary period. Where a provider

has an existing senior academic authority, the New DAPs plan should explain how it monitors the learning and teaching infrastructure to ensure that the academic experience of students matches what the provider has offered them.

18. Likely sources of information might include (but are not limited to):

- Course design and approval documentation (the documentation used as the basis for course approval) for higher education courses including:
  - evidence of course planning, design, and external input
  - training guidance and support of those involved in course design and approval
  - records of internal deliberations, outcomes and approval decisions
  - evidence of monitoring any actions arising from the course approval and design process.

If a provider does not yet have courses approved, it should set out how it intends to approach this process.

- Assessment information for staff and students for the proposed courses including:
  - assessment arrangements (for example, policies, procedures and regulations) for marking, moderation and feedback
  - proposed arrangements for external input on academic standards
  - academic malpractice arrangements
  - recognition of prior learning.
- Examples of assessment information produced, or that will be produced, for staff and students for the proposed courses, including examples of assessment details for the first/next cycle of delivery (for example, briefs, specifications, marking criteria/rubric).
- Other academic policies including:
  - admissions
  - external engagement and scrutiny of academic standards
  - course planning, design, development, approval, monitoring and review
- Strategies for learning, teaching and assessment (institutional and course level)
- Professional, statutory and regulatory bodies' accreditation report (if applicable)
- CVs of any appointed subject-based staff who will teach and/or assess the course, or recruitment plans to appoint staff
- Job descriptions for subject-based staff

- Academic and other regulations and procedures that govern the design, testing and approval of courses
- Material that shows how the provider sets or will set academic standards for its awards and how it uses academic standards in curriculum planning and in the summative assessment of students for awards and credits
- Regulations for the admission of students and student conduct
- Material that shows how the provider plans to promote academic integrity and ensure academic freedom and freedom of speech<sup>23</sup>
- Plans for student engagement and representation<sup>24</sup>
- Material that shows how the provider checks or will check that the learning resources and support arrangements it plans to provide for students, and the academic staff it employs/plans to employ, will enable students to complete their studies and achieve their awards and credits.

### Criterion C: Scholarship and the pedagogical effectiveness of staff

19. This part of the New DAPs plan should explain how the provider intends to recruit, retain and develop the academic and professional staff who are appropriately qualified, supported and developed to the level(s) and subject(s) of the qualifications being awarded and who can support students in achieving their intended learning outcomes. This part of the plan should also explain how the provider has assessed its staffing resources.<sup>25</sup>

#### Supporting evidence

20. A provider should supply evidence matched to its own circumstances. Likely sources of evidence might include (but are not limited to):
- information illustrating the provider's planned employment procedures
  - its planned staffing establishment and recruitment strategy throughout the period it holds New DAPs
  - draft contracts with academic and professional staff
  - plans to provide subject-based and pedagogical development opportunities for the provider's academic staff and the equivalent opportunities it plans to provide for professional staff

<sup>23</sup> See the Regulatory framework, Annex B: Public interest governance principles I and II.

<sup>24</sup> See the Regulatory framework, Annex B: Public interest governance principle III.

<sup>25</sup> See the Regulatory framework, Annex C.

- plans for engagements with professional associations, employers and employer associations and other bodies in support of academic and professional staff, and their support for learning
- plans to include the time staff devote to professional development and subject-based research alongside their teaching commitments
- job roles, job descriptions and CVs of academic and managerial staff (where available).

## Criterion D: Environment for supporting students

21. A provider applying for New DAPs is expected to be able to demonstrate:
- that it understands and is planning the arrangements and resources its students will require to enable them to develop their academic, personal and professional potential
  - that it has or is planning arrangements to enable it to provide teaching, learning support and additional support (where required), to a standard that will enable students to study for their awards and credits.
22. This part of the plan should explain how the provider has assessed the learning resources (physical and digital) as well as wider support services that its diverse body of students will need and how it proposes to implement these resources. As with other parts of its New DAPs plan, the provider will need to show assessors how its current and planned teaching and learning infrastructure meets the needs of its students and how it checks or will check that the teaching support and environment for learning that it has offered to provide students – whether in its contract with them, its promotional materials and/or in internal handbooks – is being delivered to the standards offered.

### Supporting evidence

23. Annex C of the regulatory framework sets out the evidence requirement for this criterion.<sup>26</sup> 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.
24. A provider should supply evidence matched to its own circumstances. Likely sources of evidence might include (but are not limited to):
- contemporaneous notes from meetings, emails and internal management reports on the teaching and learning infrastructure and wider support services provided by the provider
  - budget and other planning information showing the level of support given to the teaching and learning infrastructure

<sup>26</sup> See the Regulatory framework, Annex C, criterion D: 'Environment for supporting students'.

- reports to the governing body on the provider's readiness to offer higher education provision and its planned policies and arrangements for developing the learning and teaching infrastructure, including its staffing establishment and its wider support services for students
- advice, information and guidance for students about their courses and the support and resources available to them
- details of planned student support, counselling and advisory frameworks
- plans for monitoring the effectiveness of student support services
- plans for the development, implementation and monitoring of administrative support systems to facilitate accurate monitoring of student progression and performance.
- strategies for effective course induction.

25. Where students have commenced their studies at the time of the assessment, further sources of evidence may include:

- reports from feedback meetings between students and teaching staff; and students, teaching staff and senior managers
- 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.
- details of student support frameworks and policies
- student feedback on the effectiveness of student support services
- outcomes of effectiveness reviews of student support services including consideration of resource needs.

## Criterion E: Evaluation of performance

26. For a provider to be capable of gaining New DAPs, it must be able to show (initially through its New DAPs plan and supporting evidence):
- that it has the will and the capacity to subject its own activities and performance to self-critical scrutiny
  - that it can form timely and realistic plans to address weaknesses and capitalise on strengths, and carry them out successfully.
27. In its New DAPs plan, and subsequently during its probationary period, a provider for New DAPs should seek to demonstrate:
- how it will regularly assess individual activities and their performance, and its performance overall (for example, against the activities and performance of other degree-awarding bodies)
  - how it will use external monitoring or review of its academic, support, management and governance arrangements, and report on them to its governing body and act on their findings.

### Supporting evidence

28. Sources of evidence for this criterion is likely to include (but is 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 about 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 providers, with suggestions for improvements and responses to such reports.



## Part 2: Evidence to support an application for Full DAPs

### Introduction

29. In order to achieve Full DAPs, a provider must satisfy the overarching criterion set out by the OfS in the regulatory framework, that it is a:

‘self-critical, cohesive academic community with a proven commitment to the assurance of standards supported by effective quality systems.’<sup>27</sup>

30. For a Full DAPs application, OfS assessors are required to make a judgement about whether the provider satisfies the DAPs criteria, the overarching criterion and whether the provider has the ability:

- to provide, and maintain the provision of, higher education of an appropriate quality
- to apply, and maintain the application of, appropriate standards to that higher education.<sup>28</sup>

### The self-assessment and evidence for Full DAPs

31. For a Full DAPs 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 in Annex C of the regulatory framework.

32. Because data and metrics provide only a partial measure of the provider's past performance, the provider's Full DAPs self-assessment should also include:

- a concise, critical self-assessment of its present status with respect to the Full DAPs criteria, that leads to a self-assessment of its standing with respect to the overarching criterion.

33. A provider applying for Full DAPs for higher awards (to Level 8/research degree awarding powers) should set out in its self-assessment how the additional criteria in Annex C of the regulatory framework (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 information 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.

34. Assessors evaluating the Full DAPs 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 act, independent

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<sup>27</sup> See the Regulatory framework, Annex C, at Securing student success: Regulatory framework for higher education in England - Office for Students.

<sup>28</sup> See the Regulatory framework, paragraph 266, at Securing student success: Regulatory framework for higher education in England - Office for Students.

of external scrutiny, to provide students with a high quality academic experience and awards that conform to sector recognised standards. Assessors will also consider the general credibility of the evidence that the provider cites in support of its application.

## Supporting evidence

35. Providers seeking Full DAPs are likely to come from different backgrounds and traditions. As with New DAPs applications, each provider should supply evidence matched to its own circumstances. Assessments and judgements by OfS assessors will necessarily, therefore, be context-sensitive.
36. A provider seeking Full DAPs will have a track record of delivering higher education for three years or more either through an arrangement with a degree-awarding body or under its own degree awarding powers.<sup>29</sup> For its Full DAPs self-assessment, a provider is likely to be able to draw on evidence demonstrating how it has worked with a partner institution to provide courses and apply its partner's standards. Some providers will also be able to refer to relevant exchanges with independent externals and professional and statutory bodies. Other providers may be already holding Full DAPs for courses leading to awards and credits up to and including Level 7, as set out in the sector recognised standards,<sup>30</sup> and be seeking authorisation to make awards at Level 8 (research degree awards).
37. Likely sources of information might include (but are not limited to) evidence from:
  - the provider's existing operation under Full DAPs
  - working with other providers with research DAPs
  - working with learned societies and professional bodies.
38. It is likely that a provider applying for Full DAPs for research degrees will need to provide assessors with copies of the following, or their equivalents:
  - the formal agreement, between the provider and its awarding body for higher awards, that has, up to this point, enabled the provider's students to register for and study for higher awards
  - the regulations that currently apply to such students
  - recent reports by the provider to the relevant awarding body on the progress of the students registered with that body for higher awards.

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<sup>29</sup> See OfS regulatory framework, paragraphs 249 and 253. There is an argument that to be able to apply for Full DAPs, the provider should have been in a 'validation' partnership with its awarding body and that a partnership based on programmes franchised to the provider by the awarding body does not enable the provider to demonstrate an understanding of setting and maintaining academic standards. In practice, however, the categories 'validated' and 'franchised', as used by various awarding bodies, can be elastic. The OfS will therefore place the burden of proof on the provider to show that (whatever the formal status of their relationship with their awarding body) they satisfy the overarching criterion and meet the detailed criteria and sub-criteria.

<sup>30</sup> See [Sector-recognised standards \(officeforstudents.org.uk\)](https://www.officeforstudents.org.uk) [PDF].

## Criterion A1: Academic governance

39. In its Full DAPs 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.
40. 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.
41. Where a provider is working with one or more awarding bodies, it is likely that the assessors will also want to see reports by the awarding bodies on how the provider has applied its standards.
42. Likely sources of information 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 that 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 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 standards<sup>31</sup>
- 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).

43. Assessors will seek to satisfy themselves that any external reports or reviews have been undertaken by credible persons or bodies, and that such reviews were appropriately framed. Assessors will also wish to see evidence of how a provider has responded to such external reports.

44. Likely sources of information 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 how 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.

## Criterion B: Academic standards and quality assurance

45. In its self-assessment, a provider applying for Full DAPs can explain the key features of the internal regulations for academic standards and quality assurance it has previously used and key features of the internal regulations it intends to operate if granted Full DAPs. The self-assessment should highlight the changes the provider proposes to make to its current arrangements once it gains Full DAPs and explain the rationale underlying such changes.

<sup>31</sup> See [Sector-recognised standards \(officeforstudents.org.uk\)](https://www.officeforstudents.org.uk).

## Supporting evidence

46. A provider applying for Full DAPs should provide supporting evidence with its self-assessment that is matched to its own circumstances. Likely sources of information might include (but are not limited to):
- copies of the provider's existing and proposed academic regulations in full<sup>32</sup>
  - a sample of reports identified by the assessors 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 student feedback on their course, and their academic experience more generally, is sought, analysed and applied.
47. 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 assessors.
48. Assessors will seek to satisfy themselves 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 governance, assessors may need to seek further information. In these circumstances, likely sources of information 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 courses for approval by its senior academic authority.

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<sup>32</sup> To be interpreted broadly and include admissions, assessment, classification and student disciplinary regulations.

49. For applications for powers to award research degrees, assessors will want to see copies of reports the provider has made to the awarding body on the progress of research students registered with it while studying and researching with the provider.
50. A provider applying for research DAPs should also set out in its self-assessment how acquiring DAPs for research degrees might impinge on its wider structures and arrangements in areas such as human resources (recruitment, contracts, staff development) and its plans to participate in the development of relevant specialist subject and practitioner areas locally and nationally.

### **Criterion C: Scholarship and the pedagogical effectiveness of staff**

51. In this part of its Full DAPs self-assessment, the provider should explain how it has planned for and recruited the academic and professional staff that 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 throughout the Full DAPs period 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**

52. A provider should supply evidence matched to its own circumstances. For this criterion, assessors are 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.
53. Other sources of evidence may 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 for the period during which it will be holding Full DAPs (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 previous 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. Assessors will also wish to see evidence of how a provider has responded to such external reports.
54. Likewise, assessors 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

55. A provider being assessed for Full DAPs 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.
56. In its Full DAPs 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

57. Annex C of the regulatory framework sets out the evidence requirements for this criterion. A provider's Full DAPs 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.

58. Likely sources of information 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

59. For a provider to be capable of gaining Full DAPs it 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.

60. In its Full DAPs self-assessment, a provider applying for Full DAPs 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

61. Evidence for this criterion is likely to include (but is 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 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.

62. 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 – assessors may be able to focus their 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 Full DAPs for research degrees

63. Where a provider is seeking Full DAPs for research degrees, criteria F-H of Annex C of the regulatory framework additionally apply. The provider's Full DAPs self-assessment should demonstrate how it has established a sustainable institutional research culture that is conducive to advanced scholarship and research, and supportive for research students. Assessors will also want to understand how a provider seeking research DAPs intends to apply national standards for awards and comply with the management frameworks for research degrees issued by UKRI and its constituent councils. Assessors will also want to understand how the provider's own arrangements for research degrees will differ from those of the awarding body with which it has been working.

## Contextual information

64. Where a provider applies for research DAPs and already holds taught DAPs, some contextual information will be required. Likely sources of information might include (but are not limited to) the provider's current and planned:

- 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

65. A provider applying for Full DAPs for research degrees is expected to be able to demonstrate that:
- its 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.
66. A provider will also need to demonstrate that staff involved in the delivery of its research degree courses have met the metric requirements set out in criterion F. In considering and evidencing how it meets each of the three metrics, a provider should determine what proportion of the total number of its academic staff meets the requirements set out in each of the three metrics.
67. Assessors 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.
68. The characteristics of the catalogue of evidence that will be needed by assessors 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) that includes publications and other contributions.

69. The entry for each individual should clearly distinguish between advance scholarship and research work undertaken since the individual joined the provider and when they were employed by others.

## Supporting evidence

70. Evidence for this criterion is likely to include (but is not limited to):

- regulations for the research degrees the provider intends to award
- 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.

71. The provider will also be required to provide evidence that it meets the following criteria:
- 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.
72. The metrics should be calculated as a proportion of all academic staff at the provider, and not just those that the provider considers are research active or are employed within a dedicated research unit.
73. A provider may consider it does not easily meet these expectations but that it can demonstrate how its staff are research active and contributing to a research community at the provider in its own context. We will accept applications on this basis, but it will be up to the provider to evidence and provide reassurance to the assessment team of its ability to meet the research DAPs criteria.
74. Evidence for the above metrics is likely to include (but is 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

75. A provider applying for Full DAPs for research degrees is expected to be able to demonstrate that:
- it satisfies relevant national guidance relating to the award of research degrees.

## Supporting evidence

76. Evidence for this criterion is likely to include (but is 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).

### Criterion H: Minimum number of doctoral degree conferrals

77. A provider applying for Full DAPs for research degrees is expected to be able to demonstrate that:

- it has achieved more than 30 doctoral degree conferrals (including professional doctorates) awarded through partnerships with UK awarding bodies.

78. In addition, it will need to demonstrate that:

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

## Supporting evidence

79. The assessment team will consider how a provider monitors its completion rates and compares those against sector norms. Evidence for this criterion is likely to include (but is not limited to):

- student data (names of students, employment details, start and completion dates, dates of conferrals, awarding body details)

- data or information that demonstrates that the provider's completion rates (i.e. the percentage of students who complete a doctoral degree) meet sector norms
- Information that sets out how the provider considers its completion rates and its performance against sector norms, for example relevant monitoring reports discussed by its academic committee.

## Appendix E: Types of monitoring and assessment activity undertaken during the New DAPs probationary period

1. The table below provides a summary of the types of monitoring and assessment activity teams are likely to engage in over the probationary period. The plan of assessment activity will be agreed by the assessment team, the OfS, and discussed with the provider at the start of the probationary period. It may be adjusted during the probationary period as findings are considered.

Type of activity	Frequency and timing of activity	Purpose of activity
Assessment team planning meeting – this is a confidential team meeting that takes place away from the provider.	One meeting at the start of each year of the probationary period.	For the assessment team to review any changes to the New DAPs plan, scrutinise new documentary evidence that has become available and to agree the planned assessment activity over the next year.
Assessment team visit to the provider – one or two-day visits to the provider by the assessment team; this may include a subject specialist.	The assessment team will visit the provider at least once in a year. The timing of the meeting will be agreed with the provider to align with key milestones or activities in the New DAPs plan.	For the assessment team to meet with provider staff and stakeholders. Meetings will be used to gather evidence and clarify issues arising from the desk-based assessment of documentation.
Assessment team meeting – this is a confidential team meeting.	The assessment team will meet at least once a year to review the provider's progress and agree findings. For practical reasons this meeting is most likely to take place immediately after the assessment team visit.	As a minimum, likely to take place in years one and two, for the team to come to a collective view about the provider's progress in implementing the New DAPs plan and maintaining academic standards.  In the final year, for the team to come to a collective view about whether the provider meets the DAPs criteria.
Observations – observation of an activity at the provider by members of the assessment team.	Observations will be undertaken according to a plan determined by the assessment team.	For assessment team members to gather primary evidence to assess how the provider is implementing its New DAPs plan and/or meeting the DAPs criteria in practice.

Type of activity	Frequency and timing of activity	Purpose of activity
<p>Desk-based assessment – the review of documentary evidence submitted by the provider or requested by the assessment team.</p>	<p>This is a continuous activity, with exact requirements dependent on the monitoring activity that is agreed with the provider. As a minimum, there will be a desk-based assessment to support any assessment visit arranged as part of the monitoring schedule for each provider.</p> <p>On a quarterly basis, OfS officers will also consider the self-assessment submitted by the provider.</p>	<p>For the team to assess how the evidence demonstrates the provider is implementing its New DAPs plan and/or meeting the DAPs criteria in practice.</p>



## Appendix F: Types of assessment activity undertaken during Full DAPs scrutiny

1. The table below provides a summary of the types of assessment activity teams are likely to engage in over the scrutiny period. The plan of assessment activity will be agreed by the assessment team at the start of the scrutiny based on the analysis of the provider and may be adjusted during the scrutiny, as findings are considered.

Type of activity	Frequency and timing of activity	Purpose of activity
Assessment team planning meeting – this is a confidential team meeting that takes place away from the provider.	One meeting at the start of the scrutiny process after individual members have completed their desk-based assessment.	For the assessment team to agree the findings from its desk-based assessment and the planned assessment activity over the scrutiny period.
Assessment team visit to the provider – one or two-day visits to the provider by the team; this may include a subject specialist.	The assessment team may visit the provider twice during the scrutiny period, but this will be dependent on the complexity of the assessment. The timing of the meetings will be at the team's discretion, but the first meeting is likely to take place at the start of the scrutiny, and the second towards the end if required.	For the assessment team to meet with provider staff and stakeholders. Meetings will be used to gather evidence and seek clarifications.  The first visit will usually be to verify claims in the documentary evidence and seek any initial clarifications. A second visit may be required for the team to seek any final clarifications before drawing its conclusions.
Progress review meeting – this is a confidential team meeting.	The team will normally meet twice to review its assessment of the provider against the DAPs criteria. For practical reasons these meetings are most likely to take place immediately after the team visit.	For the assessment team to come to a collective view about whether the provider meets the DAPs criteria.
Observations – observation of an activity at the provider by an individual expert.	Observations will be undertaken according to a plan determined by the assessment team.	For assessment team members to gather primary evidence to assess how the provider meets the DAPs criteria in practice.

<b>Type of activity</b>	<b>Frequency and timing of activity</b>	<b>Purpose of activity</b>
Desk-based assessment – the review of documentary evidence submitted by the provider or requested by the assessment team.	This is a continuous activity that takes place throughout the scrutiny period.	For the team to assess how the evidence demonstrates the provider meets the DAPs criteria in practice.

## Appendix G: Indicative timeframe for Full DAPs scrutiny

1. The Full DAPs assessment process undertaken by the assessment team, as set out in this guidance, will take approximately 14 months. 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 DAPs assessment process when we are satisfied that the provider meets the eligibility and suitability requirements as set out in set out in Regulatory advice 12.<sup>33</sup> We will also set out a fee estimate for the assessment and take payment from the provider.
3. The main stages of the Full DAPs assessment process are set out below:

Event	Description
<b>Initial assessment stage</b>	
This stage normally takes between 4-6 weeks from the date of provider submission of self-assessment and supporting documentation	
Provider briefing	OfS officer contacts provider to discuss arrangements for Full DAPs initial assessment, including timeline for provider submission of self-assessment and supporting documentation.
Submission	Provider submits self-assessment and supporting documentation.
Initial assessment	DAPs assessment team undertake initial assessment to test credibility of the provider's self-assessment as basis for the Full DAPs scrutiny process.
Outcome	Outcome of initial assessment is notified to the provider.
<b>Scrutiny stage</b>	
This stage normally takes 9 months.	
Further evidence analysis	Assessment team analyses provider submission, requests further samples of evidence if needed, and meets to agree scrutiny activity programme.
Provider submission	Provider uploads further evidence as requested.
Provider briefing	OfS officer meets with provider to explain scrutiny process and agree arrangements for provider visits and other scrutiny activity.

<sup>33</sup> See [Regulatory advice 12: How to apply for degree awarding powers - Office for Students](#).

Event	Description
Scrutiny activity	Assessment team undertakes scrutiny activity: team visits to provider, observational visits, desk-based analysis of evidence.
Assessment team meeting	Assessment team meets to review progress and agree findings or request further evidence if required.
<b>Final report stage</b> This stage will normally take 10-14 weeks, although final timings will depend on the schedule of QAC meetings.	
Draft report	Provider receives draft report for comment.
QAC	Final report submitted to QAC. QAC provides advice to the OfS.

## Appendix H: Indicative timeframe for New DAPs assessment

1. The New DAPs assessment process undertaken by the assessment team, as set out in this guidance, will take approximately 20-24 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 DAPs assessment process when we are satisfied that the provider meets the eligibility and suitability requirements as set out in Regulatory advice 12.<sup>34</sup>
3. We will also set out a fee estimate for the assessment and take payment from the provider.
4. The main stages of the New DAPs assessment process are set out below:

Event	Description
<b>New DAPs test</b>	
This stage normally takes around 10-12 weeks from the date of provider submission of self-assessment and supporting evidence.	
Provider briefing	OfS officer contacts provider to discuss arrangements for New DAPs assessment, including timeline for provider submission of self-assessment and supporting documentation, and timings for visit to provider.
Submission	Provider submits self-assessment and supporting documentation.
Initial assessment	Assessment team analyses provider submission, requests further samples of evidence if needed, and meets to agree arrangements for planned visit.
Provider visit	Assessment team undertakes provider visit and undertakes other scrutiny activity such as online meetings or observations as required.
Assessment team meeting	Assessment team meets to review evidence and agree findings or request further evidence if required.
<b>Final report stage</b>	
This stage will normally take 10-14 weeks although final timings will depend on the schedule of QAC meetings.	
Draft report	Provider receives draft report for comment.
QAC	Final report submitted to QAC. QAC provides advice to the OfS.

<sup>34</sup> See [Regulatory advice 12: How to apply for degree awarding powers - Office for Students](#).



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