

Annex B – Regulatory Framework



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Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

1. Our Regulatory Approach

- 1.1. Medr's regulatory approach sets out the guiding principles by which we will undertake our regulatory duties, with the aim of achieving our vision "...to enable a tertiary education and research system which is centred around the needs of learners, society and economy with excellence, equality and engagement at its heart." As the body accountable to Welsh Ministers for overseeing tertiary education, we are committed to regulating in a manner that is transparent, proportionate, consistent and risk-based, while being deeply aligned with our values of Dysgu (Learning), Cydweithio (Collaboration), Cynnwys Pawb (Inclusion), and Rhagori (Excellence).
- 1.2. Our approach is not just about enforcing standards, but also about working collaboratively with educational providers and stakeholders to achieve shared outcomes. This will be informed by data and other forms of evidence that help us to exercise judgement, accounting for the diversity of contexts and missions that shape tertiary education across Wales. We understand that the landscape of tertiary education is complex and dynamic, requiring a regulatory framework that is both robust and adaptable to the needs of learners, society and the economy.
- 1.3. Medr's regulatory philosophy, deeply aligned with our core values, integrates the strengths of both rules-based (compliance) and goal-based regulation (continuous improvement). We want providers not only to comply individually with our regulatory requirements, but also advance the tertiary sector, to the benefit of Wales. In this context, we expect providers to maintain a sense of ownership of their responsibilities, possessing confidence to report issues of compliance when things go wrong, and seeking to continuously drive forward improvements.
- 1.4. This approach aims to deliver a robust, inclusive, and forward-looking tertiary education and research sector that is capable of meeting both present and future challenges.

1.5. Strategic Context

- 1.5.1. Our regulatory duties are empowered by the Tertiary Education and Research (Wales) Act 2022 (TERA 2022) and contribute to the delivery of the strategic aims in our Strategic Plan. This plan sets out our priorities for the next five years, informed by the strategic priorities of the Welsh Government, the Well-being of Future Generations (Wales) Act 2015 and the duties set out in TERA 2022. Medr is required to prepare a strategic plan setting out how it will address these priorities and how it will discharge the strategic duties given to it under the Act.
- 1.5.2. By aligning our regulatory approach with national priorities and expectations, our aim is for tertiary education providers to take responsibility for contributing positively to the broader social and economic objectives of Wales.

1.6. Strategic Aims

- 1.6.1. Underpinning our approach to the regulation of the sector, and through extensive consultation, we will discharge our regulatory duties in line with our strategic aims:
- **To focus the tertiary education sector around the needs of the learner**
 - **Regulatory objective:** The interests of all types of learners are protected by preventing poor educational practices or approaches to well-being
 - **Regulatory approach:** Medr will engage closely with learners and position their voice centrally within decision making. We will regulate in a way that expects providers to focus on, and be attentive to, the needs, experiences and outcomes of learners of all kinds.
 - **To create a flexible and joined-up tertiary system where everyone can acquire the skills and knowledge they need for a changing economy and society**
 - **Regulatory objective:** There is joined up regulation and funding across tertiary education, which improves equality of opportunity by minimising barriers to learner progression
 - **Regulatory approach:** Medr will work with providers and employers to regulate in a way that reflects understanding of the labour market and that supports learners from all backgrounds to progress between different types of tertiary education and work throughout life, acquiring knowledge and skills that will enhance their lives.
 - **To ensure learners receive the highest-quality provision in a tertiary education sector that strives for continuous improvement**
 - **Regulatory objective:** A culture of continuous improvement that focuses on positive learner outcomes, raises baseline standards and reduces the likelihood of a poor quality experience
 - **Regulatory approach:** Medr will work with providers to identify and uphold rigorous quality requirements for tertiary education, which provide

confidence and drive enhancement, whilst advancing equality of opportunity. Our Quality Framework will expect providers to demonstrate high quality standards, considering their different contexts and missions as we apply a whole system approach, so there are improvements within individual providers and across tertiary education as a whole.

- **To grow internationally-acclaimed research and inspire innovation throughout the tertiary education sector**
 - **Regulatory objective:** Protect both the integrity and capacity of research and innovation by preventing practices or conditions that could erode quality, reduce inclusivity, or undermine sustainability
 - **Regulatory approach:** Medr will work with providers and government to support research and innovation which is sustainable and carried out with integrity. We will regulate in a way which expects providers to nurture research and innovation environments and cultures which are inclusive. By promoting equality of opportunity, we will enable more diverse participation in research and innovation careers.
- **To encourage greater use of the Welsh language, increasing demand for and participation in learning and assessment through the medium of Welsh**
 - **Regulatory objective:** Increased access to quality Welsh-medium provision, together with encouragement and support to participate in it, helps protect the Welsh language and supports the Welsh Government's aspiration for a million Welsh speakers
 - **Regulatory approach:** Medr will work with key stakeholders including the Coleg Cymraeg Cenedlaethol to develop a national plan for Welsh medium tertiary education. Informed by that plan, we will regulate in a way that challenges providers to expand and improve provision, both in terms of its quality and accessibility, to encourage demand for and participation in that provision; whilst also encouraging greater use of the language across all tertiary environments.

1.7. Our Regulatory Philosophy

- 1.7.1. Our regulatory philosophy is guided by a proportionate, risk-based approach that blends the clarity of rules-based regulation with expectations for continuous improvement across tertiary education in Wales. We will work closely with learners and providers on the design of our regulatory framework, including testing how our regulatory approach and systems will work across a variety of scenarios. We will provide clarity on our regulatory requirements, taking intervention and enforcement actions where we identify non-compliance or poor performance. We will also work with learners, providers and government to evaluate the effects of our regulatory approach, so we improve it over time to the benefit of Wales.
- 1.7.2. Our regulatory approach blends several aspects of those regulatory styles. We will set clear, enforceable rules that establish minimum expectations for compliance,

ensuring providers understand their obligations and that non-compliance is addressed with proportionate intervention. Our risk-based approach means our actions will be proportionate to the performance and capacity of providers. This will enable us to scale oversight to reflect varying levels of risk and performance, and reciprocate trust with responsible providers whilst concentrating regulatory effort where it is most needed. At the same time, by focusing on a goal-based approach through measurable outcomes, we encourage providers to focus on achieving the shared aims we all have for learners in Wales. Central to this philosophy is a commitment to self-regulation and institutional responsibility, empowering providers to proactively manage risks and ensure accountability to their learners and stakeholders. Our philosophy is intended to deliver our vision and will be guided by our core values:

- 1.7.3. **Dysgu: Learning** runs throughout our regulatory approach, balancing the strengths of both rules-based and goal-based regulatory frameworks. A rules-based approach provides clear, consistent baseline standards for providers to follow, ensuring that all comply with essential requirements. By aligning this with goal-based regulation for appropriate conditions, we will also encourage providers to innovate in the context of their specific missions, and deliver continuous improvement.

Compliance and improvement: Medr will promote a regulatory environment where providers are encouraged to learn and grow, meeting not just the baseline requirements but also pursuing broader, aspirational outcomes that contribute to the overall excellence of the Welsh tertiary education system.

Responding to feedback: To minimise uncertainty and bureaucracy, we will change our baseline regulatory requirements only selectively and following consultation, but we will also be self-reflective, seeking feedback from learners and providers about the effects of our regulation, so we can improve our approach over time.

- 1.7.4. **Cydweithio: Collaboration** is a cornerstone of effective regulation. By working closely with and involving stakeholders, we will set regulatory expectations that are not only understood and enforceable, but also consonant with the diverse missions of tertiary education across Wales. We also want through our regulation to promote collaboration between providers, so there are clear pathways for learners, sharing of insights, good practice and resources, and duplication only where this is necessary to meet demand.

Regulatory design: Medr will develop and test regulatory conditions in partnership with learners and providers, so there is the desired level of compliance and contribution to Medr's strategic priorities at the provider level and across the sector. This will help providers to align their own strategic outcomes with our regulatory requirements, and to understand how they could be delivered through collaboration with other providers and partnerships.

Shared outcomes: Through collaboration, Medr and its partners, including other regulators and inspectorates as well as providers, will work towards common objectives, ensuring that the regulatory framework supports the collective ambition of improving educational outcomes for all learners in Wales.

- 1.7.5. **Cynnwys Pawb: Inclusion** requires that all learners have equal opportunities to benefit from high-quality educational experiences and outcomes. This includes fostering safe and inclusive learning environments, and also conducting our regulation in a way that is sensitive to the diversity of learners and tertiary provision across Wales.

Common standards: Medr's rules-based approach requires that providers adhere to baseline requirements, so that all learners can have confidence about the provider in which they are studying.

Promoting improvement: Providers will be challenged to set and achieve measurable outcomes, in the context of their particular missions, so they improve quality and equality of opportunity beyond the baseline requirements.

- 1.7.6. **Rhagori: Excellence** will be pursued across all aspects of Medr's work. We will support providers to deliver a tertiary education sector in Wales that not only meets current expectations, but also strives for continuous improvement and international competitiveness.

Expectations and accountability: Our new regulatory system will establish high expectations for providers, the tertiary education sector and Medr itself. We will gather, communicate and act on data and other forms of evidence that help to understand performance across these levels.

Encouraging innovation: Medr's approach to continuous improvement in context encourages providers to innovate and pursue excellence in ways that align with their unique strengths and aspirations, and achieve higher levels of performance, benefiting learners, society, and the economy.

1.8. Our Regulatory Principles

- 1.8.1. These are the principles which will provide a framework for how we establish and deliver our regulatory requirements.

1. **Clear guidance and resources:** We publish guidance with clear explanations of the requirements, enabling providers to meet both regulatory requirements and desired outcomes. Over time, this will include sharing examples of good practice across the tertiary education sector to drive continuous improvement.
2. **Transparent communication:** We communicate clearly about the implications of non-compliance, ensuring providers understand the consequences of failing to meet their regulatory duties. This transparency fosters a culture of accountability and encourages proactive compliance. We may publish information that highlights continuous improvement or issues of non-compliance and poor performance, where we consider it appropriate for the benefit of learners and the wider public.
3. **Minimising burden:** We consider the workload implications of our regulatory processes, including through insights from the tertiary education workforce, to

help minimise bureaucracy and empower providers to focus on the delivery of tertiary education and research.

4. **Collaborative development of regulations and processes:** We will work closely with stakeholders, including other regulators, inspectorates or relevant public bodies, to develop regulatory processes that are coherent with their own requirements. Through engagement and consultations, we ensure that our regulations are informed by those they affect, balancing the needs of providers with the requirements of the TERA 2022 legislation. This approach helps providers better understand and integrate regulatory expectations into their operations.
5. **Engagement:** We offer regular opportunities for providers to engage with us directly, through workshops, training sessions, meetings and other routes. This means that providers are well-equipped to comply with their obligations and can seek guidance whenever necessary.
6. **Proactive Monitoring and Feedback:** Drawing upon early self-reporting, we continue to proactively monitor compliance, identifying potential issues early and working with providers to address them before they escalate. This preventive approach helps maintain high standards across the sector while minimising the need for statutory interventions. Our monitoring is targeted based on the nature of the requirement, our statutory duties, and the risk to learners and the public purse.
7. **Legal and Directive Action:** When necessary, Medr takes evidence-based targeted action to address non-compliance and poor performance. This may be through use of specified or non-specified statutory interventions, or combinations of these, as appropriate. Any such interventions are proportionate and conducted in a manner consistent with our values.
8. **Promotion of Best Practice:** Medr encourages providers to look beyond mere compliance, fostering a culture of evaluation and continuous improvement.
9. **Innovative and Responsive Approaches:** We continually review and improve our regulatory processes to adapt to changing circumstances, ensuring that our regulations remain effective, proportionate and relevant. This includes responding to new legislation and analysing data to anticipate and address long-term challenges for current and future generations of staff and learners.
10. **Resilience and Focused Action:** We are resilient in the face of challenges, maintaining focus on our statutory duties and strategic objectives, and providing consistency of direction for providers. We are committed to taking proportionate and timely action to secure compliance and excellence in tertiary education and training in Wales.

1.9. Our Expectations

1.9.1. At Medr, we are committed to working collaboratively with all providers to create an environment of continuous improvement, accountability, and excellence. In this spirit, we outline the following commitments and expectations that guide our collective efforts:

1. **A Commitment to Compliance and Integrity:** Providers are entrusted with the responsibility to deliver full compliance with regulatory requirements. This is not merely a matter of meeting obligations, but of encouraging trust and integrity across the sector. We expect institutions to take ownership of their compliance processes, embedding regulatory standards into their day-to-day operations and demonstrating a proactive approach to maintaining these standards.
2. **Engagement with Regulatory Guidance:** Constructive engagement with Medr's guidance is key to maintaining a strong regulatory partnership. Providers should value the feedback and direction offered by the regulator and act promptly to address any areas of concern.
3. **Transparency and Self-Reporting:** We encourage a culture of openness and transparency. When challenges arise, providers should feel confident in self-reporting any concerns or non-compliance in a timely manner. This "no surprises" approach demonstrates accountability and allows Medr to provide support where needed.
4. **Proactive Risk Management and Mitigation:** A forward-thinking approach to risk management is essential for maintaining high standards. Providers are expected to establish internal governance structures that allow for the early identification and mitigation of risks.
5. **Pursuing Continuous Improvement:** While meeting baseline regulatory standards is crucial, we encourage providers to aim higher. Continuous improvement should be at the heart of every institution's mission.
6. **Collaboration with Stakeholders:** Education is a collaborative effort, and we expect providers to engage actively with their stakeholders, including learners, employers, and the wider community.
7. **Respect for Regulatory Interventions:** When Medr provides feedback or suggests improvements, it is with the aim of helping institutions to meet our expectations. Providers are expected to embrace this guidance constructively, implementing any necessary changes to prevent issues from escalating.

1.10. What does our regulatory approach mean for our regulatory conditions

Our regulatory approach and values have informed the development of our Conditions of Registration and Conditions of Funding set out in this Regulatory Framework. In designing the conditions, and their associated requirements, we have sought to ensure that they are proportionate and risk-based. In doing this we have balanced the need to

meet our statutory duties against the principle of minimising burden as set out in our Regulatory Approach.

The conditions in this Regulatory Framework have taken account of feedback from the first consultation where appropriate. For example, to address concerns regarding burden and proportionality, we have given detailed consideration to all the individual conditions, further reviewing the requirements of these and the associated monitoring. We have also considered the overall 'monitoring ask' on providers as we appreciate that, whilst conditions may not individually impose significant requirements, the picture may be very different when all the conditions are taken together as a whole. We have recognised the need to minimise administrative burden, as much as is reasonably possible, but any regulatory system will inevitably place some requirements on providers.

We recognise that the conditions and their associated requirements must be clear. In the context of our regulatory principle regarding clear guidance and resources, and the feedback from the first consultation, we have sought to improve clarity. This has included being clearer about those detailed elements of conditions that form part of compliance requirements and those elements that represent best practice guidance. We also recognise the concerns that some respondents had regarding the timescales for implementation of the new regulatory system due to the development work required for some conditions. Consequently, whilst all regulatory conditions will fulfil Medr's responsibilities under TERA 2022, some of the conditions will be relatively limited in scope and ambition in the first instance. In that context, the regulatory requirements are likely to evolve in future years, with compliance requirements in some areas expected to increase over time. We may also develop some conditions over time in a way that reduces the monitoring 'ask' of those providers that demonstrate a strong track record of ongoing compliance.

Conditions will also evolve as we learn more about what works for different providers and to take account of changes in the wider environment. In line with the principles set out in our Regulatory Approach, we will work with the sector and other stakeholders in a collaborative effort to further develop the conditions and associated guidance over the coming years.



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Approach to Monitoring

Overview

1. Background

- 1.1. This section sets out Medr's approach to monitoring compliance with Conditions of Registration and Funding under the Tertiary Education and Research (Wales) Act 2022. It forms part of our broader Regulatory Framework and reflects the work undertaken during the first phase of Medr's development as the funding and regulatory body for tertiary education in Wales.
- 1.2. Our approach, as set out in this document, reflects a shared understanding that effective monitoring must go beyond data collection or enforcement. It should enable intelligent, proportionate, risk-based regulation that protects learners, supports innovation, and respects the autonomy and diversity of Wales's tertiary education providers.

2. Principles underpinning our approach to monitoring

2.1. Our monitoring approach is guided by a set of principles that reflect our statutory duties, our regulatory values, and the feedback received from the sector during consultation. These principles underpin all of our monitoring activity and inform the way we work with providers.

2.2. Proportionality

2.2.1. We will ensure that the scope, frequency and intensity of our monitoring are proportionate to the level of risk and the regulatory value of the information we require. This means directing our efforts where they are most needed and avoiding undue burden on providers who demonstrate strong internal assurance, sustained compliance, and mature governance.

2.3. Risk-Based judgement

2.3.1. Our monitoring decisions will be driven by risk - both the inherent risk associated with particular conditions, and the assessed risk presented by a provider's specific context. We will draw on a range of information sources, including data, annual assurance returns, learner feedback, reportable events and engagement, to form a rounded picture of institutional risk. Our risk judgements will be evidence-led, responsive, and kept under regular review. Importantly, they will take into account not only the likelihood of non-compliance, but also the potential impact on learners, public confidence, and sector-wide stability.

2.4. Clarity and transparency

2.4.1. We are committed to providing clear, consistent information about our monitoring expectations and processes. Providers should always understand:

- what information we are collecting and why
- how it will be used to inform our regulatory decisions
- whether engagement is part of a routine activity or a response to a concern

2.4.2. We will publish guidance to support understanding of our monitoring activities and will be transparent about how monitoring relates to compliance, funding, and any potential follow-up actions. In doing so, we aim to build trust in us as a regulator and funder.

2.5. No surprises and early engagement

2.5.1. We expect providers to engage with us at the earliest opportunity where a risk to compliance, learner interest, or public confidence arises. In turn, we will communicate clearly and in good time where we consider there may be increased risk or intend to escalate our engagement. Our approach is rooted in a "no surprises" principle: the earlier an issue is raised, the greater the opportunity to resolve it collaboratively and proportionately. There of course may be exceptions to this, where events or changes cannot be foreseen.

2.6. **Institutional Autonomy**

- 2.6.1. We recognise and respect the autonomy of institutions and the diversity of mission and governance arrangements across the Welsh tertiary education sector. Monitoring is not a tool for steering institutional strategy, nor is it intended to impose uniformity. Our role is to hold providers accountable for meeting clearly defined conditions — not to direct how they operate internally or set their priorities.

2.7. **Support for Continuous Improvement**

- 2.7.1. Whilst compliance is central to our statutory role, we also see monitoring as a means to promote improvement across the sector. Through the information we gather, and the conversations we hold, we aim to identify patterns, highlight good practice, and support providers in strengthening their own systems and processes. Our engagement will aim to be both reflective and forward-looking - an opportunity for providers to share their own assessments of risk and performance, and for Medr to offer insights, support or advice. If we are intervening due to potential non-compliance, we will be clear in our communications and the actions that a provider needs to take to address those matters.

3. **The Blended Monitoring Model**

- 3.1. Following extensive consultation with the sector, Medr has developed a blended model of monitoring that draws on the strengths of the two original options presented in our first consultation in 2025. This model forms the foundation for how we will assess compliance with the Conditions of Registration and Funding, and how we will engage with providers to identify risk, support improvement, and protect learners and the public interest.

- 3.2. This approach deliberately combines assurance-led oversight with wider engagement.

3.3. **Co-developing and refining the model**

- 3.3.1. As stated, this model has been developed with significant input from the sector, and it will continue to evolve through further co-construction. We are committed to working closely with providers to refine the design and operation of our monitoring activities - including the format of Annual Assurance Returns, the use of engagement, and the development of supporting guidance. Where appropriate, we will pilot aspects of the model to ensure they are workable, proportionate, and effective.

3.4. **Combining assurance and engagement**

- 3.4.1. Our assurance-led activity focuses on establishing that conditions are being met. This includes formal mechanisms such as the Annual Assurance Return, the requirement for providers to self-report serious incidents and notifiable events through our Reportable Events process, and the use of data to monitor performance or identify potential areas of concern.

- 3.4.2. Our statement of intervention sets out how and when we might intervene at different points, where compliance issues may arise.
- 3.4.3. Separately to this, we may engage providers in activities that are not focused on compliance. These engagements are non-directive, context-sensitive conversations that allow providers to reflect on their own performance, raise emerging issues, and engage with us on shared system challenges. Crucially, these conversations are not compliance assessments. They are designed to promote openness, early risk identification, and mutual understanding. Where strategic engagement occurs, it will be clearly scoped in advance, with a transparent purpose and no implication of regulatory concern.
- 3.4.4. This dual structure ensures that our monitoring activities can both meet our statutory assurance duties and support a broader culture of improvement across the sector.

3.5. **Monitoring across all conditions**

- 3.5.1. Providers must meet all of the Conditions of Registration and Funding that apply to them – whether funded or registered. That requirement is universal. However, the way we monitor compliance is intentionally varied. Different conditions carry different types and levels of regulatory risk, and our oversight will reflect that. For example, some conditions require more regular or structured monitoring. Others may only require active engagement where specific risks arise. Each condition will outline our approach to oversight clearly and is documented in the ongoing monitoring section under each condition.
- 3.5.2. We assign monitoring activities to each condition based on the compliance requirements of those conditions, and we tailor our engagement with each provider depending on scale, risk and context. The tools we use may include Annual Assurance Returns, self-reporting, targeted data collection and analysis, or provider engagement. The framework setting out these links - between each condition and its associated monitoring mechanisms - is published within this document.
- 3.5.3. This flexible structure ensures consistency in expectations, while enabling us to act proportionately and avoid unnecessary burden.

3.6. **A risk-based and proportionate approach**

- 3.6.1. Our use of monitoring information will always be grounded in context. Data, Annual Assurance Returns, and other inputs will be reviewed in light of institutional circumstances, not interpreted in isolation. We will not use automated thresholds or performance metrics to initiate regulatory action without first seeking to understand the broader context. Where concerns arise, we will engage providers early and constructively, with the aim of preventing escalation and supporting resolution. The goal is to maintain confidence in the system while upholding fairness and mutual trust.
- 3.6.2. We also recognise the importance of clarity around what happens when monitoring reveals a potential issue. Where follow-up action is required we will communicate

this clearly. Our aim is always to ensure that providers understand what is happening and why, and to avoid surprises.

4. How the model works in practice

- 4.1. Our monitoring model is made up of interrelated components that work together to support proportionate, risk-based oversight. The way we monitor those conditions is shaped by a combination of regulatory risk and the context of a provider.
- 4.2. The model operates across four broad layers:

1. Condition monitoring

Each condition has its own monitoring profile. Some require regular inputs (such as data or assurance), while others are monitored through periodic or risk-triggered engagement. The monitoring mechanisms associated with each condition - such as Annual Assurance Returns, provider engagement, or self-evaluation are proportionate to the level of regulatory risk and potential impact on learners. These are set out in detail in the accompanying monitoring framework.

2. Core mechanisms and information flows

Providers are expected to participate in structured processes such as the Annual Assurance Return and the Reportable Events mechanism. We also gather data through targeted returns and public datasets. Other sources of intelligence may include learner complaints, complaints against providers, third-party reports, and strategic engagement conversations. Information from these channels informs our understanding of individual provider compliance and broader trends within the sector.

3. Risk assessment and judgement

Monitoring information is brought together to form a holistic view of provider risk. This includes both provider-specific risk (e.g. emerging concerns about financial sustainability or governance and management) and system-level risk (e.g. patterns emerging across multiple providers). Our assessment is not formulaic or automated. We use evidence and context to inform judgements about whether closer regulatory attention is required, or whether existing oversight remains appropriate.

4. Regulatory response and engagement

Where concerns are identified, we may respond by seeking clarification, requesting additional information, initiating targeted engagement, or - where appropriate - escalating to formal regulatory processes. Where no concerns arise, we may maintain light-touch engagement or shift focus to thematic/system-level improvement.

5. Sources of Monitoring Information

- 5.1. Our monitoring activity draws on a wide range of information and evidence sources. These enable us to form a balanced and proportionate picture of whether providers are meeting their Conditions of Registration and/or Funding, and whether any regulatory concern or risk is emerging.

- 5.2. Each source contributes differently - some are structured and formal, while others offer softer signals or offer contextual insight. Together, they underpin our blended model and support both assurance and early identification of risk.

5.3. **Annual Assurance Return**

- 5.3.1. The Annual Assurance Return (AAR) is a structured self-declaration submitted by a provider and formally signed off by its accountable officer and governing body (or equivalent). It requires providers to confirm that, based on a robust analysis of evidence, they have reviewed their compliance with the conditions applying to them, and have assured themselves that they remain compliant with the Conditions of Registration and/or Funding; or to identify in their return any areas where their internal review indicates that they are not compliant and the action they are taking in response.
- 5.3.2. Each year in commissioning the AAR, we will indicate what additional evidence we may require to confirm the assurance. We will also ask providers as part of their AAR to provide any updates on material changes, challenges, or risks. This is a core assurance mechanism that applies to all providers subject to the Conditions of Registration and/or Funding. It provides an annual opportunity for each provider to conduct their own rigorous internal assessment, to reflect on performance, confirm their own assurances, and alert Medr to any areas requiring further engagement.

5.4. **Learner surveys**

- 5.4.1. Medr uses findings from learner surveys to gain insight into learner experience, satisfaction, and concerns. There is a well-established National Student Survey in higher education, and we intend to develop student surveys across the wider tertiary sector. These survey results may provide useful indicators of quality, equity, and wellbeing, especially when triangulated with other data. Survey results may also inform our thematic priorities or highlight providers where additional engagement could be valuable.

5.5. **External quality assessment**

- 5.5.1. For providers subject to inspection by Estyn or review by The Quality Assurance Agency for Higher Education (QAA), these external assessments contribute to our understanding of quality, leadership, and learner outcomes. Medr does not duplicate these processes but will consider their outcomes where relevant to our conditions and regulatory functions. Where Estyn or QAA identify significant concerns, we may seek further assurance from the provider or explore whether any compliance issue is indicated.
- 5.5.2. As stated in the Quality Framework, we are committed to working with providers to ensure that future external quality assessment methods add value and impact for providers.

5.6. **Public Information Monitoring**

- 5.6.1. Medr may monitor public information, for example that published on providers' websites, including the clarity, accuracy and accessibility of information presented to current and prospective learners. This helps ensure compliance with regulatory conditions, such as those Conditions of Registration related to information provided to prospective learners and fee limits. We may request changes where required information is missing or unclear, or where content may suggest potential breaches of registration conditions.

5.7. **Complaints Monitoring**

- 5.7.1. We routinely review complaints made against providers to Medr for significant issues, particularly in the case of systemic issues or serious risks to compliance. Complaints may serve as an important indicator of potential issues across a number of conditions. Where cases have merit and fall within our regulatory remit, we will engage directly with the provider concerned to gain assurances and information can be fed into broader risk and assurance processes and intervention processes where appropriate.

5.8. **Reportable Events**

- 5.8.1. Providers must notify Medr of Reportable Events — this includes both serious incidents and notifiable events that may affect compliance, e.g. events such as major financial issues, legal proceedings, leadership or governance failures, or breaches of statutory obligations.
- 5.8.2. The Reportable Events process is a core part of our monitoring model. It enables early, proportionate response to emerging issues and supports a culture of trust, openness, and accountability. Supplementary detail is provided to help providers determine when reporting is required.

5.9. **Data Monitoring**

- 5.9.1. We use data both published or submitted to Medr to monitor key indicators relevant to our regulatory conditions — such as participation, continuation, outcomes, or financial trends. We intend to develop our datasets over time to give robust and comprehensive data on learner outcomes which can be published to support transparency of provider performance. Data is never viewed in isolation and is interpreted in context. Where data suggests potential risk or underperformance, we may seek additional information or use it to prioritise further engagement.

5.10. **Independent Assurance**

- 5.10.1. We may also consider third-party assurance obtained by providers, such as other regulating bodies, internal audits, external evaluations, or expert reviews. These can support a provider's self-evaluation of compliance and may contribute to our understanding of how risks are being identified and managed internally. Where relevant, we may ask providers to share key findings or actions arising from such reviews and any associated action plans.

5.11. **Engagement Activities**

- 5.11.1. Medr's sector-level and provider-level engagement activities also serve as a source of monitoring information. These include routine meetings, consultation responses, and informal feedback. These conversations help surface issues, clarify intent, and support our understanding of provider context.

5.12. **Self-Evaluation**

- 5.12.1. Medr encourages providers to carry out regular internal self-evaluation, both of their performance and of how they meet the Conditions of Registration and Funding. Self-evaluation supports reflective practice and strengthens providers' ability to anticipate and manage risk. In many instances, this will draw upon existing self-evaluation processes – for example those undertaken for Estyn or QAA. We may require providers to share aspects of their own self-evaluation in the context of our Annual Assurance Returns. These are outlined in the monitoring sections for each condition.

6. Monitoring methods by condition

Condition	Financial Sustainability	Governance and Management	Information Provided to Prospective Students	Reportable Events Process	Charitable Status	Notification of Changes	Fee Limits Condition	Regard to Advice and Guidance	Validation Arrangements
Condition of:	Registration and Funding	Registration and Funding	Registration Only	Neither - Process	Registration Only (core)	Registration Only	Registration Only (core)	Registration and Funding	Registration Only
Initial or Ongoing:	Initial and Ongoing	Initial and Ongoing	Initial and Ongoing	Neither - Process	Initial and Ongoing	Ongoing	Ongoing	Ongoing	Initial and Ongoing
Annual Assurance Return	✓	✓	✓	✓	✓	✓	✓	✓	✓
Learner surveys									
Estyn/QAA reviews									✓
Publicly available information monitoring	✓		✓				✓		
Complaints Monitoring		✓	✓	✓			✓	✓	✓
Reportable Events	✓	✓	✓	✓	✓	✓	✓	✓	✓
Data monitoring	✓	✓	✓		✓	✓	✓	✓	✓
Independent Sources of Assurance		✓	✓	✓	✓				
Engagement Activities	✓	✓							
Self Evaluation	✓								✓

Condition	Information, Assistance, and Access	Complaints procedures	Equality of opportunity	Learner engagement code	Learner protection plans	Quality - Compliance with the QF	Welfare of staff and students	Welsh language
Condition of:	Registration and Funding	Registration and Funding	Registration and Funding	Registration and Funding	Registration and Funding	Registration and Funding	Registration and Funding	Registration and Funding
Initial or Ongoing?	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Initial and Ongoing	Initial and Ongoing	Ongoing
Annual Assurance Return	✓	✓	✓	✓		✓	✓	✓
Learner surveys			✓	✓		✓	✓	✓
Estyn/QAA reviews			✓	✓		✓	✓	✓
Publicly available information monitoring		✓			✓			
Complaints Monitoring		✓	✓	✓	✓	✓	✓	✓
Reportable Events		✓	✓	✓	✓	✓	✓	✓
Data monitoring	✓	✓	✓		✓	✓	✓	✓
Independent Sources of Assurance	✓							
Engagement Activities			✓	✓	✓	✓	✓	✓
Self-evaluation			✓			✓	✓	

7. Using Monitoring to Inform Regulatory Decisions

7.1. Monitoring is not an end in itself. It is a means through which Medr ensures that the Conditions of Registration and Funding are being met, that learners are protected, and that emerging risks can be identified and addressed early. Most of the time, monitoring activity confirms compliance and requires no further action. However, where concerns arise, we may need to respond. Our approach to interpreting and acting on monitoring information is guided by three key principles: proportionality, context, and clarity.

7.2. Identifying potential concerns

7.2.1. Monitoring may reveal potential issues in a number of ways — for example, through emerging trends in data, reportable events, complaints, Annual Assurance Returns, or self-evaluation. We do not rely on single sources of information, instead, we assess evidence holistically and in light of provider context. In many cases, a potential concern may simply trigger informal contact or a request for clarification.

7.2.2. Concerns may relate to a specific condition (e.g. financial sustainability, learner protection, accuracy of information), or they may be broader and require a cross-cutting view of the provider's operations. Our response will reflect the nature, severity, and immediacy of the issue.

7.3. Clarification and early engagement

7.3.1. Where we identify a possible compliance risk, our first step will usually be to seek further information. This may take the form of a request for clarification or further information, a conversation, or a structured meeting. The purpose is to understand what is happening, whether there is a genuine regulatory concern, and what (if anything) the provider is already doing to manage the situation. We will communicate the scope of this engagement clearly and transparently. Providers will be given the opportunity to respond, explain, or present additional evidence before any decision is made about next steps. Early engagement is a key feature of our risk-based approach — it helps to prevent escalation and supports resolution at the lowest appropriate level, thereby enabling us to address issues through a collaborative approach.

7.4. Determining the appropriate response

7.4.1. If a potential breach of a condition is confirmed, or if there is sufficient evidence of material risk, we may decide to initiate a more formal regulatory process. This could include specified interventions set out in the Statement of Intervention powers or other non-specified interventions. These steps are not taken lightly and will always be grounded in evidence, guided by procedural fairness, and aligned with our intervention powers. In cases where a concern does not indicate a breach, but highlights an area for improvement or sector-level learning, we may provide feedback, recommend changes, or share anonymised insight to support system-wide development through advice or guidance.

7.5. Communicating decisions and outcomes

- 7.5.1. We are committed to transparency in how monitoring leads to decisions. Where formal action is taken, we will explain the reasons and expected outcomes. Where no action is required, we will aim to close the loop with the provider so they are aware that the matter is resolved. Monitoring should never feel like a hidden or one-sided process. Our aim is to ensure that providers are informed, involved, and treated fairly throughout, and that the regulatory system remains proportionate, predictable, and trusted.

7.6. Escalation to Intervention

- 7.6.1. Where monitoring identifies a sustained or serious risk to compliance with the conditions of registration or funding - and where early engagement or clarification has not resolved the issue - Medr may escalate the matter into a formal regulatory process. Escalation is not automatic. It is used where proportionate, necessary, and in line with our statutory duties. In some instances we may decide not to take intervention action. This may include, for example, where a provider is already working to address the issue, where we are taking other relevant action or where we consider escalation to be disproportionate.
- 7.6.2. We recognise that providers operate in complex and changing contexts, and we aim to support resolution at the earliest appropriate stage, working collaboratively with providers wherever reasonable and appropriate. Wherever appropriate, in Medr's view, we will engage with providers to try and resolve issues prior to initiating intervention. However, where there is evidence of a material breach, or a failure to respond appropriately to risk, we will take action.

7.7. Our approach to intervention and the tools and powers available

- 7.7.1. Our regulatory approach makes it clear that, when necessary, we will take evidence-based targeted action to address non-compliance and poor performance. This may be through use of specified or non-specified statutory interventions, or combinations of these, as appropriate. Our approach is not punitive, but neither is it passive. Where needed, we will move quickly to safeguard learner outcomes, prevent harm, or protect public confidence in the system. Information on the intervention powers specified by TERA 2022 are set out in Medr's Statement of Intervention Powers.
- 7.7.2. The broad spectrum of intervention powers specified in TERA 2022, and set out in Medr's Statement of Intervention Powers, ensures that when Medr does need to undertake regulatory intervention, it can do so in a proportionate manner in line with our regulatory approach and values. This is informed by factors including:
- **seriousness** – who is impacted by the issue and the scale and severity of that impact. The impact may be viewed in terms of the scope and level of any harm to learners, staff, public funds, reputation etc.
 - **persistence** – how long the issue has been ongoing and if the issue is a re-occurring one
 - **provider actions** – actions the provider has taken to address the issue.

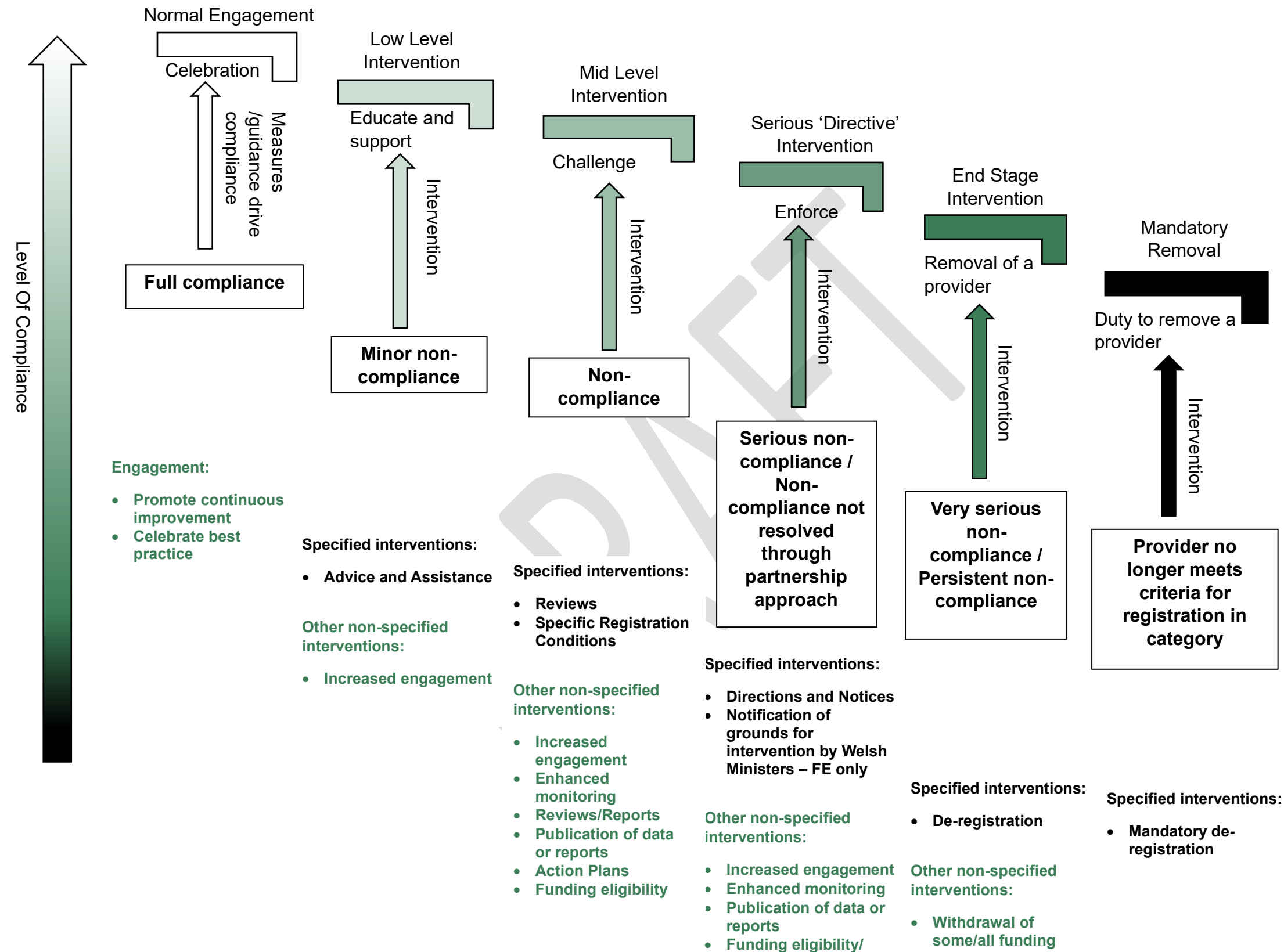
- **context** - what our broader regulatory intelligence tells us
- **risk** – the risk associated with the issue, including scale, likelihood and impact
- **statutory duties** – the implications for Medr’s statutory duties

7.7.3. The diagram below provides a summary of the spectrum of interventions that are available to Medr. For ease of reference, this spectrum has been presented as discrete Stages, although there may be some blurring and overlap between Stages in reality. Whilst this spectrum outlines Medr’s intervention powers in a linear manner for clarity, they may be used in any order Medr chooses depending on the context of the individual case. It should be noted that the examples of non-specified interventions in the diagram do not represent an exhaustive list.

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8. Spectrum of Regulatory Interventions

Interventions may be taken in any order and levels may be skipped as appropriate.



- 8.1. All of Medr's specified intervention powers may be used in respect of registered providers, with advice and assistance in respect of quality and reviews in respect of quality also applying to other providers, as follows:
- external providers (providers delivering provision on behalf of registered providers)
 - funded further education and training providers that are not on the register
 - funded school sixth forms via their local authority, and
 - other tertiary provision in Wales that is not being delivered by registered or funded providers
- 8.2. Medr's approach to the use of these specified intervention powers is set out in the Statement of Intervention Powers.
- 8.3. As noted above, Medr may also utilise a range of other levers that are not explicitly specified in TERA 2022 in order to drive compliance with ongoing registration conditions. These non-specified interventions can be applied to all registered or funded tertiary education and training providers and include, amongst others:
- 8.3.1. **Engagement - writing to and/or meeting a provider** – Engagement might include writing to and/or meeting the provider's Principal/Vice-Chancellor or other relevant senior manager (e.g. Director of Finance). Where appropriate, this may also include engagement with the Chair of the provider's governing body and/or relevant committee Chair (e.g. Audit Committee Chair), and potentially the wider governing body.
- 8.3.2. **Requiring enhanced monitoring of a provider** – Where a specific non-compliance issue has been identified, increased engagement and monitoring may be undertaken to ensure that the provider is taking all reasonable steps to address the issues. **This is a key step in regulatory intervention.** Enhanced monitoring might take the form of a frequency of reporting and/or meetings that is greater than would be the case normally. It may also include the submission of additional information, that would not normally be required.
- 8.3.3. **Commissioning a review or report** – Medr may commission a review or report where further information is required regarding the compliance issues at a provider. Such a review or report could inform the actions to be taken by the provider to address non-compliance and potentially inform further action by Medr, including a decision whether to initiate statutory intervention.
- 8.3.4. **Requesting an action plan** – Medr may request that the provider develops an action plan to address specific areas of concern. Medr might expect that the provider's governing body plays a role in approval and oversight of the plan, with the delivery of the plan monitored by Medr or its agents. In the event that the provider is unsuccessful in the delivery of its action plan, that might inform a decision by Medr on whether to initiate statutory intervention.
- 8.3.5. **Publishing data, plans or reports** – Medr may publish information that highlights a provider's non-compliance, where it is considered appropriate. Amongst other forms of information, that might take the form of data, such as performance data. It might also take the form of action plans to address non-compliance and reports, such as the report of any review commissioned by Medr. Publication may be undertaken by Medr or by bodies acting on Medr's behalf. Publication of such information may serve to highlight failings, thereby

helping other providers to avoid similar situations, and act as an incentive for the provider to address its non-compliance. The publication of information may also be undertaken alongside interventions specified by TERA 2022.

8.3.6. Sharing with other regulators – Where appropriate, Medr will share information on a provider's non-compliance with other regulators. Medr also has a duty to make certain government bodies aware of relevant non-compliance (e.g. UKVI, Prevent etc.). There may be circumstances where we share information with other bodies – for example Estyn or QAA.

8.3.7. Using funding – Published Medr funding conditions or thresholds may render a non-compliant provider ineligible for certain relevant types of Medr funding. This may be done to protect public funds and/or to act as an incentive for the provider to address its non-compliance. Medr's use of its funding powers may be scaled such that more serious non-compliance results in a proportionately greater ineligibility for Medr funding.

8.4. Non-specified interventions, such as the examples set out above, may form a key means by which Medr may enforce Conditions of Funding for non-registered tertiary education and training providers. They may also form a potential alternative to some interventions specified in TERA 2022 (where those interventions are available) and may also act as a precursor to such interventions. For example, a registered provider might be given the opportunity to deliver against an action plan, with subsequent failure to deliver against that plan leading to the triggering of an intervention specified in TERA 2022. The use of non-specified levers, including enhanced monitoring and those linked to funding, may also be undertaken in parallel with use of specified intervention powers in order to complement those interventions and drive compliance. For funded providers that are not on the register, the use of funding powers may be the most severe intervention that can be applied by Medr. For further education providers, more severe interventions specified in TERA 2022 may also be undertaken by Welsh Ministers in consultation with Medr.

8.5. Transparency and fairness

8.5.1. Decisions to escalate to intervention will always be clearly communicated, with reasons provided and opportunities for providers to respond. We will also ensure appropriate oversight and documentation of decision-making processes. Escalation does not mean failure. It is one part of a wider regulatory system that aims to balance accountability with support, and that recognises the responsibility of providers to manage risk, maintain quality, and engage openly with the regulator.

9. Indicative Timing of Monitoring Activities

9.1. While Medr's monitoring model is designed to be responsive and proportionate, we recognise the importance of transparency and predictability in how and when providers can expect to engage with us. Not all monitoring activities follow a fixed schedule — many are triggered by risk or concern — but some elements of our model will take place at regular or expected points in the academic or financial year.

9.2. This section outlines the typical timing of routine and cyclical monitoring activities, as well as how more reactive or risk-driven elements may arise across the year. It is intended to support providers in planning and preparing for engagement, while recognising that timings may evolve as the regulatory system matures.

10. Calendar of Monitoring

Month	Higher Education	Further Education	Sixth Forms	Apprenticeships	Adult Community Learning
September	HESA Data	LLWR Data			
October					
November	Student recruitment update submission				
	Audited accounts submission deadline 30/11				
December	Annual Assurance Return submission deadline 31/12	Annual Assurance Return submission deadline 31/12	Annual Assurance Return submission deadline 31/12	Annual Assurance Return submission deadline 31/12	Annual Assurance Return submission deadline 31/12
		Audited Accounts 31/12			
January	HESA finance record submission	Finance record			
	TRAC return submission – 31/01	LLWR Data			
February					
March					
April		LLWR Data			
May					
June					
July	NSS Results released	Financial forecasts submission – 31/07			
	Financial forecasts				

	submission – 31/07				
August					
Due date determined by year end				Audited financial statements by statutory filing date Financial forecasts	Audited financial statements by statutory filing date Financial forecasts

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Supplementary Detail: Reportable Events

Summary

Applies to:

- all funded providers and registered providers and all conditions of registration and funding

Reportable Events

1. Reportable events include both serious incidents and notifiable events.

Assessment

2. Reportable events will be used to inform Medr's assessment of compliance against on-going conditions of registration and funding, as set out in our Statement of Monitoring.

Identifying matters that should be reported

3. It is the responsibility of a provider to determine whether a particular event or matter constitutes a reportable event and should be reported.
4. If we conclude that a provider has not reported an event, or that in reporting an event a provider has not met the timescales for reporting, we may take further regulatory action.
5. If we conclude that there is a pattern of under reporting events, or not meeting the timescales for reporting, we may take further regulatory action.
6. If we conclude that a provider is over reporting events, we will engage with the provider to ensure that they understand our reporting requirements.
7. We consider that matters identified in Table 1 must always be reported, by all providers, because these are matters that, in our judgement, a reasonable provider would always consider to be reportable.

8. There may be cases of serious failure that risk compliance with any regulatory condition or present a risk to learners that fall outside of the list contained within Tables 1 and 2. In these cases, providers should use their judgment and can seek advice or clarification from Medr. We will keep Tables 1 and 2 under regular review.

Events that fall outside of the scope of Reportable Events

9. There may be information and notifications that you are required to share with us as part of our on-going monitoring of compliance with your conditions of registration/funding. This information can be found under each condition, and does not form part of the Reportable Events. Reportable Events only relates to Serious Incidents and Notifiable Events as set out in this Supplementary Detail on Requirements.

Events that relate to more than one theme

10. The list of serious incidents in Table 1 and the list of notifiable events in Table 2 are grouped into themes. This is for illustrative purposes only and it is likely to be the case that a particular event or matter is relevant to a number of themes.

Events that relate to more than one provider

11. Medr recognises that events or matters will sometimes occur that must be reported by more than one provider. In such circumstances, each provider should make its own judgement about whether an event should be reported.

Submission of a reportable event

Serious incidents

12. Providers are required to report a serious incident within 10 working days of either the incident occurring or when the incident is identified. For the avoidance of doubt, a serious incident being identified is at the point which a provider identifies an event that is likely to happen, an event which relates to future plans and/or information that may have future consequences and therefore would result in a serious incident.
13. If a serious incident relates to the accountable officer, it is not likely to be appropriate for the accountable officer to make the report to Medr. In these circumstances, the governing body must itself make the report or delegate the action to report the matter to another appropriate individual who is not the accountable officer. Where the accountable officer is the subject of a report, the individual making the report must clearly state that it would not be appropriate for Medr to respond to the accountable officer.
14. Where providers are unsure whether reporting of a serious incident is required, we encourage initial informal dialogue with the relevant team in Medr, in line with our “no surprises” approach.
15. A serious incident must be submitted in writing via email to assurance@medr.cymru.
16. When a provider submits a serious incident, the submission must include the following information:
 - (a) a description of the incident that is being reported

- (b) whether the incident has occurred or is yet to happen, and
 - (c) the date of the incident (if the incident has occurred)
17. Following the submission of the serious incident, the following information to be provided at the earliest opportunity:
- (a) inquiries made and actions taken by the provider, including any reports to other regulators or the police
 - (b) the impact of the incident on the provider and its stakeholders, including learners and staff
 - (c) confirmation that the incident has been reported via the provider's governance structure, and to whom, and to the provider's chief audit executive (or equivalent)
 - (d) the controls in place that applied to the incident, whether they were followed and, if not, why not
 - (e) whether the provider has determined that controls need to be introduced or revised – and if so, the plan to implement the required changes; and
 - (f) whether, in the view of the chief audit executive, the incident will have any impact on their annual opinion of risk management, control and governance processes
18. In the event that there is an internal investigation into the incident, the provider must provide a copy of the investigation report when this becomes available.
19. After a provider has submitted a serious incident, Medr will review the information provided and assess its credibility, reliability and completeness. We may ask the provider for further information, and we may also make enquires of, or request further information from, other bodies, if this is required.

Notifiable events

20. Where providers are unsure whether reporting of a notifiable event is required, we encourage initial informal dialogue with the relevant team in Medr, in line with our “no surprises” approach.
21. A notifiable event must be submitted in writing via email to assurance@medr.cymru.
22. When a provider submits notifiable events, the submission must take account of any specific information required for those events, as set out in Table 2.

Medr review of reportable events

Serious incidents

23. Serious incidents are used for on-going monitoring of various conditions of registration/funding. Medr will consider the serious incident within the context of the provider and determine whether any further engagement, action or information is required.
24. Where further engagement, action or information is required, we will clearly communicate this to the provider. We will work with providers and may expect a provider to continue to engage with us regarding the serious incident, take appropriate action and/or provide us with additional information.

25. Where no further action or information from the provider is required, we will clearly communicate this to the provider. We may also explain to the provider the circumstances in which Medr may have a future interest in this serious incident. Whether we do so, in any particular case, will depend on the particular facts of the serious incident and the provider's context. In this instance, we will work in line with our Statement of Monitoring.

Notifiable events

26. Notifiable events are used to provide Medr with information relating to various conditions of registration/funding or detail on key changes within a provider. Medr will consider the notifiable event within the context of the provider and determine whether any further engagement or information is required.
27. Where further engagement or information is required, we will clearly communicate this to the provider. We will work with providers and may expect a provider to continue to engage with us regarding the notifiable event and/or provide us with additional information.
28. Where no further information from the provider is required, we will clearly communicate this to the provider.

Table 1: List of Serious Incidents

Type of serious incident
(a) Provider's ownership, legal form or corporate structure, including but not limited to:
The legal entity that is registered ceasing to exist
(b) The delivery of tertiary education in Wales, including but not limited to:
Loss, including suspension, of a provider's student sponsor licence
(c) The quality and standards of a provider's tertiary courses, including but not limited to:
A notification to the provider of an investigation by an awarding organisation or professional or statutory body
A notification to the provider that its awarding organisation is to withdraw from the arrangement before the end of the contract term
Where a provider thinks that there is reason to believe that the quality of provision it delivers, or a partner delivers on its behalf is inadequate or likely to become inadequate to meet the reasonable needs of learners
Any other events that might impact on the quality of provision delivered to learners, including but not limited to as a result of issues impacting on facilities, staffing, or ability of the provider to deliver their provision effectively
(d) Student and consumer protection, including but not limited to:
The provider becomes aware that it has charged or advertised fees that exceed a statutory fee limit or a fee limit imposed as a result of being registered in the core category of the register
(e) Provider's financial viability or sustainability, including but not limited to:
Risks to financial viability or sustainability leading to decisions or announcements that are deemed likely to attract public interest. These may include but are not limited to:
1. significant restructuring projects involving changes to staffing and/or physical infrastructure, course closures, relocation or other financially driven re-organisation
2. to include information on the rationale for any proposed changes; engagement and communication plans with stakeholders and confirmation that there has been oversight of this decision via the provider's governance structure
3. regular updates to be provided as the situation develops
(f) Management and governance, including financial management, including but not limited to:
The initiation of a governance effectiveness review where this is not a routine part of a provider's planned arrangements
Significant failure of or deficiencies in internal controls
Legal or court action against the provider, where the legal or court action is against or as a result of the action of:
1. any member of the governing body
2. the accountable officer
3. a member of the senior executive team, and/or
4. an individual case, or a pattern of cases, exposing a systemic weakness in the provider's management and governance arrangements
Regulatory investigation and/or sanction by other regulators or funding bodies

Data breach or cyber-attack resulting in significant learner or staff data loss or significant disruption to services which result in an impact on learners
Safeguarding, including: 1. death or significant harm on property owned, leased or occupied by the provider 2. death or significant harm whilst undertaking off-site activities under the supervision of a provider 3. death or significant harm as a result of the actions of a provider 4. findings of a coroner's report where these relate to a learner or staff death and expose a weakness or failure in the provider's management and governance arrangements

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Table 2: List of Notifiable Events

Type of notifiable event
(a) Applicable to all conditions:
If the accountable officer advises the governing body that an action or policy being considered by the governing body would result in the provider being in breach of the ongoing conditions of registration and/or funding and the governing body nevertheless decides to proceed with this action or policy
The notification must include the decision made by the governing body and the reason(s) the accountable officer believes such a decision would result in a breach
(b) Provider's ownership, legal form or corporate structure, including but not limited to:
A merger of the provider, or acquisition by the provider, with another provider
A change of ownership, including through a sale, of the provider or its parent
A change in the provider's legal form
Significant amendments to the provider's governing documents and the nature of these amendments
(c) The delivery of tertiary education in Wales, including but not limited to:
The provider resolving to fully or substantially cease providing tertiary education or a specific type of tertiary education, whether or not this results in the closure of the provider
Changes which have the potential to result in the provider not being mainly based in Wales
(d) Management and governance, including financial management, including but not limited to:
The appointment of the: 1. Chair of the governing body 2. Chair of the audit committee 3. Clerk to the governing body 4. Accountable Officer 5. Member of the senior executive team
The delegation of the Accountable Officer, if the Accountable Officer is expected to be absent for a period of 20 working days or more
The removal or resignation, where this is not a routine consequence of their term ending, and the reason(s) for the departure of the: 1. Chair of the governing body 2. Chair of the audit committee
The leaving of their post due to disagreement, dismissal or forced resignation, including where a redundancy package is payable, and the reason(s) for the departure: 1. Clerk to the governing body 2. Accountable Officer 3. Member of the senior executive team
The chief audit executive ceases to hold office for any reason. Where the chief audit executive ceases to hold office for any reason, they must:

• provide the governing body with either a statement of any circumstances connected with their resignation or removal which they consider should be brought to the governing body's attention, or a statement that there are no such circumstances • provide a copy of this statement to Medr within three months of the governing body receiving it
Ceasing to engage services of existing external auditor and appointment of new external auditor. Where the external auditors cease to hold office for any reason, they must: • provide the governing body with either a statement of any circumstances connected with their resignation or removal which they consider should be brought to the governing body's attention, or a statement that there are no such circumstances • provide a copy of this statement to Medr within three months of the governing body receiving it
Where financial data returns are expected to be delayed. Where in scope, this includes returns submitted to HESA or TRAC (Office for Students)
Where submission and/or publication of audited financial statements is expected to be delayed
Confirmation that there has been oversight of the severance agreement via the provider's governance structure for any severance agreements with a value of £100,000 or above
Fraud or financial irregularities occur at the provider where the sums of money are, or potentially are, in excess of £50,000 or 2% of the provider's turnover, whichever is lower The following instances of fraud and financial irregularities to be reported, if the fraud or financial irregularities occur at the provider where the sums of money are, or potentially are, below £50,000 or 2% of the provider's turnover, whichever is lower: • an investigation into a possible fraud or financial irregularity involving the provider which exposes a systemic weakness in the provider's internal control arrangements that suggest other, as yet unidentified, cases could be taking place and the action being taken by the provider to address this weakness • fraud occurs at the provider which exposes a systemic weakness in the provider's internal control arrangements that suggest other, as yet unidentified, cases could be taking place and the action being taken by the provider to address this weakness; and/or • the fraud is one of a repeating pattern of small-scale frauds
Divergence of the provider into areas of new activity which have been assessed as high risk by the provider
A matter relating to the provider's compliance with the Prevent duty

Conditions of Registration and Funding

The remainder of this framework sets out the Conditions of Funding and Registration as defined in the **Tertiary Education and Research (Wales) Act 2022** and associated regulations. These conditions apply across different types of tertiary education provision in Wales and are presented in the table below. This matrix provides a summary of which conditions are applicable to each category of provision (noting that some providers will have more than one form of provision).

Condition:	Type of Provision:				
	Registered Higher Education	Further Education	Apprenticeships	ACL (via Local Authorities)	School 6 th forms (Quality via Local Authorities)
Financial Sustainability (Initial and ongoing)	✓	✓	✓	✓	
Governance and Management (Initial and ongoing)	✓	✓	✓	✓	
Quality (Initial and ongoing)	✓	✓	✓	✓	✓
Staff and Learner Welfare (Initial and ongoing)	✓	✓	✓	✓	
Welsh Language (Ongoing)	✓	✓	✓	✓	
Learner Protection Plans (Ongoing)	✓	✓	✓	✓	
Learner Engagement Code (Ongoing)	✓	✓	✓	✓	✓
Equality of Opportunity (Ongoing)	✓	✓	✓	✓	
Complaints Procedures (Ongoing)	✓	✓	✓	✓	
Regard to Advice and	✓	✓	✓	✓	

Guidance (Ongoing)					
Information, Assistance and Access (Ongoing)	✓	✓	✓	✓	
Validation Arrangements (Initial and ongoing)	✓				
Charitable Status (HE Core Category Only) (Initial and ongoing)	✓				
Information Provided to Prospective Students (Initial and ongoing)	✓				
Fee Limits (HE Core Category Only) (Ongoing)	✓				
Notification of Changes which affect the Accuracy of Information (Ongoing)	✓				

- yellow - Conditions of Registration that are also Conditions of Funding for non-registered providers
- green - Conditions of Registration only (i.e. not Conditions of Funding)



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Condition: Financial Sustainability

Providers must:

- have strategies in place to ensure that they are financially sustainable

Condition Category

This is an initial and ongoing condition of registration This is a condition of funding.

Legal Basis

Under sections 27 and 31 of the **Tertiary Education and Research (Wales) Act 2022 (the Act)**, Medr is required to develop a condition in relation to the: “financial sustainability of the provider.”

Under Section 108, Medr is also able to develop terms and conditions of funding in relation to the financial sustainability of the provider.

Under Section 80, Medr is required to monitor the financial sustainability of:

- (a) registered providers;
- (b) tertiary education providers in Wales that –
 - (i) are institutions within the further education sector,
 - (ii) are funded by the Commission under section 97, and
 - (iii) are not registered providers;
- (c) other tertiary education providers of a kind specified in regulations made by the Welsh Ministers.

Compliance Requirements

1. ‘Financially sustainable’ means that Medr judges that the plans and projections of the provider (including any subsidiaries or entities over which it exercises control or significant influence) show that it has sufficient financial resources to continue in

operation as a going concern and implement strategies for the long term which are based on reasonable assumptions.

2. The provider must have credible plans to ensure that it will:

- remain financially viable in the short term of one to two years, with no reason to suppose the provider is at material risk of insolvency¹ within this period
- remain financially sustainable over the medium term of three to five years
- Medr recognises that provider strategies will include deliverables over a period exceeding five years in order to ensure long term financial sustainability to secure a high-quality learning experience and, where applicable, high-quality research and innovation. Medr will not specifically monitor such longer term deliverables, but will have due regard to these in the context of understanding financial sustainability strategies
- maintain sufficient financial sustainability to honour the commitments it has made to provide and fully deliver the tertiary courses as it has committed to deliver
- monitor compliance with any covenant requirements attached to financial liabilities and notify Medr on a timely basis where such covenants are forecast to be breached
- request review of governance by Medr in advance of entering a new [financial commitment](#)² where Medr have informed the provider that they are in “increased engagement” and Medr have already issued the provider with a financial commitments threshold
- request review of governance by Medr in advance of entering a new [financial commitment](#) where any multiple and / or monetary financial commitments threshold calculated and issued by Medr based on submitted information is expected to be exceeded as a result of the new commitment. There is no requirement to seek a review of governance where Medr have not issued such a threshold or where the new total commitments do not exceed the issued threshold
- monitor operational cash generation, working capital levels and use of overdrafts or facilities and notify Medr where adverse performance indicates increased pressure on financial sustainability. These indicators might include but not be restricted to:
 - monthly cash forecasts indicating a decline in operational working capital to 30 days or below over a sustained period
 - sustained and/or increasing use of bank facilities
 - loss or reduction of significant income streams or other material unforeseen adverse events

Medr expect to have been notified well before any difficulties in meeting liabilities.

3. Medr recognises there could be strategic circumstances that result in the institution making a planned deficit over a short period of time; for example, strategic

¹ ‘Insolvency’ means a provider being unable to pay its debts as they fall due. Being unable to pay debts as they fall due has the meaning given by section 123 of the Insolvency Act 1986, substituting ‘Medr’ for ‘the court’ in section 123(2).

² Financial commitments, or borrowings, are aligned to the definition within UK generally accepted accounting practices.

investment for growth, where the return on investment is not realised immediately, or to facilitate strategic and managed restructuring. We would expect, as part of our normal monitoring engagement with providers to be given sufficient insight to understand providers plans for returning to financial sustainability where forecasts contain deficits or low or negative operating cash generation (adjusted EBITDA).

Initial Monitoring

During the initial registration process Medr will carry out a comprehensive assessment of the provider's financial performance and position, to inform Medr's risk judgement under section 27 of the Tertiary Education and Research (Wales) Act. This will enable Medr to identify any pressure points and areas of risk and to ensure that the ongoing conditions of registration and associated ongoing monitoring arrangements that are applied to the provider on registration are proportionate to regulatory risk.

Providers demonstrate compliance with the initial condition on financial sustainability by submitting satisfactory evidence of their past and current financial performance (where the provider has operated previously), as well as forecasts. The evidence³ that Medr would normally require is:

- full audited financial statements⁴ for the last three years, where the provider has been in operation and providing tertiary education for this period. Where the provider has been in operation for less than three years, for the period in which the provider has been in operation and providing tertiary education. These must be prepared under generally accepted accounting practice (UK or international). The external audit must be independent of the provider, and of the preparer of the financial statements, and be listed on the Register of Statutory Auditors
- financial forecast tables approved by the provider's governing body (including the current year budget and four year forecasts for financial and student number data, as well as underlying details of any growth or divestment plans). Where relevant and requested by Medr these will include details of downside and sensitivity modelling undertaken in preparation of financial forecasts. These forecasts will be assumed as information provided in confidence, unless otherwise indicated, to ensure that they provide the information necessary to assess the risks relating to their delivery, and
- commentary to support the financial forecast tables to ensure that Medr understands the provider's context and the assumptions underpinning its forecasts

Where relevant, Medr will also seek information about:

- providers business plans (in particular where the provider is financially weak or new to the market, with no or only a short track record of operations and/or delivery of higher education), including robust and well evidenced forecasts and assumptions
- details of any borrowings, whether from third party or related party sources
- legally binding parental or other legally binding deed of undertaking, including evidence that the guarantor can fulfil the deed (if the provider is relying on such a guarantee to meet the condition) – this may include audited financial statements

³ Medr will respect commercial confidentiality, within the bounds of the requirements of the Freedom of Information Act 2000.

⁴ Abridged small company financial statements are not accepted.

where the guarantor is a company or similar entity and proof of the guarantor's identity and funding sources

- details of any other related party or other third-party financial interests or guarantees including evidence of affordability, and
- any other relevant supporting evidence, such as endorsement by the validating body for any student numbers forecasts, access to bank and or equity finance, and any restrictions on funds (for example, by charitable trusts)

For the avoidance of doubt where the provider is part of a group structure the following principles will apply in relation to the submission of annual returns as detailed above:

- where a provider is the parent of a group, the returns must include all activities within group structures for which that provider is responsible
- where a group includes both registered providers **and** providers subject to the condition of funding, the highest group member on the register and the highest group member subject to the condition of funding but not on the register must submit returns
- where a provider is part of a group, and the rest of the group financial information is not already submitted to Medr, returns must be submitted to enable Medr to assess the financial sustainability of the group as a whole.
- specific returns may be requested to allow for comparisons between like for like providers or bespoke analysis as required

Any assessment of underlying sustainability will include consideration of the ongoing requirements for [financial management](#), included within the Condition for Governance and Management.

Ongoing Monitoring

In order to monitor compliance with the ongoing condition on financial sustainability, and to assess the financial position and outlook of individual providers and the Welsh sector as a whole, Medr will take a risk-based approach, whilst setting minimum requirements for engagement and data collection in order to discharge its duties.

Medr will use data metrics, trends and key financial indicators as a basis for identification of risk, but will seek to supplement these by contextual understanding of the individual provider, based on discussion and engagement.

Medr will require providers to submit returns on an annual basis in order to report the minimum level of necessary information. These will include:

- full, audited financial statements⁵ prepared under generally accepted accounting practice (UK or international)
 - where applicable the Further and Higher Education Statement of Recognised Practice (FE/HE SORP) or other relevant SORP must be adopted
 - where in scope providers must prepare their financial statements in accordance with the relevant accounts direction published by Medr

⁵ Abridged small company financial statements are not accepted.

- financial forecasts approved by the provider's governing body. These forecasts will be submitted on the appropriate Medr template, reflecting the diversity within the tertiary sector. The forecasts will be treated as information provided in confidence, unless otherwise indicated, to ensure that they provide the information necessary to assess the risks relating to their delivery
- other returns may be required based on provider type and assessed risk level

For the avoidance of doubt where the provider is part of a group structure the following principles will apply (in relation to the submission of annual returns as detailed above):

- where a provider is the parent of a group, the returns must include all activities within group structures for which that provider is responsible
- where a group includes both providers on the register and providers only subject to terms and conditions of funding, the highest group member on the register and the highest group member only subject to terms and conditions of funding but not on the register must submit returns
- where a provider is part of a group, and the rest of the group financial information is not already submitted to Medr, returns must be submitted to enable Medr to assess the financial sustainability of the group as a whole
- specific returns may be requested to allow for comparisons between like for like providers or bespoke analysis as required

In judging whether the provider is financially sustainable, other information that Medr may consider includes:

- the credibility of the provider's financial strategy
- other information concerning the provider's financial situation;
- the provider's current obligations
- obligations that it is reasonable to assume the provider intends to undertake within the next three to five years
- information derived from student or staff complaints or any stakeholders or sources that we assess as relevant, indicating any issues which may have a bearing on financial resources⁶. Issues may include, but not be restricted to, reputational or quality matters, and
- any other data, information or sector knowledge that Medr deems of relevance

Medr will have regard to any dependencies on financial facilities or support from third parties, whether legally binding or expressions, on a case-by-case basis. This will include consideration of the terms, including the repayment and expiry terms and the nature and financial strength of the third party. Providers must ensure that Medr is fully informed as to its financial facilities and support. Where it is necessary for Medr to make direct enquiry of any third-parties, Medr will expect the provider to facilitate this.

Medr will engage with provider finance directors/teams at regular intervals as determined by Medr.

⁶ For the avoidance of doubt, this does not oblige a provider to continue to offer a course or part of a course that it judges to be no longer financially viable, provided in doing so it honours any obligations already entered into.

Medr may request other financially based information as required to discharge its duties but undertake that this information will only be collected as necessary for a clear purpose and where the request is proportionate.

If any indicators, or any other information available to Medr, trigger concerns that the provider's risk profile in this area has changed, Medr may increase engagement and/or request further information.

Any assessment of underlying sustainability will include consideration of the ongoing requirements for [financial management](#), included within the Governance and Management condition.

Any assessment of underlying sustainability concerns will depend upon the context and the specific details of the provider. Medr will make an assessment where it believes there are reasonable grounds for uncertainty over the process for ensuring sustainability, informed as necessary by dialogue with the provider.

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



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Commission for Tertiary Education and Research

Supplementary Detail: Financial Commitments - Monitoring of Governance Process

Applies to: Financial Sustainability Condition; Governance and Management (Including Financial Management) Condition

Scope

1. Applicable to providers primarily in higher education and further education to whom Medr has issued a financial commitments threshold.
2. Where certain financial commitments are provided via the Welsh Government and subject to due diligence by the Welsh Government, these are specifically excluded from this requirement in order to avoid duplication. Such financial commitments will be included within the calculation of the total financial commitments threshold should a provider be considering entering into other financial commitments.
3. Where such financial commitment arrangements are agreed with the Welsh Government, Medr would automatically issue a recalculated financial commitments threshold.

Rationale

4. Financial commitments are those liabilities meeting the definition within generally accepted UK accounting practice ('UK GAAP').
5. The primary responsibility for assessing the affordability of, and risks around, financial commitments rests with the provider's governing body.
6. Robust governance over entering into new financial commitments is a key area for financial sustainability. Medr's financial commitments threshold provides a mechanism by which Medr can monitor provider governance over this process where a provider holds, or is proposing to hold, higher levels of financial commitments and/or a provider is assessed by Medr as being subject to 'increased engagement'.

7. This threshold is based on the ratio of a provider's earnings before interest, taxation, depreciation and amortisation (EBITDA) (as adjusted for non-operational items) to its drawn and undrawn financial commitments and is expressed both as a multiple of adjusted EBITDA and as a monetary threshold.
8. Providers not assessed as under increased monitoring by Medr are able to make financial commitments up to their issued threshold without triggering further engagement.
9. The threshold is not designed to deter providers from increasing their financial commitments where appropriate. The providers governing body must determine a level of financial commitments that is both affordable and consistent with its financial strategy.
10. Medr's role is to review the financial information provided to the governing body and assess whether any financial commitments proposed to be entered into by the provider present challenges to the provider's sustainability or indicate issues in the organisation and management of financial affairs.
11. The purpose of Medr's review is to determine that the proposed financial commitments have been afforded appropriate scrutiny by the governing body. Medr will approach each application on an individual basis, having due regard to the financial strength of the provider and the risk profile of existing and proposed financial commitments.
12. Medr does not have a role in other aspects of the financial commitments, such as setting conditions or restricting the use of funds.
13. In line with Medr's value of partnership working with the sector, we would expect to be made aware of the requirement for funding in advance of any formal request, and would encourage providers to engage with us at an early stage where thresholds may be exceeded.
14. In the event that the provider chooses to proceed with borrowing where Medr is not satisfied with the robustness of governance, this will inform Medr's overall risk judgement for that provider and may impact Medr's risk judgement within finance, governance and strategic direction. It is possible, depending upon the circumstances, that Medr will determine that there are poor financial planning processes in place which ultimately may mean that the provider is not sustainable.
15. All financial commitment thresholds will be subject to periodic review and revision as relevant to ensure that these remain appropriate.

Conditions indicating the requirement for a review of the governance process for new financial commitments

16. Where providers who have been issued with a financial commitments threshold by Medr anticipate entering into new commitments, they must formally inform Medr in advance in order that Medr can undertake a review of the governance processes around the proposed financial commitment where any of the below are relevant:

- the provider has been notified that they have been assessed by Medr as in “increased engagement”
- the new financial commitment would result in the provider breaching its issued monetary threshold
- the latest assessed financial position of the provider indicates that the new financial commitment would lead it to exceed its issued financial commitments multiple

Conditions requiring notification

17. Where a provider does not renew a financial commitment Medr must be notified and may reduce the provider’s issued threshold to reflect this.
18. Where a re-financing takes place of financial commitments that have previously required a review and change of threshold, providers must notify Medr where the terms are more onerous than those originally agreed.
19. Where the provider exceeds its financial commitments multiple threshold in the future because of a decline in its cash-flow, it need not apply for a higher threshold, but the governing body must notify Medr of this fact. Whilst an application for a higher threshold will not be required, the decline in cash-flow it is likely to lead to engagement with the provider about its ability to service its financial commitments. Such a scenario, taken in isolation, will not be considered to represent a failure to meet the requirements of the condition of financial management within governance management, and Medr will take the context as a whole into account.

Process for review of governance process over new financial commitments

20. Medr takes a risk-based approach to each provider’s application for an increase to its financial commitments threshold. This includes assessment of the existing risk profile of the provider and the risk profile of the proposed financial commitment under consideration. This approach will determine the method of considering the application.
21. Providers are advised to discuss their plans informally with Medr at an early stage.
22. Requests must allow Medr a reasonable time frame (usually at least 6 working weeks) to examine the request and provide an opinion. More complex or high risk financing options will be assumed to require more time in order to permit time for external advice to be obtained where required.
23. In response to notification by providers wishing to enter new financial commitments that exceed the current issued Medr thresholds for review of the governance process, Medr will base any reviews on agreed financial data, but take a pragmatic and proportional risk based approach.
24. The provider’s accountable officer (copied to the provider Chair of governing body) must submit a formal request to the Chief Executive of Medr.
25. The request must address a consideration of the following points, covering the areas listed as applicable and any other salient points required for a full understanding of the rationale for the request.

(a) *There is a reasonable case for the new investment that the additional finance is funding (where applicable)*

- a brief description of the new investment
- an explanation of how it broadly fits with the provider's mission and strategic priorities
- confirmation that the provider has considered appropriate guidance on appraising investment decisions
- a description of how the learner interest will be taken into account

(b) *The new financial commitment or refinancing arrangement (where these will result in an increase to the financial commitments threshold) is consistent with the provider's financial strategy and represent good value for money*

- an explanation of why additional finance or refinancing is necessary and how this fits with the provider's financial strategy
- the forms of finance considered and the selection process and criteria
- the net present value for each financing option, and a brief explanation of why the chosen method was selected, to include value for money considerations

(c) *Details of the new financial commitment*

- details of the chosen option, including name of lender, value of new financial commitment, repayment period, basis of repayment and financial covenants
- terms and conditions of the financing (such as a copy of the offer letter) and an evaluation of the risks and uncertainties

(d) *The financial commitment and any new investment must be affordable*

- an update of the latest financial forecasts, to include the impact of the new financial commitment on total financial commitments and the impact of investments driving the new financial commitment, and demonstration that they are affordable. This update must include any other material changes in the provider's financial prospects, including guarantees to third parties
- details of risks and downside modelling undertaken to inform considerations of affordability, including the retention of sufficient liquid cash and equivalents to service working capital requirements as well as a prudent level of liquid reserve to be called upon in the case of un-forecast downside events

(e) *The provider's governing body must have made an informed decision about the new financial commitment and any related investment*

- details of when the governing body approved the new investment and financial commitments, and a minute of the decision reached
- a summary of the information the governing body received in reaching its decision

- confirmation that:
 - no key information or opinions relating to the proposed commitment or financial circumstances have been withheld from the governing body and the governing body has been supplied with all necessary information required to allow reasonable individuals to come to a reasonable, balanced conclusion
 - following receipt of this information, the governing body has approved the borrowing, at least in principle as presented to Medr. It is recognised that final agreement of the robustness of the governance process is likely to be given at a later date, and
 - the proposal provided to Medr is the same as the proposal provided to the governing body

(f) Details of the new threshold

- details of existing financial commitments (including the lender, terms, interest rate and financial covenants) and of the new financial commitments
- a calculation of the new threshold required based on the most recent forecasts approved by the governing body. In some circumstances, where it may be considered inappropriate to use these forecasts, other documentation may be agreed with Medr on a case by case basis

26. Medr recognise that the timeline for provision of the documentation required may be interdependent. As a pragmatic approach, once sufficient assurance has been obtained, Medr may issue its confirmation of review of governance conditional on the receipt of final documentation.
27. Where an application for a higher financial commitments threshold is agreed, Medr will write to the provider setting out the revised threshold. The confirmation of review of governance may include additional conditions which must be adhered to.

Template calculation to identify threshold for financial commitments governance review

	Actual Y1 £'000	Actual Y2 £'000	Estimate Y3 £'000	Forecast Y4 £'000	Forecast Y5 £'000	Forecast Y6 £'000	6 year average £'000
Adjusted earnings before interest, taxation, depreciation and amortisation (Adjusted EBITDA)							
a) Operating surplus / (deficit)	15,000	(100)	10,000	11,000	12,000	13,000	
b) Add: depreciation and amortisation	1,200	1,200	1,000	1,000	950	950	
c) Add: interest payable	600	600	650	650	650	700	
d) Add: restructuring costs	500	800	-	-	-	-	
e) Add: non cash pension debits / (credits)	850	(520)	240	-	-	-	
f) Add: exceptional debits / (credits) ⁷	(5,000)	3,000					
g) Deduct: capital grants receivable (performance and accruals)	(2,000)	(6,000)	(1,900)	(1,950)	(2,000)	(2,050)	
h) Deduct: New endowments receivable	(100)	-	(130)	(100)	(100)	(100)	
i) Adjusted EBITDA	11,050	(1,020)	9,860	10,600	11,500	12,500	9,082
j) Adjusted for deficits	11,050	1	9,860	10,600	11,500	12,500	9,252
k) Financial commitments							
i) Loans			50,000				
ii) Service concessions and finance leases			30,000				
iii) Undrawn commitments			5,000				
iv) Proposed commitments			-				
v) Total financial commitments requirement			85,000				
l) Multiple			9.19				
m) Monetary threshold			86,000				

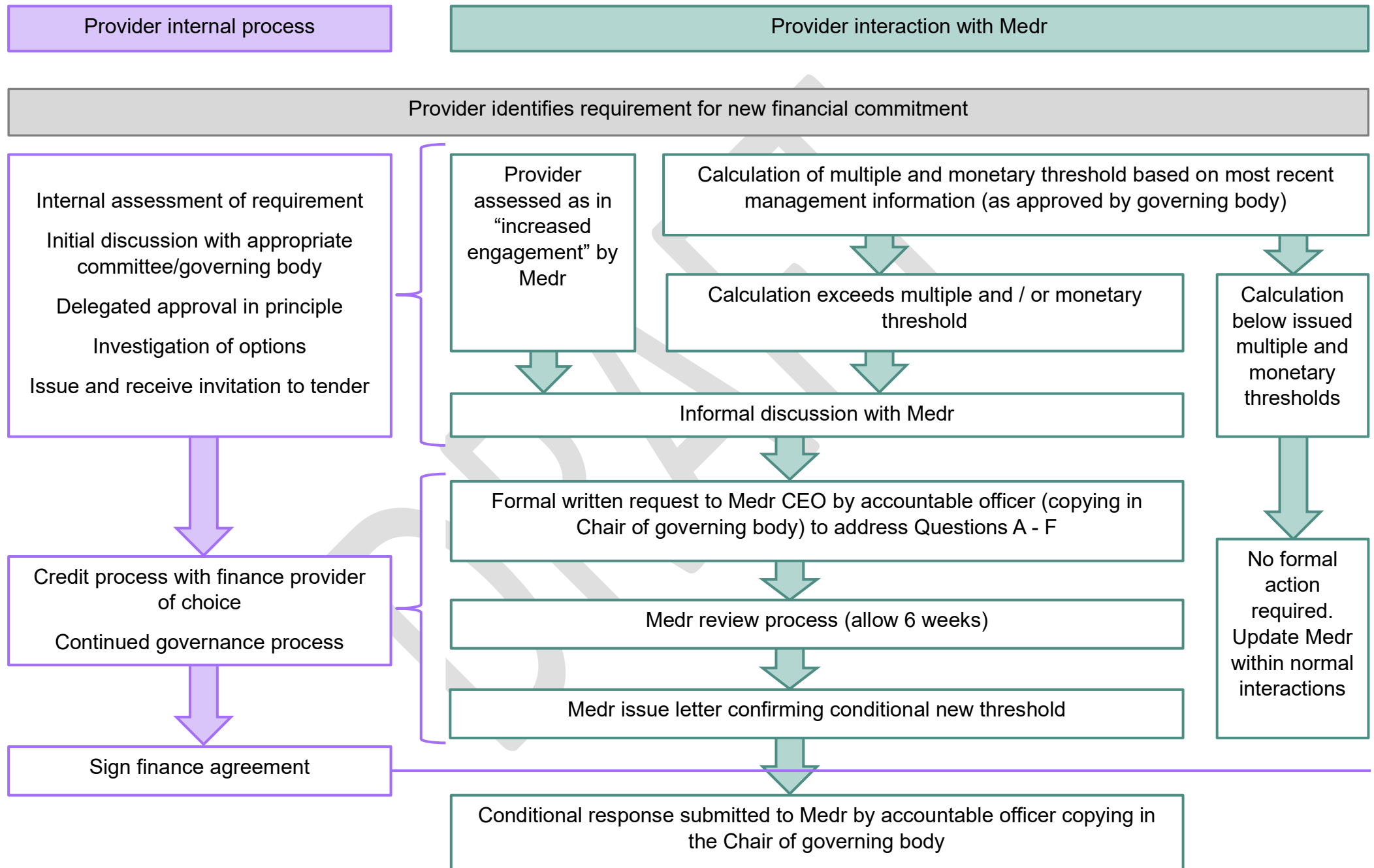
Notes:

Medr will build rounding into the monetary threshold issued to permit arrangement of small operational borrowing.

Adjustments to EBITDA will be based on items identifiable within the finance record based on the financial statements and the confidential forecasts as submitted to Medr. Provider internal adjusted EBITDA may differ.

⁷ Exceptional items (as defined by UK generally accepted accounting practice) that either do not form part of recurrent operations, or represent non-cash technical adjustments. These include only items separately disclosed as exceptional in the financial statements and / or the finance record and financial forecasts.

Flowchart of timeline for Medr's review of provider governance process for new financial commitments within the provider internal process of financial commitment approval





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Condition: Governance and Management (Including Financial Management)

All providers must:

- have effective governance and management arrangements, including financial management

Condition Category

This is an initial and ongoing condition of registration. This is a condition of funding.

Legal Basis

Under Sections 27 and 31 of the **Tertiary Education and Research (Wales) Act 2022 (the Act)**, Medr is required to develop a condition in relation to the: “governance and management of the applicant tertiary education provider (including its financial management)”.

Under Section 108, Medr is also able to develop terms and conditions of funding in relation to the effectiveness of the governance and management of the provider (including its financial management).

Introduction

As providers will have different levels of complexity (including size, nature of the business and legal form), different management and governance arrangements may be appropriate for different providers. Arrangements that may be appropriate for small providers might not be appropriate for large, complex providers, those with degree awarding powers, or with university title. A provider must therefore demonstrate that its particular management and governance arrangements are appropriate for its size, complexity and risk environment.

In judging whether a provider has demonstrated adequate governance and management arrangements, material that Medr may consider includes:

- the provider's governance and management arrangements and their assessment of these
- the size, complexity and type of provider
- the governance code to which the provider says it is committed, the appropriateness of this code, and the visibility and strength of that commitment
- the extent to which a provider operates in an open and accountable way, with transparent decisions and actions made in line with good governance practices
- the extent to which a provider has complied with the conditions, and
- whether the provider takes appropriate action to mitigate increased risk of a breach of this condition

Compliance Requirements

Good Governance

1. The governing body and all those who work for or represent the provider must follow and live the ethical standards set out in the Seven Principles of Public Life (the 'Nolan Principles').
2. A recognised and appropriate governance code, where such code is available, must be adopted by the provider and followed.
3. The principles and structures set out in providers' governing documents must be followed and adhered to.
4. Due regard must be given to associated sector guidance.

Governing Body

5. The governing body must be collectively responsible and accountable for compliance with the legal requirements for the governance of the corporate form of the provider.
6. The governing body must be collectively responsible and accountable for overseeing a provider's activities, for determining its future direction, fostering an environment in which the provider's mission is achieved and ensuring the provider is fulfilling its purpose as effectively as possible with the resources available. This includes where a collaborative partner delivers activities on behalf of a provider under sub-contractual arrangements or where a provider has validation arrangements in place. As such, the composition of the governing body needs to be appropriate to deliver these activities.
7. The governing body must comprise the appropriate balance of knowledge, skills, background, experience, diversity and independence for it to discharge its governance roles and responsibilities objectively and effectively.

Strategic Direction

8. There must be a shared understanding of, and commitment to, the provider's mission and values and the governing body ensures that this purpose is being delivered effectively and sustainably.

Leadership and Management

9. Each provider must be led by an effective senior executive team that provides strategic leadership and management in line with the provider's mission and values.
10. An accountable officer must be designated at each provider. In the absence of the accountable officer, this authority must be delegated. The authority must be delegated in line with a scheme of delegated authority, if such a scheme exists.
11. The accountable officer must advise the governing body if at any time an action or policy being considered by the governing body would result in the provider being in breach of the ongoing conditions of registration and/or funding.
12. Where the clerk to the governing body has significant responsibilities at senior executive team level within the provider, the independence and accountability of the clerk's position must be considered.

Stakeholders

13. The provider must effectively engage with and encourage participation from its stakeholders, including staff and learners, to ensure there is trust and confidence in its work.

Financial Management

14. In order to manage their finances appropriately providers must establish appropriate systems and controls to maintain financial records of sufficient quality and granularity to:
 - comply with all statutory and regulatory requirements
 - allow oversight of all entities within the control of the group
 - monitor cash levels, loan and covenant requirements and other key financial indicators on an appropriate forward basis to permit strategic intervention where required, and
 - provide timely and accurate information to support decision making management, and appropriate levels of good governance oversight
15. For supplementary detail on requirements and supplementary guidance on requirements please refer to [financial management](#).

Estates Management

16. A provider's estate must be managed in a sustainable way, contributing to both the sound financial management of the provider and in maintaining the estate in terms of environmental sustainability. Medr would therefore expect provider strategies, as approved by the governing body, to encompass appropriate estates management linked with financial resources and management.
17. Medr is required to safeguard and monitor assets acquired using exchequer interest (assets purchased in full or part using public funds from Medr, predecessor funding

bodies, Welsh Government, Local Authorities, Research Councils, and the Welsh Office to former voluntary and direct grant colleges). Higher and Further Education providers must maintain a list of assets acquired with exchequer interest, including the gross and depreciated value. Any changes relating to exchequer interest assets must be notified to Medr. For detailed guidance please refer to [assets acquired using exchequer interest](#).

18. For supplementary detail on requirements and supplementary guidance on requirements please refer to [estates management](#).

Assurance Environment

External Audit Services

19. Providers must:
 - comply with the conditions of Medr's Accounts Direction(s)
 - ensure that governance best practice is adhered to in managing external audit
20. The external auditor must:
 - be listed on the Register of Statutory Auditors
 - always adhere to the professional standards and ethics of a recognised accrediting accounting body
 - comply with the reporting requirements of the prevailing annual Medr Accounts Direction(s) where applicable
 - have regard to compliance with Medr's conditions of registration that impact financial sustainability and management

For detailed guidance please refer to [external audit](#).

Internal Controls and Risk Management

21. Policies and procedures must be in place for all key areas, accompanied by a schedule to ensure that these are regularly reviewed. Assurance processes exist to ensure that these policies and procedures are complied with and instances of non-compliance or areas of weaknesses are identified and addressed.
22. In order for risks to be effectively managed, there must be a documented risk appetite, approved by the governing body. Risks are managed in line with this appetite via an effective framework for risk management, internal controls and assurance, which enables the provider to successfully identify and manage existing and emerging risks which threaten delivery of its strategy or compliance with legislative or regulatory requirements. This framework must include assurance mapping.
23. Providers must conduct a thorough risk assessment of adverse events that could give rise to sustainability concerns. The extent to which the risk assessment considers adverse events will be determined by reference to events which a reasonable, informed individual could foresee as giving rise to sustainability concerns.

24. Providers must comply with all relevant legislation, including Welsh, UK legislation and international legislation, where a provider operates in another country outside of the UK, regulatory requirements and statutory guidance in the countries in which it operates.
25. Higher Education institutions and Further Education institutions must have an internal audit function which complies with relevant internal audit standards. All other providers must ensure that appropriate controls are in place and subject to periodic review, in order to provide assurance to the governing body.
26. The governing body must ensure that there is a robust framework in place for conflicts of interest and whistleblowing.

Monitoring

Initial Monitoring

When first seeking registration each provider is required to submit a self-evaluation of the adequacy and effectiveness of its governance and management arrangements. In order to undertake an initial assessment of the provider's governance and management against the requirements set out above Medr requires:

- The self-evaluation must consider the provider as a whole and must encompass any group structures or subsidiaries. The self-evaluation to draw on:
 - compliance with the principles set out in this condition
 - compliance with the appropriate governance code
 - the most recent effectiveness review of the governing body and the actions taken in response to the report
 - risk management tools and processes
 - management of reportable events
 - any other sources of data and assurance
 - demonstrate that the self-evaluation process is robust and evidence based, and
 - the self-evaluation to be accompanied by an action plan which identifies any gaps or areas for improvement and shows how these will be addressed
- For higher education providers and further education providers, the self-evaluation must also draw on:
 - compliance with the supplementary detail which supports this condition
 - the most recent effectiveness review of the committees of the governing body and the actions taken in response to the reports
 - the annual reports of any of the provider's committees of its governing body
 - internal and external audit annual reports, and
 - internal audit plan
 - Medr may request further information and/or carry out reviews of the provider's governance and management arrangements, where it considers this to be necessary or desirable to confirm that a provider satisfies the initial condition

Ongoing Monitoring

Medr will monitor compliance with this condition⁸ in the following ways (for definitions of these, see Medr's statement on monitoring):

- **annual assurance return:** providers are required to submit an annual assurance return
- **reportable events:** reportable events reported by providers will be used to assess provider's governance and management
- **complaints monitoring:** in instances where complaints to Medr about providers, or trends arising from data on complaints, will be used to assess provider's governance and management
- **self-evaluation:** providers are required to undertake an annual self-evaluation. Medr reserves the right to call in these annual self-evaluations. The annual self-evaluation format to be determined by the provider and should draw upon the areas set out in the initial monitoring self-evaluation
- **independent assurance:** if a provider has adopted and follows a recognised and appropriate governance code, where such code is available, and the code requires the provider to undertake a governance effectiveness review, the provider must report any findings from such a review to Medr
- **independent assurance:** if a provider receives a negative assurance internal audit report in the area of governance and management the provider must share a copy of this report with Medr once finalised

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition and supplementary detail to ensure that they align with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.

⁸ For higher education providers and further education providers, monitoring compliance with this condition includes monitoring of the requirements set out in the supplementary detail on requirements, noting that this supplementary detail is a subset of this condition.



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Supplementary Detail: Governance and Management (Including Financial Management)

**Applies to: Governance and Management (Including Financial Management)
Condition**

For higher education and further education providers

Higher education and further education providers must:

- work towards compliance with the supplementary detail for the Governance and management (including financial management) initial and ongoing condition. Full compliance must be achieved by 1 August 2027

Good Governance

1. Providers must make governing documents readily and publicly available.
2. Providers must keep under review the governance information published on their websites to ensure that it enables the promotion of transparency, accountability and public trust.
3. Providers must make publicly available, in writing, the responsibilities of the governing body and governance and executive functions. This includes the chair, governing body and its committees.
4. Providers who are exempt charities must comply with the below section on [exempt charities](#).

Culture

5. Providers must assess and monitor how their culture encourages openness, transparent decision making, accountability and encouraging challenge and how this desired culture has been embedded.
6. The governing body and senior executive team must be receptive to challenge and

encourage open and honest conversations.

7. Where policy, practices or behaviour throughout the provider are not aligned with the provider's purpose, values and strategy, the provider must ensure corrective action is taken.

Governing Body

Composition of the Governing Body

8. The length of membership must not normally exceed a maximum of 9 years, which may exceptionally be extended to 10 years.

Governing Body Operations

9. Providers must ensure that governing bodies have a budget to draw on and access independent experts if required.
10. There must be oversight of all settlement agreements and non-disclosure agreements (NDAs) within a provider's governance structure.

Leadership and Management

11. Providers must have an effective, maintained and documented succession plan for its senior leadership team.

Stakeholders

12. Providers must recognise their broader responsibilities towards communities, the Welsh language, stakeholders and wider society, and acts on them in a manner consistent with their mission, values and available resources.
13. Providers must consider the benefits of working in partnership with other organisations, both locally and nationally, where this will further its objectives and purpose. Providers must undertake initial and ongoing due diligence when entering such arrangements to safeguard against financial, reputational and other risks.
14. Providers must take action to promote collaboration and innovation with recognised trade unions and student representatives.

Assurance Environment

15. Internal auditors must always adhere to relevant internal audit standards.
16. Internal auditors must not take on any executive management responsibilities, or hold any interest - financial or non-financial, direct or indirect - in the provider other than the normal employee or contractor relationship (or the funding of any prize, scholarship or academic appointment).

Conflicts of Interest

17. Providers must maintain and regularly monitor a register of conflicts of interest, hospitality and gifts for all staff and governing body members. This register must be made publicly available for governing body members and the senior executive team.

Supplementary Guidance on Requirements

Strategic Direction

18. Providers should give consideration to the strategic priorities of Medr and Welsh Government when developing strategic plans.

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Commission for Tertiary Education and Research

Supplementary Detail: Financial Management

Applies to: Governance and Management (Including Financial Management) Condition

Financial Management

1. Financial management must extend to oversight of all entities within the control of the group.
2. In order to manage their finances appropriately providers must:
 - plan and conduct financial affairs on a sustainable basis
 - keep proper accounting records
 - prepare financial statements in respect of each accounting period
 - ensure that appropriate arrangements are in place for the organisation and management of financial affairs, including an adequate and effective [internal control environment](#)
 - prepare and regularly update forecasts of cash inflows and outflows covering at least the upcoming 12 months in order to monitor operational cash availability
 - undertake regular monitoring of covenant compliance
 - have due regard to value for money in respect of use of public funding
 - ensure that that public funds are used solely for purpose and are not used to subsidise non-public activities
 - ensure that the use of any restricted, designated or other ring-fenced funds is appropriately monitored
 - comply with the relevant annual Accounts Direction(s) issued by Medr;
 - submit financial returns on a timely basis and notify Medr in advance where returns are expected to be delayed. Where in scope, this includes returns submitted to HESA or TRAC (Office for Students)
 - where a financial commitments threshold has been calculated and issued by Medr based on submitted information:
 - monitor compliance with the threshold (multiple and monetary)

- notify Medr on a timely basis if the threshold multiple be exceeded
 - where new financial commitments are being considered that will exceed either the monetary or multiple threshold, notify Medr as early as possible and seek review of governance by Medr for an increase threshold, in line with Medr's guidance on [financial commitments](#), and
 - where a provider has been notified by Medr that they are under "increased engagement", review of governance by Medr must be sought for all new financial commitments, in line with Medr's guidance on [financial commitments](#)
3. Processes and reporting must be in place for regular executive and governance oversight of the providers actual performance against budget, key financial metrics and targets, treasury management forecasts, and other provider specific financial risks.

Supplementary Guidance on Requirements

4. Providers should know the full cost of their activities and use this information to make decisions. If a provider does not seek to recover the full cost of an activity, this should be the result of a clear policy set by the governing body and included in the financial strategy and must not risk putting the provider in financial difficulty.
5. Providers should ensure that budget setting and financial forecasting processes are aligned to and complement the strategic plan of the entity.



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Commission for Tertiary Education and Research

Supplementary Detail: Estates Management

Applies to: Governance and Management (Including Financial Management) Condition

Estates Management

1. Providers estates are likely to represent a materially significant part of the provider's asset base. As such sound financial organisation and management processes include good management of the estate, including both owned and leased assets.
2. Providers must manage their estate in a sustainable way, in line with an estates strategy and a maintenance plan, covering its long-term and routine maintenance requirements.
3. Where applicable providers must abide by Charity Commission requirements relating to the disposal of charity land and buildings. This includes requirement over the disposal price in relation to the market value of an asset.

Assets Acquired Using Exchequer Interest

4. Where higher and further education providers hold assets acquired or constructed in full or part using capital funding provided for a specific purpose from Medr and its predecessor funding bodies, the Research Councils, Welsh Government and Welsh Office, Medr must be notified at the earliest opportunity to support wider understanding of the rationale before:
 - raising any finance on security over such assets
 - disposing of such assets where the valuation exceeds a market value of £25,000
 - ceasing to use such assets for their intended purpose
 - leasing such assets. In this case the rent or an appropriate proportion thereof (after deduction of any ground rent or other charges, administration costs and any expenditure necessary to keep the property in a state to command that rent) should be paid to Medr unless the activities are:

- vacation lettings
- those activities eligible for funding by Medr under section 22 of the act

Supplementary Guidance on Requirements

5. The need to improve environmental sustainability and reduce carbon emissions is fundamental to effective management of the estate. Providers should actively seek opportunities to reduce carbon emissions through the effective management and development of the estate. A carbon management plan should be maintained to monitor and improve their environmental performance towards net zero.
6. Processes should be implemented to ensure that space is effectively managed. This should include keeping holdings of land and buildings under review, with the objective of rationalising and disposing of those which providers consider to be no longer needed.



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Commission for Tertiary Education and Research

Supplementary Detail: Exempt Charities

Applies to: Governance and Management (Including Financial Management) Condition

Exempt Charities

1. Where a provider is an exempt charity many of its legal obligations are the same as a registered charity. This includes, but is not limited to, Further Education corporations in Wales.
2. All charities must comply with the law, including the requirements set out in the Charities Act 2011, and these requirements apply to a provider that is an exempt charity unless the Charities Act specifically states that they do not. For clarity, monitoring of compliance with charity law and regulation is within the remit of the principal charity regulator of the provider.
3. The Charity Commission publishes guidance to charities and their trustees about the legal duties and responsibilities of both. Although the Charity Commission's guidance is framed for charities that it has registered, much of this guidance is also relevant to exempt charities, as they must also comply with charity law⁹.
4. In summary, charity trustees must:
 - ensure the charity is carrying out its purposes for the public benefit, and that its assets are applied solely for its charitable purposes
 - comply with the charity's governing document and the law
 - act in the charity's best interests, including by managing conflicts of interest
 - ensure the charity is accountable
 - manage the charity's resources responsibly, including by managing risks and protecting its assets and people, and
 - act with reasonable care and skill

⁹ See www.gov.uk/government/publications/exempt-charities-cc23. Connected charities of exempt charities are also exempt under paragraph 28 of Schedule 3 to the Charities Act 2011.



Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

Supplementary Detail: External Audit Services

Applies to: Governance and Management (Including Financial Management) Condition

External Audit Services

1. Providers must:
 - submit full audited financial statements to Medr regardless of whether these are required to be produced for any other regulatory body
 - notify Medr on a timely basis and in advance of any delays expected in the submission or publication of audited financial statements
 - comply with ASB Ethical Standards¹⁰ or successor standards when considering length of tenure on lead partner rotation and re-appointment of external auditors and undertake periodic market testing in line with current guidance
 - provide external auditors with unrestricted access to information – including all records, assets, personnel and premises – and be authorised to obtain whatever information and explanations the external auditor reasonably considers necessary, and
 - provide written responses to any recommendations made or issues raised in the external auditor's report to the governing body or appropriate committee thereof
2. The external auditor must:
 - be independent of the provider, and of the preparer of the financial statements. The external auditor must not take on any executive management responsibilities, or hold any interest - financial or non-financial, direct or indirect - in the provider (other than the normal contractor relationship, or the funding of any prize, scholarship or academic appointment)
 - be listed on the Register of Statutory Auditors

¹⁰ [Ethical Standard for Auditors \(frc.org.uk\)](https://www.frc.org.uk)

- always adhere to the professional standards of a recognised accrediting accounting body
- comply with the reporting requirements of the prevailing annual Medr Accounts Direction(s) where applicable
- issue to the governing body a report (or reports, if more than one, covering different stages of the annual audit), which records accounting issues and control deficiencies arising from the audit. For providers who are charities, any issues around the use of charitable assets for non-charitable purposes must be highlighted in such reports
- ensure that the report(s), with management responses, are made available to the provider's governing body, or appropriate committee thereof, on a timely basis, and
- have regard to compliance with Medr's conditions of registration and funding that impact financial management

Non Audit Services

3. Providers must:

- obtain the consent of their governing body, or appropriate committee thereof, where additional services commissioned may have a bearing on the auditors' objectivity and independence. Additional work must not impair the independence of the external audit opinion

Appointment and Removal of External Auditor

4. When appointing external auditors, providers must:

- agree procedures to appoint external audit providers that include the advice of the provider's governing body or appropriate committee thereof
- ensure that selection criteria and procedures for appointing external audit providers are determined and endorsed by the governing body, or appropriate committee thereof, before proposals are received, and
- ensure that internal and external audit services are not provided by the same or a connected firm or provider

5. Where external auditors cease to hold office for any reason, they must:

- provide the governing body with either a statement of any circumstances connected with their resignation or removal which they consider should be brought to the governing body's attention, or a statement that there are no such circumstances, and
- provide a copy of this statement to Medr within three months of the governing body receiving it

Supplementary Guidance on Requirements

6. Providers may commission external auditors to provide additional services.



Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

Condition: Quality and Continuous Improvement

All providers registered with and / or funded by Medr, must:

- demonstrate that their provision is of good quality, and that they engage with continuous improvement

Condition Category

This is an initial and ongoing condition of registration. This is a condition of funding.

Legal Basis

Under sections 27 and 31 of the **Tertiary Education and Research (Wales) Act 2022**, Medr is required to set an initial and ongoing condition of registration:

“relating to the quality of the kind of tertiary education provided by, or on behalf of, the provider to which the category of registration relates.”

Under Section 108 of the Act, the Commission must consider whether to impose terms and conditions relating to “the quality of the relevant education provided by or on behalf of the provider.”

Under section 5 of the Act, the Commission has a strategic duty to promote continuous improvement in the quality of Welsh tertiary education. In discharging this duty, the Commission must have regard (among other things) to:

- (a) the importance of ensuring that members of the tertiary education workforce are capable of providing tertiary education of a high quality;
- (b) the reasonable requirements of members of the tertiary education workforce for continuous professional development;
- (c) the importance of the views of learners about the quality of the tertiary education they receive.

Section 50 of the Act sets out that the Commission may publish quality assurance frameworks, setting out guidance and information on criteria and processes for assessing the quality of tertiary education, and the roles and responsibilities of persons assessing the quality, and of providers, with regards to quality.

Section 51 of the Act gives the Commission a duty to monitor, and promote improvement in, the quality of tertiary education provided by or on behalf of registered providers, or funded or otherwise secured by the Commission.

Compliance Requirements

To comply with this condition, providers are required to:

1. achieve satisfactory external quality assessment outcomes
2. have acceptable performance data and
3. not be considered by Medr to demonstrate a risk to the quality of education

These requirements also relate to tertiary education provided by, or on behalf of relevant providers.

Providers must take account of the Quality Framework. The Quality Framework provides guidance and information on how providers can demonstrate that their provision is of good quality and sets out Medr's approach to assessing compliance with this condition.

Providers will be asked to demonstrate a minimum level of compliance with the below requirements through annual assurance returns to Medr:

- learner engagement – compliance with the Learner Engagement condition or, in the case of sixth forms, relevant statutory duty¹¹
- learner voice – confirmation that they use the outcomes of learner surveys as part of their quality assurance and continuous improvement processes¹²
- engagement of the governing body – confirmation that the governing body is actively engaged in the development and oversight of strategies and plans for internal quality assessment and continuous improvement, with at least an annual review of the impact of those strategies and plans
- self-evaluation – confirmation that they undertake regular self-evaluation, with at least annual review by the governing body
- externality – confirmation that the provider actively engages in external quality assessment (Estyn inspection, QAA review, or both, as applicable)
- continuous improvement – confirmation that they undertake regular planning to drive continuous improvement, with at least annual review by the governing body of the impact and effectiveness of continuous improvement programmes
- professional learning and development – confirmation that they have a strategy to support professional learning and development

¹¹ In the case of sixth forms, this duty is on the governing bodies of schools, rather than on the local authority

¹² In the case of sixth forms, we expect local authorities to work with their schools to ensure that this is done

These are minimum requirements which may be reviewed. Medr's judgement of compliance with this condition will encompass the full breadth of requirements and expectations set out within this condition.

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **outcomes of external quality assessments:** this includes Estyn inspections and QAA reviews. The outcomes of developmental / thematic / geographical reviews will also inform the monitoring
- **data monitoring:** Medr will monitor a range of data, as set out in the Quality Framework. This includes, but is not limited to: recruitment; progression; retention; completion; complaints to Medr (numbers and patterns); learner surveys; destinations
- **information:** Medr will use a range of information, as set out in the Quality Framework, to inform its monitoring and any resulting regulatory action.
- **annual assurance return:** as part of Medr's Annual Assurance Return, providers will be expected to self-declare that they have met the requirements of the condition, with associated evidence. That will include that the governing body has assured itself of the minimum level of compliance against the requirements set out above
- **complaints monitoring:** in instances where complaints to Medr about providers relate to areas of advice or guidance issued by Medr
- **reportable events:** in instances where those events relate to areas of Medr's remit, or advice or guidance issued by Medr
- **engagement activities:** at either provider or sector level, Medr will engage with providers in reviewing how advice or guidance is considered

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition, and the Quality Framework, to ensure that they align with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

Condition: Staff and Learner Welfare

All providers must:

- have in place effective arrangements to support and promote learner and staff welfare

Condition Category

This is an initial and ongoing condition of registration. This is a condition of funding.

Legal Basis

Under section 27 of the **Tertiary Education and Research (Wales) Act 2022** Medr is required to set out an initial condition relating to “the effectiveness of the applicant tertiary education provider’s arrangements for supporting and promoting the welfare of its students and staff”

Under Section 31 of the Act, Medr is required to provide a mandatory ongoing condition of registration “relating to the effectiveness of the provider’s arrangements for supporting and promoting the welfare of its students and staff”

Under Section 108 of the Act, the Commission must consider whether to impose terms and conditions relating to “the effectiveness of the provider’s arrangements for supporting and promoting the welfare of its students and staff”.

Providers must also comply with relevant statutory duties and frameworks.

Compliance Requirements

To comply with this condition, providers must:

1. take account of requirements set out in the staff and learner welfare funding and regulatory supplementary detail on requirements (or any subsequent revisions)

2. align with relevant legal and statutory duties as this condition does not replace or remove providers' existing legal duties or statutory obligations
3. take account of relevant information, guidance and advice published by Medr
4. take account of other regulatory conditions and conditions of funding
5. take account of other expectations such as those of Welsh Government and Medr strategic priorities

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **annual assurance return:** as part of Medr's Annual Assurance Return, providers Governing Body will be expected to self-declare and provide associated evidence that they have met the compliance requirements of the condition
- **analysis of data:** Medr will monitor using a range of available data including findings of surveys
- **complaints monitoring:** in instances where complaints to Medr about providers or trends arising from data on complaints relate to Staff and Learner Welfare, Medr may seek information and engage the provider to assess compliance
- **learner surveys:** in instances where outcomes from surveys are related to the effectiveness or impact of Staff and Learner Welfare
- **engagement activities:** at either provider or sector level, Medr will engage with providers in reviewing how advice or guidance is considered
- **reportable events:** reported by providers to Medr will be used as metrics to assess provider's governance and management
- **independent sources of assurance:** including reviews, inspections, information from other regulators such as Estyn, Quality Assurance Agency (QAA), the Equality and Human Rights Commission (EHRC), and professional or statutory body reports
- **thematic reviews:** undertaken to explore sector-wide topics, or to support improvement in particular areas

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review the information associated with this condition to ensure the information aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that providers will inform a key part of that feedback loop. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

Supplementary Detail: Staff and Learner Welfare

Applies to: Staff and Learner Welfare Condition

All providers registered with Medr must:

- take account of this and any future funding and regulatory supplementary detail on requirements issued by Medr for the staff and learner welfare initial and ongoing condition by 1st August 2026

All other tertiary providers must:

- take account of this and any future funding and regulatory supplementary detail on requirements issued by Medr for the staff and learner welfare initial and ongoing condition from 1st August 2026

1. Scope and Rationale

This document is intended to provide information to enable providers to comply with the Staff and Learner Welfare initial and ongoing condition of registration and funding.

The Staff and Learner Welfare condition should be interpreted and implemented in conjunction with Medr's wider regulatory framework.

The Staff and Learner Welfare condition must be understood within the broader context of legislation and national policy. Implementation should reflect and align with statutory duties and relevant Welsh Government strategies, ensuring coherence with the wider legal and policy landscape that the tertiary education in Wales operates in.

2. Welfare

The Tertiary Education and Research (Wales) Act 2022 [explanatory memorandum](#) provides an explanation of what 'welfare' and 'arrangements' are intended to mean in relation to the staff and learner welfare condition.

Providers **must take account** of the following:

- Staff and learner welfare ‘arrangements’ include policies, procedures and services that promote and support staff and learner wellbeing and safety

‘Wellbeing’ in this context is intended to mean:

- emotional well-being (see Medr’s Glossary of Terms)
- mental health (see Medr’s Glossary of Terms)

‘Safety’ is intended to mean freedom from harms including:

- harassment (see Medr’s Glossary of Terms)
- misconduct (as it relates to staff and learner welfare), (see Medr’s Glossary of Terms)
- violence (including sexual violence) (see Medr’s Glossary of Terms)
- hate crime (see Medr’s Glossary of Terms)

3. Provider Welfare Self-evaluation

All tertiary providers **must conduct** an annual staff and learner welfare self-evaluation.

The annual staff and learner welfare self-evaluation **must be approved** by the providers’ governing body or equivalent.

Medr acknowledges that all tertiary providers currently conduct self-assessments and/or self-evaluation processes that relate to areas of staff and learner welfare. Therefore, we do not anticipate issuing self-evaluation templates as we expect self-assessment/self-evaluation is already part of existing processes and designed to meet the specific needs of each provider. To minimise burden, providers must decide on the most appropriate and effective self-assessment/self-evaluation method(s) based on their operational context.

Providers’ welfare self-evaluation **must include** the following:

- the effectiveness of policies, procedures and support services for the promotion and support for learner and staff emotional wellbeing and mental health
- effectiveness of policies, procedures and support services for the promotion and support for learner and staff safety, which must include freedom from harassment, misconduct, violence (including sexual violence) and hate crime
- welfare risk assessment: an assessment of the providers’ welfare risks and mitigations
- be informed by equality impact assessment

If the areas above are not covered in a provider’s existing self-evaluation/self-assessment processes (such as Quality Assurance Agency for Higher Education (QAA), Estyn, Universities UK (UUK) Stepchange etc.) they will need to be evaluated and incorporated into existing self-evaluation/self-assessment documentation.

The welfare self-evaluation could use existing methods of self-evaluation and self-assessment, examples include, but are not limited to:

- **Higher Education examples:**

- Universities UK (UUK) Stepchange framework and self-assessment
- UUK Suicide Safer framework assessment tool
- Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV) self-assessment (under development)
- **Further Education, Work based learning and Adult Community Learning examples:**
 - Estyn self-evaluation process
- **other non-sector specific self-assessment examples:**
 - the Welsh Government NEST self-assessment and implementation tool
 - Trauma and ACE (TrACE) Informed Organisations Toolkit
 - Anti-racist Organisation Maturity Matrix

Providers are not normally required to submit their annual self-evaluation to Medr. Medr will only call in self-evaluations if concerns and risks are raised or identified.

When conducting self-evaluation providers **may take account** of the self-evaluation principles that have been developed by the Quality Assurance Agency for Higher Education (QAA) and Estyn.

4. Provider Annual Welfare Action Plan

The annual welfare **action plan must be approved** by the Governing Body or equivalent and overseen through robust governance and management process.

Tertiary providers **must submit** to Medr an annual welfare action plan. Medr will issue the welfare action plan template. When completing the welfare action plan, providers must set out their priority actions based on provider welfare self-evaluation including providers identified welfare risks and mitigations.

Providers are encouraged to align their annual welfare self-assessment and annual welfare action plan with the aims and intended outcomes of relevant funding streams. Medr will aim to ensure funding monitoring returns compliment rather than duplicate the evidence requirements for the welfare condition.

The annual welfare action plan will be used by Medr as a basis for individual provider engagement, identify sector wide support, policies and process and systemic risks and issues which will inform Medr's provider risk review process.

5. Provider Annual Assurance Returns

At the end of the annual welfare cycle providers **must submit** an annual assurance and compliance return. The return is intended to inform Medr's annual assurance return process.

As part of Medr's Annual Assurance Return, a provider's Governing Body or equivalent will be expected to provide:

- self-declaration that they have met the compliance requirements of the condition and provided associated evidence
- confirmation that the submitted welfare action plan activities were delivered as planned and that areas not delivered are reflected and addressed in the plan for the subsequent year
- confirmation that the Governing Body or equivalent are satisfied of the effectiveness of the providers' arrangements to support and promote staff and learner welfare

Medr will take a risk-based approach to ensuring compliance with the condition as it relates to registration or funding. Where data, evidence or reporting indicates a potential risk, we reserve the right to request additional evidence and documentation mechanisms if, due to prior issues, significant changes in operations, serious incident reporting, complaints or robust data sources such as learner voice survey or complaints identify provider is at higher risk of non-compliance.

Where monitoring identifies areas for improvement, or examples of good practice, Medr may provide information, advice, data, share best practices, and/or make recommendations to support providers with compliance or continuous improvement.



Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

Condition: Welsh Language

Providers must take all reasonable steps to:

- promote and encourage greater use of the Welsh language across the provider, so that people – including staff and learners – can use the language naturally in their daily lives
- increase demand for, and participation in, tertiary education delivered through the medium of Welsh and Welsh as a subject

Where appropriate, providers must also take all reasonable steps to:

- promote and encourage the carrying out of research and innovation activities which support the Welsh language

Condition Category

This is an ongoing condition of registration. This is a condition of funding.

Legal Basis

Section 28 of the **Tertiary Education and Research (Wales) Act 2022** enables Medr to determine and publish general ongoing registration conditions.

Section 6 of the Act sets a strategic duty for Medr to promote the carrying out by relevant persons of research and innovation and of activities related to research and innovation through the medium of Welsh.

Section 9 of the Act sets a strategic duty for Medr to promote tertiary education through the medium of Welsh.

Under Sections 90, 99 and 104 of the Act, Medr is able to impose terms and conditions of funding in relation to this condition.

Under Sections 105 and 106 of the Act, Medr is able to impose terms and conditions on financial resources provided by the Commission for research and innovation.

Rationale for imposing the condition under Section 28

Medr has a significant role to play in fostering a vibrant culture where the Welsh language can thrive, and in contributing to the Welsh Government's ambition to achieve one million Welsh speakers and to double the percentage of people using Welsh daily by 2050, as set out in its Cymraeg 2050 strategy.

The 2021 census noted the lowest proportion of Welsh speakers reported by a census, emphasising the challenge we face in reversing the language shift. We acknowledge that the tertiary education sector plays a key role in planning Welsh language education. It is vital therefore that there are seamless pathways for learners to develop, maintain and use their Welsh language skills throughout their tertiary education journey, equipping them to use those skills in the workplace and in informal contexts.

In light of the Welsh Language and Education (Wales) Act 2025, Medr has a strategic role as the funder and regulator of tertiary education in Wales to ensure we have oversight of Welsh language education in this sector. We recognise that we have a role to play, in collaboration with our partners, in ensuring that tertiary learners and the education workforce are able to move further along the Welsh language skills continuum over time.

The Coleg Cymraeg Cenedlaethol has been designated by Welsh Ministers to provide advice to Medr on its statutory duties relating to the Welsh language. The Coleg Cymraeg Cenedlaethol has provided advice on this condition and will continue to advise Medr as it implements its strategic plan.

Medr has set out in its strategic plan an aim *to encourage greater use of the Welsh language, increasing demand for and participation in learning and assessment through the medium of Welsh*. Supporting the delivery of this strategic aim is a commitment for Medr to work with stakeholders, including Coleg Cymraeg Cenedlaethol and Qualifications Wales, to develop and implement a National Plan for the Welsh Language in Tertiary Education. This will increase and improve the provision and promotion of Welsh-medium education and assessment, increasing participation, enabling seamless pathways for Welsh-medium education, and encouraging collaboration.

This regulatory condition has been developed to enable Medr to use its regulatory tools to deliver the aspirations to be set out in the National Plan for the Welsh Language in Tertiary Education. The regulatory condition will be reviewed on an ongoing basis to take account of the development of the National Plan. This regulatory condition should be read in conjunction with the Quality Framework which sets out the priority to support practitioners and provide opportunities to engage with and enhance the delivery and use of the Welsh language.

Providers across Wales subject to this condition will have differing experiences and history of operating in Welsh, as well as delivering Welsh-medium provision and of carrying out research and innovation which supports the Welsh language. They will also vary in terms of size, mission, learner demographic and types of provision. Medr recognises that providers will be starting from different points on their journey and will regulate proportionately in that context. Over time Medr expects that all providers will develop their capacity to use, promote and support the use of the Welsh language across

their services as a provider, through their education provision and through their research and innovation activities.

Compliance Requirements

1. Welsh Language Strategy

The Governing Body of the provider, or equivalent body, **must** publish and maintain a Welsh Language Strategy. This strategy **should** set out how the provider will:

- promote and encourage greater use of the Welsh language across the provider
- increase demand for, and participation in, tertiary education delivered through the medium of Welsh and Welsh as a subject

Where the provider is an institution which undertakes research and innovation, they **should** also set out how they will:

- promote and encourage the carrying out of research and innovation activities which support the Welsh language

This strategy **must** be monitored and evaluated by the provider, building on good practice identified by other organisations. Learners must be engaged in the development, monitoring and evaluation of the strategy, in line with the Learner Engagement Code. Progress of delivery against the strategy **must** be reported through the provider's governance structures, along with the outcomes of any impact assessments conducted.

2. Promoting and encouraging greater use of the Welsh Language across the provider

The provider **must** set out in their Welsh Language Strategy how they will promote and encourage greater use of the Welsh language across the provider so that people – including staff and learners – can use the language naturally in their daily lives. This element of the Welsh Language Strategy **should**:

- recognise the value of the Welsh language and the benefits that the language brings to learners and staff
- set out how the provider will promote and encourage opportunities for their learners and staff to develop their lifelong Welsh language skills, so that they can move further along the Welsh language skills continuum
- take account of any other relevant regulatory conditions or schemes relating to offering Welsh language services across the provider, such as the Welsh Language Standards and the Cynnig Cymraeg (the Welsh Offer)

Universities and colleges are already subject to [Welsh Language Standards](#) which were established under the Welsh Language (Wales) Measure 2011. Compliance with these standards will assure us that providers are meeting baseline standards to encourage greater use of the Welsh Language.

Where a provider is not subject to Welsh Language Standards, they **must** work with the Welsh Language Commissioner to improve their offer to users of their services through the [Cynnig Cymraeg](#).

3. Increasing demand for, and participation in, tertiary education delivered through the medium of Welsh and Welsh as a subject

The provider **must** set out in their Welsh Language Strategy how they will increase demand for, and participation in, tertiary education delivered through the medium of Welsh and Welsh as a subject. This element of the Welsh Language Strategy **should**:

- set measurable outcomes for increasing demand and participation
- reflect the providers' contributions to the National Plan for The Welsh Language in Tertiary Education when published
- take account of other regulatory conditions set by Medr
- take account of strategies developed by other providers in the region and locally, and nationally to support, where appropriate, a coordinated approach to Welsh-medium provision
- identify opportunities to collaborate with other providers to increase demand and participation
- consider what workforce capacity may be required to support more learners to study through the medium of Welsh and Welsh as a subject
- be embedded in the broader strategic planning of the provider, ensuring that quality of provision and learner experience is maintained
- be clear how the provider will work with the Coleg Cymraeg Cenedlaethol and the National Institute for Learning Welsh
- be developed, monitored and evaluated with learners in line with the Learner Engagement Code

Providers' admissions and enrolment processes **should** consider the language skills of learners in order to allow for continued development of their Welsh language skills in the context of their studies, at an appropriate level, including through Welsh-medium study. Providers **should** ensure that learners have the necessary information and support to facilitate these choices.

Providers **should** align the development of relevant learning programmes with the Code to describe Welsh language ability, prepared by Welsh Ministers under section 6 of the Welsh Language and Education (Wales) Act 2025, once the Code is published.

4. Promoting and encouraging the carrying out of research and innovation activities which support the Welsh language

Where the provider is an institution which undertakes research and innovation, they must also set out in their Welsh Language Strategy how they will encourage their researchers, including staff and student researchers, to carry out research and innovation activities which support the Welsh language.

The scope of such research and innovation activities could include:

- research in a range of academic subjects carried out through the medium of Welsh, in whole or in part
- research into Welsh as an academic subject
- pedagogical and educational research in the Welsh language context

- language planning and policy research in the Welsh language context

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **annual assurance returns:** providers will be expected to self-declare and submit evidence that they have met the compliance and continuous improvement requirements of the condition
- **learner surveys:** in instances where outcomes of surveys relate to the Welsh Language Condition
- **Estyn & QAA reviews:** in instances where outcomes of reviews relate to the Welsh Language Condition
- **complaints monitoring:** in instances where complaints to Medr about providers or trends arising from data related to the Welsh Language Condition
- **reportable events:** in instances where those events relate to the Welsh Language Condition
- **data monitoring:** annual monitoring of data and information related to the Welsh Language Condition, including that shared with us from other organisations that monitor providers, such as the Coleg Cymraeg Cenedlaethol and the Welsh Language Commissioner, to reduce duplication of effort
- **engagement activities:** at either provider or sector level, Medr will engage with providers in reviewing how advice or guidance is considered

Where Medr considers that the provider is at risk of breaching this condition, it may require additional information to be provided, may put in place additional monitoring and potentially require an action plan.

Medr will use data and intelligence to inform its assessment of providers' compliance with the condition. This may include:

- relevant strategies including but not limited to a strategy to increase demand for and participation in tertiary education delivered through the medium of Welsh, including any associated operational plans and evaluation frameworks to monitor delivery progress and achievement
- learner data submitted by a provider through the LLWR or HESA student record
- staff data from the Education Workforce Council register, the HESA staff record and other sources
- Medr staff meeting with strategic leads
- intelligence received from engagement with strategic partners such as the Coleg Cymraeg Cenedlaethol or the Welsh Language Commissioner
- outcomes of quality assurance visits, inspections or reviews
- providers' self-evaluation reports and professional learning strategies
- evidence from learner and staff surveys
- learner voice from a range of mechanisms including learner voice surveys, complaints and through engagement with learner representatives
- reportable events or complaints.

The frequency of Medr's engagement with providers will be determined by the extent to

which Medr is assured that the provider is complying with the condition, this will be done on a risk basis.

Medr reserves the right to call in providers' strategies, audits and reports through their governance structures to inform its assessment of compliance.

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



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Commission for Tertiary Education and Research

Condition: Learner Protection

When given notice under S126(1) of the **Tertiary Education and Research (Wales) Act 2022**, the governing body of a provider (or equivalent) must:

- have in place a learner protection plan approved by Medr, on or before a date specified by Medr and must implement that plan

Condition Category

This is an ongoing condition of registration. This is a condition of funding.

Legal Basis

Under Section 31 of the **Tertiary Education and Research (Wales) Act 2022**, Medr is required to provide a mandatory ongoing condition of registration that requires the governing body of the provider "if it has been given notice under section 126(1), to have in place a learner protection plan approved by the Commission (under section 126(3) or (5)) on or before the date specified in the condition and to give effect to the plan."

Under Sections 90, 99 and 104 of the Act, the Commission is able to impose terms and conditions of funding in relation to this condition.

Section 126 of the **Tertiary Education and Research (Wales) Act 2022** states that Medr must issue guidance on the preparation and revision of learner protection plans.

Section 126 sets out that Medr may give notice to a relevant tertiary education provider asking it to submit a learner protection plan to Medr on or before the date specified in the notice.

Section 126 also states that Medr may approve the learner protection plan with or without modifications. If a relevant tertiary education provider wishes to amend its approved learner protection plan, it must send a revised plan to Medr. Medr may approve the revised learner protection plan with or without modifications.

Section 135 of the **Tertiary Education and Research (Wales) Act 2022** states that Medr may give advice and issue guidance (whether general or specific) to any person about the provision of tertiary education or any matter connected with Medr's functions.

Compliance Requirements

To comply with this condition, the governing body of a provider (or equivalent) if it has been given notice under section 126(1) of TERA, must have in place (or before the date specified in the notice) a learner protection plan approved by Medr (under section 126(3) or 126(5)) and give effect to the plan. Providers should meet the requirements set out in the learner protection statutory guidance.

Monitoring

Medr will monitor compliance with this condition through oversight of the completion of learner protection plans. Medr will monitor the effectiveness of learner protection arrangements, as needed, through a range of mechanisms including but not limited to: reportable events, learner feedback, complaints, risk-based monitoring, analysis of data, provider website monitoring.

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, may evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

Statutory Guidance on the Preparation and Revision of Learner Protection Plans

Under the Tertiary Education and Research (Wales) Act 2022 (TERA), Medr must issue guidance on the preparation and revision of learner protection plans. Medr will oversee and monitor the completion of those plans and report on the effectiveness of those plans via its annual report to Welsh Government.

Our guidance sets out the requirements for learner protection plans which may be requested from tertiary education providers by Medr.

The guiding principle of learner protection plans is that learners should be able to complete the programmes of study on which they enrol, including those delivered via a partnership arrangement. If something happens within the context of the learning environment, which could reasonably be considered to be under the provider's influence, or a decision is taken by a provider, which could negatively impact on a learner completing their course then we expect providers to take all reasonable steps to support learners through to completion of their learning outcomes. This includes supporting learners to transfer programmes should they wish to do so. **It does not include changes to a course of study where there are no learners actively enrolled**, nor does it include circumstances where a learner chooses to withdraw from their course for other reasons (e.g. to pursue employment).

As a general rule, we will use our regulatory and funding levers to engage with providers to understand the arrangements and strategies they have in place to support learners to complete their courses and succeed. Learner protection plans will form one of these tools. If we can obtain information through established mechanisms then we will generally use these routes rather than request a plan.

Providers are required to inform Medr of any serious incidents, notifiable events (as set out in the [Reportable Events](#) supplementary detail on requirements) or other issues which could negatively affect learners being able to complete their courses of tertiary education. These instances could therefore trigger a learner protection plan. This approach is based on Medr's intention that there be 'no surprises' in terms of its regulatory approach, that providers will self-declare relevant issues to Medr (including

those with the potential to feature in the press), and that there will be ongoing engagement and communication with providers whom it funds and regulates.

Providers should confirm the steps they are taking, or intend to take, to resolve the issue (including support for and active engagement with learners to consider their needs). There may be circumstances in which Medr contacts a provider for information (as the first step) before making the same assessment as to whether a learner protection plan is required.

Upon receiving this type of notification, Medr will consider the potential need for a learner protection plan and may initiate a dialogue with providers to seek clarification. Not all reportable events will lead to a learner protection plan being requested by Medr. Where possible, Medr should be notified at an early stage in any decision-making, particularly where this could affect groups or a substantive number of learners. Where circumstances arise which could cause detriment or a risk to a learner's ability to complete their courses successfully, Medr looks to providers in the first instance to keep learners fully informed and to engage actively with them in discussing how the circumstances will be mitigated.

In all cases, in determining whether a learner protection plan is required, Medr will consider the details of the circumstances and the severity of the potential, or actual, impact on learners. We reserve the right to give notice to a provider if we feel a learner protection plan is necessary to provide assurance to Medr in respect of the issues outlined in this guidance.

Upon being given notice, a provider must submit a learner protection plan to Medr for approval. The notice will specify the date by which the learner protection plan should be submitted and the details which should be included in the plan, relative to the issue or trigger which prompted the plan. **The plan should be co-created with learners impacted by the issues, supported by learner representatives as appropriate.**

Annex A sets out this expected process for the submission, approval, and revision of learner protection plans.

Annex B sets out Medr's detailed requirements for the contents of learner protection plans. We have not provided a template as we do not wish to be overly prescriptive about the development and format of plans. However, should there be a collective sector desire for a template, we will work with providers to produce one.

Annex C provides worked examples of possible scenarios, with Medr's tentative (and hypothetical) assessment of whether a learner protection plan may be required. Our decision to request a plan will be proportionate and risk-based, in line with our regulatory approach, and will be taken on a case by case basis.

Scope

All providers who are funded by or registered with Medr should abide by this guidance in respect of the education they deliver, except for local authorities in respect of maintained sixth form provision, as this is specifically excluded from the provisions within TERA regarding learner protection plans. Providers in scope include universities, further education institutions, apprenticeship providers (i.e. independent training providers as well as further education institutions), and providers of adult community learning.

Courses of tertiary education include further education provision, training, apprenticeships, higher education (including postgraduate research) and adult community learning.

Provision delivered by or on behalf of funded or registered providers is in scope of this guidance. This includes transnational education, provision delivered via sub-contractual arrangements, as well as education delivered as part of subsidiary arrangements. In the case of partnership provision, Medr will require the lead provider to have ownership of any active learner protection plans and to involve partners in the development and implementation of these plans.

In some cases, for example in the case of external or societal events which would likely have an impact on multiple providers, it may be appropriate for two or more providers to adopt a joint approach to the preparation of learner protection plans or underpinning guidance (including business continuity planning). However, Medr's monitoring approach will be specific to each individual provider.

Triggers

The following list sets out potential triggers for a learner protection plan. This is not an exhaustive list, however, we consider that these are the principal areas in which learner protection plans may be necessary:

- reportable events (as per Medr's reportable events' policy)
- course closures (excluding instances of teach-out, see Business Continuity section below)
- closure of, or change to, a learner's primary learning location (campus, centre, etc). This could encompass issues affecting online learning environments, depending on the circumstances
- significant change to a learner's course of study. We will use the term 'significant' to encompass changes or modifications which render the provision reasonably to be considered substantively different to that to which the learner signed up at the beginning of their programme of study. This could include:
 - mode of study (for example, from in-person to wholly online)
 - loss of, or significant change to, essential elements which could affect a learner's ability to achieve their learning outcomes (e.g. assessments, modules, placements (including as a result of the breakdown of relationships with partners), mandatory elements of PSRB accredited provision where the proposed change(s) could invalidate accreditation)
 - loss of essential / specialist personnel (e.g. PGR supervision arrangements, specialist course content)
 - loss of dedicated funding (e.g. UKRI studentships)
 - loss of essential facilities

We will routinely monitor the following information sources through our established mechanisms and engage with providers or request learner protection plans where we consider it may be necessary:

- trends in data
- learner voice survey outcomes

- compliance with the learner engagement code
- outcomes of external quality assurance reviews
- outcomes of audits
- outcomes of professional, statutory or regulatory body accreditation exercises
- outcomes of complaints processes, including those referred to other bodies such as the OIA

As outlined above, if we can seek assurance through other mechanisms, we will aim to do so.

Business continuity

Learner protection plans are intended to ensure that there are consistent and effective learner protection arrangements in the tertiary sector, to support learners being able to complete their courses in the event that something happens outside of their control which could negatively impact on their education. Learner protection plans are not intended to replace business continuity activity or other processes by which providers fulfil their regulatory and statutory duties. We consider that effective business continuity processes could mitigate the need for Medr to require a learner protection plan in some cases, provided they are designed effectively.

Portfolio review

Medr recognises that providers are continuously adapting their portfolio of courses, particularly to meet changes in learner demand, and this will often include closing some courses where demand is declining in order to redeploy resource to areas of growing demand, or closing courses as part of a programme of planned curriculum re-design and transformation. Learner protection plans will not typically be required in relation to course closures of that type, particularly where providers plan to teach out provision in the same location and there are no implications for learners wishing to progress to the next level of study. However, Medr might look to seek assurance as to how providers would safeguard learner outcomes in these circumstances, recognising that teach-out activity could still have a negative impact on learners. There could also be CMA/consumer law implications for providers in some circumstances.

Where a course is to be closed part-way through a learner's programme (for example, the second year of A-levels at a further education institution, or the first year of a university undergraduate degree) without the opportunity for learners to complete their course with the same provider, we expect providers to support all affected learners to complete their course elsewhere. Similarly, where expected progression points are removed after a learner has enrolled – such as the next level in a suite of qualifications – we expect providers to support all affected learners to meet their learning outcomes through alternative arrangements.

This could be through their transfer to a similar course offered by the provider or through supporting the learner to transfer to the same/ a similar course of education or training at another provider. It could include emotional or well-being support, financial support in relation to accommodation/study costs or the movement of personal belongings, or transport costs where learners need to travel to the new delivery location. Medr may require submission of learner protection plans for approval where there is reason to believe that learners do not feel appropriately supported by their provider.

There may be instances where a provider's own terms and conditions allow for courses to be closed. For example, if there are insufficient new enrolments, and therefore it would not be viable to run those courses. We would consider this to be outside of the scope of learner protection plans, provided that applicants are offered suitable alternatives where possible and where learners have been informed of this possibility **in advance** of applying for the course.

In all such cases Medr expects that providers will keep learners fully informed about the plans for closure and will ensure that learners are fully supported to complete their course of study successfully, including by maintaining suitable and sufficient staffing and learning resources through to the end of course delivery and ensuring that arrangements are in place to support learners to achieve their learning outcomes. If Medr should receive information that these learners are not being supported, we will engage directly with the provider in the first instance.

Additionally, the successful completion of a learner protection plan would not impinge or affect a learner's wider rights, including under consumer law or, where relevant, to third party redress.

Providers' learner engagement activity should set out how the provider will engage learners in decision making, including when it relates to planning and implementing course closures, and significant changes to course content and delivery, as part of ongoing course portfolio management. This should ensure that learners are kept informed and have meaningful opportunities to raise any questions and concerns about how they will be supported to complete their course successfully.

We recognise that events may take place which are unexpected and have the potential to cause disruption to the delivery of tertiary education. These could include natural disasters, events on campus (e.g. fire/flooding), or a nationwide event (such as a global pandemic or terrorist action). We recommend that providers take account of such possibilities in their contingency / business continuity planning, to inform any learner protection plan which may be required by Medr. As long as the provider's contingency planning provides learners with the appropriate support for their learning achievable in the circumstances, Medr would not necessarily expect to require a learner protection plan.

We consider that there are some events or decisions which could negatively affect a learner's ability to complete their course that could **reasonably** be anticipated by providers. These include: disrupted access to facilities, unexpected system downtime or system failure, staffing and resource issues, financial pressures, industrial action, and political demonstrations. In these cases, we expect the provider to engage actively with affected learners, keep them fully informed about the situation causing the disruption, and engage with them in deciding how the disruption is best mitigated and how any lost learning can be made up. Medr may require submission of learner protection plans for approval if there is evidence that the provider is not engaging effectively in that way with its learners.

Learner transfers

In the event that a learner wishes to transfer to another course of tertiary education, either at the same provider or a new provider, **for any reason**, providers should set out how they will support learners to do this.

We do not consider learner protection plans to be the most appropriate mechanism for this to be achieved and therefore do not anticipate normally requesting a learner protection plan for learners wishing to transfer courses, as this is a relatively common event in tertiary education and it would not be proportionate to do so.

Providers, therefore, should outline, in a publicly accessible format, details of their policies and processes which support learner transfers. This could be included as part of an existing document. This document should outline the steps the provider will take to facilitate the transfer of a learner to another course of tertiary education, recognising the limits within the academic year of when transfers can take place and the autonomy of providers in approving transfer requests. This should include the timely and secure transfer of a learner's progress, achievements and records so that the learner is not disadvantaged and their work and progress are not lost. Medr may require submission of learner protection plans for approval if there is evidence (such as complaints) that the provider is not offering constructive support for learners wishing to transfer or that a provider is not following its own learner transfer procedures.

When a learner protection plan has been specifically requested by Medr, it should provide details of how learners will be supported to transfer courses in the context of the circumstances which triggered the plan.

Learner Protection Plan process timeline

As outlined above, providers should notify Medr as soon as possible of any relevant circumstances which could have the potential to negatively impact on a learner's ability to complete their studies. Medr will consider whether a learner protection plan is required and confirm this decision to the provider. The expected timeline, when a learner protection plan is required, is as follows:

1. Requests for plans

- providers will be given written formal notice that they should submit a learner protection plan to Medr
- providers will ordinarily be given 20 working days to complete and submit a plan to Medr, however this will be dependent on the circumstances which have informed the notice being given to a provider. Where an issue or change is going to create an urgent or time-sensitive need to protect the learner interested, the timeline may need to be adjusted or shortened accordingly

2. Submission of plans

- learner protection plans, once notice has been issued to a provider, should be submitted to Medr
- the plan should be signed off by the provider's accountable officer, or a senior member of a provider's management team if delegated by the accountable officer

- the plan may be submitted by an individual on behalf of the signatory
- we will confirm receipt of the plan by email

3. Approval of plans

- Medr will aim to consider learner protection plans within 20 working days of receipt of the plan
- the potential outcomes of this process are either 1) Medr will approve the plan in its original form or 2) Medr will request a revised plan for approval or 3) the plan cannot be approved
- Medr will confirm the outcome of the assessment process to the provider within 10 working days of the assessment of the plan, subject to further iterations of the plan, as needed

4. Revision of plans

- if a provider wishes to amend its approved learner protection plan, it must notify Medr and provide a copy of the revised plan for approval
- Medr may approve the revised plan with or without modifications
- Medr may choose not to approve the modified plan, in which case, the original plan will remain in force

5. Publication

- approved learner protection plans must be made available to learners, prospective learners and the general public by the provider on its website within 15 working days of approval by Medr

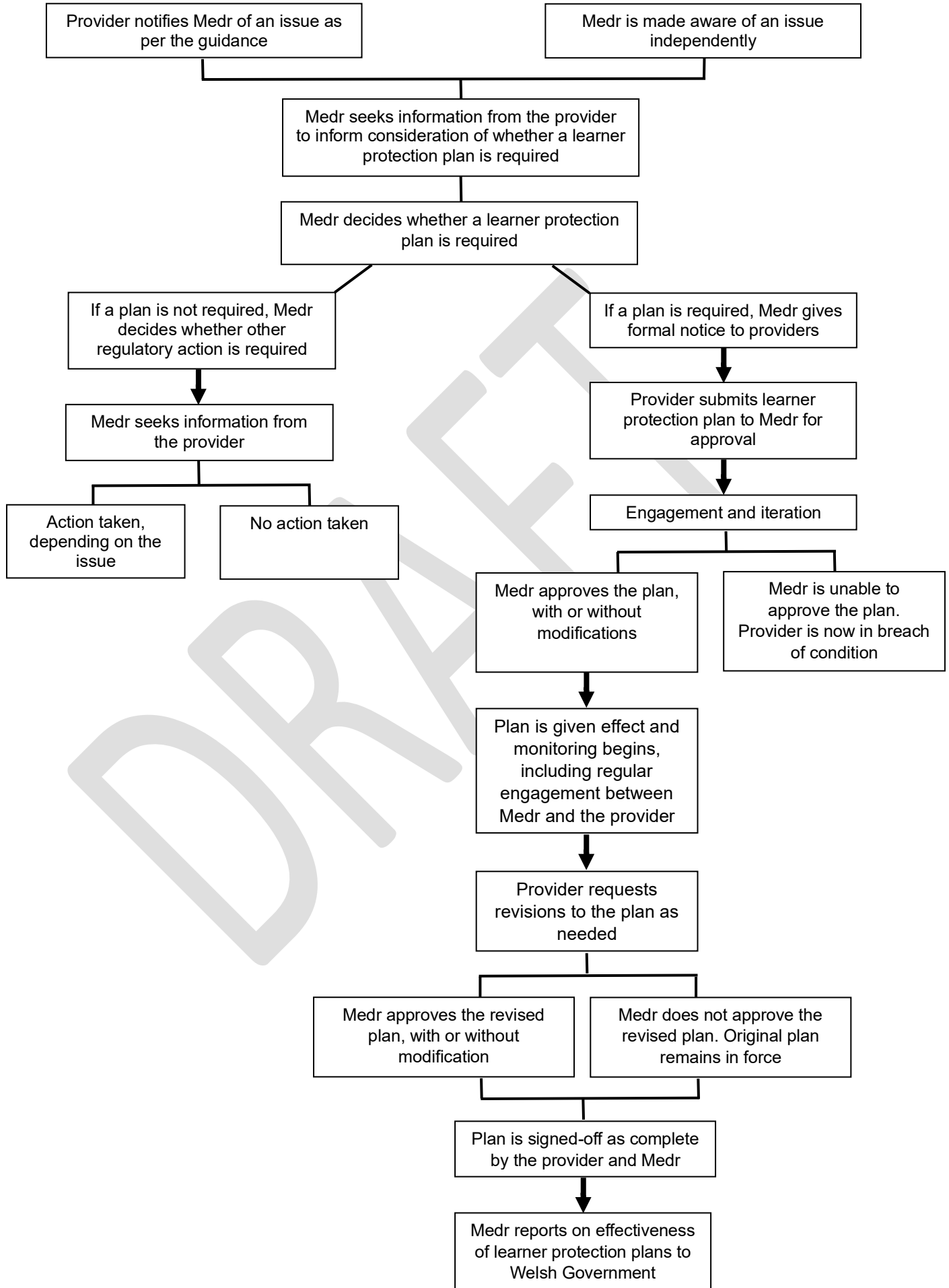
6. Monitoring

- Medr will monitor the completion of any active learner protection plans (following our initial approval) in line with Medr's overall monitoring framework. This could include enhanced engagement, data analysis, financial management consideration, and taking account of the learner voice. The initial monitoring arrangements will be confirmed at the point of the initial approval of the learner protection plan. Providers will be expected to provide Medr with regular updates on the completion of the plan and to confirm to Medr when the plan has been completed, including details of how the success of that plan will be evaluated
- we will review progress of the plan and confirm when we consider that it has been completed

Revision of this guidance

In time, as our approach evolves and we evaluate the effectiveness of learner protection plans across the sector, we will engage with providers, including through the sharing of effective practice and evaluation, to achieve a collective understanding of the types of scenarios which could require a learner protection plan and the necessary support required for learners.

Annex A: LPP flowchart



Annex B: Detailed requirements

Learner protection plans should include the following information:

1. The circumstances which triggered the learner protection plan request (as set out in Medr's notification)
 - information on whether this was notified to Medr, and the date (if applicable)
 - further detail on the circumstances (if not already provided)
2. Decision making
 - reasoning behind the decisions made and the relevant decision-making groups involved in that decision
 - how the learner voice contributed to the formation of that original decision. If based on formal or informal data gathering exercise, please include an overview of the analysis
3. Impact assessment
 - learner protection plans should outline the steps taken to assess the impact of any decisions you have taken which could negatively affect the relevant learners being able to complete their courses. We expect these processes to be supported by robust institutional processes to anticipate risk and to take account of the impact on learners with protected characteristics. These processes should take account of the voice of learners in identifying risks, controls and mitigations against negative impacts on learners.
4. Learner engagement
 - confirmation that the plan has been actively and transparently developed with learners or recognised learner representatives, in line with the requirements of the Learner Engagement Code, with details of how this has been achieved. This should include plans for learner engagement
5. Mitigation
 - action taken to mitigate any negative impact on learners/ plans to support learners where there may be an impact on their ability to complete their course
 - date(s) by which the action will be completed
 - list of any relevant policies/guidance that should be read alongside the plan
6. Evaluation
 - process by which the provider will monitor the impact of its actions on learners and that the plan has been implemented successfully
7. Contact information
 - contact details for those with oversight of, and responsibility for, delivery of the plan

Annex C: Worked examples

The following are based on the assumption that a provider has notified Medr of the relevant issue in the first instance and Medr is taking a decision as to whether it is assured by the information given by the provider.

- 1) Where a provider has decided to close a course due to low numbers of ongoing enrolments - we do not anticipate that a learner protection plan would be required if the provider followed the standard process of teaching out (i.e. where learners currently studying would be able to finish the programme but there would not be new enrolments in the future and the programme would no longer be advertised) and we were suitably assured by the information given by the provider on the nature and scope of teach-out activity as well as learner engagement with the process. We would expect the provider to ensure learners still studying on the course were not negatively impacted by this change and were supported throughout their journey. If the provider, however, decided to close the programme whilst learners were still studying, with no plans or capacity for teach-out, then a learner protection plan might be required, which should include details of how the provider would support and engage with learners, including providing assistance to learners to transfer to another provider, or supporting them in finding alternative arrangements.
- 2) Where a provider has decided to close one of its campuses, resulting in learners having to travel/move to a different location to continue their studies - a learner protection plan might be required in this instance which should include details of what additional support would be provided to affected learners, given the scale and potential impact of such a decision. This could include emotional or well-being support, financial support in relation to accommodation/study/childcare costs or the movement of personal belongings, or transport costs where learners need to travel to the new location.
- 3) Where a provider plans to change the mode of study for a programme from in-person to online only and the programme had been advertised as being taught via on-campus delivery, a learner protection plan might be expected. A change of this nature could have a negative impact on the quality of the learner experience for those learners actively enrolled on the course, and could give rise to increased numbers of learner transfers.
- 4) Where a learner requests to transfer to study a different programme at (the same or) another provider, a learner protection plan would not normally be required. However, we would expect relevant providers to support learners to transfer courses, in line with their published learner transfer policy (see Learner Transfers section above).
- 5) Where a postgraduate research student is affected by either the loss of their primary supervisor, or access to a specialist facility essential to their research project, a learner protection plan might be required in order to provide sufficient assurance to Medr. The plan should set out how the provider will ensure continuity of supervision, secure access to equivalent facilities or resources, and address any implications for funding or project timelines. It should also include details of how the provider will engage with the affected learner in co-creating the plan and outline any additional support and existing policies to mitigate disruption.

- 6) Where a provider plans to change the medium of study for a programme from Welsh (or with a significant bilingual element) to English and the programme had been advertised as being taught through the medium of Welsh (or with a significant bilingual element), a learner protection plan might be expected as the change could have a negative impact on the quality of the learner experience, and the learning outcomes, for those learners actively enrolled on the course.

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Condition: Learner Engagement Code

The governing body (or equivalent) of a provider must:

- comply with the requirements of the Learner Engagement Code (or any subsequent revisions)
- provide evidence to demonstrate compliance with the Learner Engagement Code and its impact

Condition Category

This is an ongoing condition of registration. This is a condition of funding.

Legal Basis

Under Section 31 of the **Tertiary Education and Research (Wales) Act 2022**, Medr is required to provide a mandatory ongoing condition of registration “requiring the governing body of the provider to comply with the requirements contained in the Learner Engagement Code published under section 129(1) or any revised code published under section 129(3).”

Under Sections 90, 99 and 104 of the Act, the Commission is able to impose terms and conditions of funding in relation to this condition.

Section 101 of the Act emphasises the statutory duty under section 129 for the governing body of a maintained school sixth form to comply with the requirements contained in the Learner Engagement Code.

Section 129 of the Act places a statutory duty on Medr to prepare and publish the Learner Engagement Code about the involvement of learners in the making of relevant decisions by their provider. Medr must monitor providers compliance with the Learner Engagement Code.

Compliance Requirements

To comply with this condition, the governing body (or equivalent) of a provider registered with and/or funded by Medr, must:

1. comply with the requirements of the Learner Engagement Code (or any subsequent revisions)
2. provide evidence to demonstrate compliance with the Learner Engagement Code and its impact

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **annual assurance return:** as part of Medr's Annual Assurance Return, providers will be expected to self-declare they have met the compliance requirements of the condition and provide associated evidence. This will be the primary source of monitoring for this condition
- **engagement activities:** at provider and sector level, Medr will engage with learners and providers in reviewing the effectiveness and impact of learner engagement. This will include feedback from students' unions and other representative groups, where applicable
- **learner surveys:** in instances where outcomes from surveys are related to the effectiveness or impact of learner engagement
- **Estyn & QAA reviews:** in instances where the outcomes of review relate to the effectiveness or impact of learner engagement
- **complaints monitoring:** in instances where complaints to Medr about providers, or trends arising from data on complaints, relate to the effectiveness or impact of learner engagement
- **reportable events:** in instances where those events relate to the effectiveness or impact of learner engagement

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review the Learner Engagement Code and the associated condition to ensure they align with evolving sector needs, policy changes, and feedback from stakeholders. In revising the Code, Medr will consult learners, providers and sector stakeholders in line with section 129 of the Tertiary Education and Research (Wales) Act 2022. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



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Commission for Tertiary Education and Research

Condition: Equality of Opportunity

All providers must deliver measurable outcomes to further each of the following aims:

- increase participation in tertiary education by people from under-represented groups
- retention of learners who are members of under-represented group to the end of courses
- reduction of any gaps in attainment between different groups of learners, where the differences arise from social, cultural, economic or organisational factors
- provision of support for learners from under-represented groups finishing their courses, to continue in education, find employment or start a business

Where appropriate, providers must deliver measurable outcomes to further the following aim:

- increase participation in the carrying out of research and innovation in Wales by persons who are members of under-represented groups

Condition Category

This is an ongoing condition of registration. This is a condition of funding.

Legal Basis

Section 3 of the **Tertiary Education and Research (Wales) Act 2022**, sets out the promotion of equality of opportunity as a strategic duty for Medr.

Section 33 of the Act requires Medr to implement a mandatory ongoing registration condition on equal opportunity, whereby Medr “must ensure that the ongoing registration conditions of each registered provider include conditions requiring the delivery of measurable outcomes to further each of the aims in subsection (2).” (those aims listed above).

Under Section 108 of the Act, the Commission must consider whether to impose terms and conditions relating to “the delivery of measurable outcomes to further each of the aims in subsection (2).” (those aims listed above).

Providers must also comply with relevant statutory duties and frameworks.

Compliance Requirements

To comply with this condition, providers must:

1. meet requirements set out in the supplementary detail on requirements which supports this condition (or any subsequent revisions) and provide evidence of delivery of measurable outcomes
2. actively consider the potential for collaboration with other providers to support increased opportunities for participation and progression for those learners from under-represented groups
3. align with relevant legal and statutory duties as this condition does not replace or remove providers’ existing legal duties or statutory obligations
4. take account of relevant information, guidance and advice published by Medr
5. take account of other regulatory conditions and conditions of funding
6. take account of other expectations such as those of Welsh Government and Medr strategic priorities

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr’s statement on monitoring):

- **annual assurance returns:** providers will be expected to self-declare and submit evidence that they have met the compliance and continuous improvement requirements of the condition
- **analysis of data:** Medr will monitor compliance and continuous improvement using a range of available quantitative and qualitative data. Where possible, Medr’s analysis will be contextualised
- **learner surveys:** in instances where outcomes from surveys are related to the effectiveness or impact of Equality of Opportunity
- **Estyn and QAA reviews:** in instances where the outcomes of reviews relate to the effectiveness or impact of Equality of Opportunity
- **reportable events:** in instances where those events relate to the effectiveness or impact of Equality of Opportunity
- **complaints monitoring:** in instances where Medr receives complaints about providers or identifies trends arising from complaints data related to this condition, Medr will engage with providers to ensure it retains assurance as it relates to this condition
- **engagement activities:** at either provider or sector level, Medr will review how its advice or guidance is being considered and embedded
- **independent sources of assurance:** including reviews, inspections, information from other regulators, and professional or statutory body reports. Medr will consider relevant sources of independent assurance to inform its understanding of provider risk and/or assurance

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review the information associated with this condition to ensure the information aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that providers will be a key part of that feedback loop. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.

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Commission for Tertiary Education and Research

Supplementary Detail: Equality of Opportunity

Applies to: Equality of Opportunity Condition

Registered higher education providers must:

1. Comply with this and any future supplementary detail on requirements issued by Medr as it relates to the Equality of Opportunity condition from 1 August 2027.

All other tertiary education providers must:

2. Work towards compliance with supplementary detail issued by Medr on the Equality of Opportunity condition of funding from 1 August 2026. Comply with this and any future supplementary detail on requirements from 1 August 2027

Scope and rationale

3. Equality of Opportunity relates to under-represented groups in the context of participation, retention, attainment/awarding gaps and future success, including participation in the carrying out of postgraduate level study.
4. This document offers further information on compliance with, and monitoring of, the condition.
5. The Equality of Opportunity condition must be understood within the broader context of tertiary education-related legislation and national policy. Providers' implementation of the condition should reflect and align with statutory duties and relevant Welsh Government strategies, ensuring coherence with the wider legal and policy landscape in Wales.
6. This information should be read alongside Medr's wider regulatory framework and Medr's ongoing conditions of funding and policy priorities.

7. The condition requires providers to deliver measurable outcomes for learners under-represented in tertiary education to advance equality of opportunity across the learner lifecycle, including:
 - (a) participation: In the context of this condition this means widening access policies, processes and services that support pre-entry and access as well as fair admissions, plus ensuring learners are effectively supported on courses as they transition between educational stages or providers
 - (b) retention: In the context of this condition this means creating inclusive learning environments and support systems that enable all learner to remain engaged, continue and successfully complete their studies
 - (c) academic success: In the context of this condition this means supporting learners to achieve their full potential at all stages of their education and addressing attainment/awarding gaps, and recognising the value added by providers in enabling progress
 - (d) progression: In the context of this condition this means ensuring equitable support to improve post-course outcomes, such as employment, further studies, or self-employment
 - (e) carrying out of research and innovation participation: In the context of this condition this means ensuring inclusive approaches that enable learners from groups under-represented in tertiary education to progress to and succeed in postgraduate level study, to support the wider pipeline for research and innovation activities
8. While the Tertiary Education and Research Wales Act 2022 ('the Act') does not explicitly require Medr to require providers to set measurable outcomes in relation to increased participation in the carrying out of research and innovation it does establish Medr's responsibility to promote inclusive access and engagement in research and innovation activities. In line with this duty, Medr expects providers to set measurable outcomes that promote inclusive participation in postgraduate level study, as an important part of the pipeline for the research and innovation workforce in Wales. Where providers do not offer provision at postgraduate levels, these outcomes should relate to the destinations of their learners, where study at postgraduate level is a recognised potential pathway.
9. Providers must use their self-evaluation (see Glossary) processes to comply with this condition taking a whole organisation approach. Medr acknowledges that all tertiary providers currently undertake form/s of self-evaluation as this relates to equality, inclusion and learner outcomes.
10. To comply with this condition, providers must consider the inter-related and cumulative impact that social, economic, cultural, and organisational barriers have on learners under-represented in tertiary education, including as this relates to participation in postgraduate level study.
11. Providers offering multiple types of tertiary education provision must ensure that measurable outcomes are developed where their data and evidence identify priorities for action. This ensures providers address equality of opportunity comprehensively across all pathways and modes of study, including postgraduate level study, where appropriate.

12. Providers should take account of their local, regional and national context and collaborate with other providers to address shared challenges, prevent learners' disengagement with tertiary and lifelong learning and support under-represented learners into and through tertiary education, particularly in relation to access and progression.
13. Regional partnerships and joint initiatives may support more effective interventions and reduce nugatory duplication. Medr will work collaboratively with the sector and partners to develop future advice and information to promote and strengthen practice. Medr will support providers through involvement and engagement, communities of practice, dissemination of effective practice and supportive challenge, informed by data sharing and evidence-informed ways of working.

Understanding barriers to Equality of Opportunity

14. Equality of Opportunity is an all-age condition. The Act defines under-represented learners in tertiary education as being those disadvantaged as a result of social, cultural, economic or organisational factors. Providers must use this lens to define and take action to address under-representation in tertiary education, including participation in postgraduate level study.
15. Social, cultural, economic, and organisational factors are not mutually exclusive. They may include, but are not limited to:
 - social barriers: extrinsic, implicit and explicitly imposed societal constructs, including as they impact on people with protected characteristics
 - cultural barriers: differences in language, values, and norms which may be the result of disability, ethnicity, religion and belief, social class, age and/or sexual or gender identity
 - economic barriers: poverty, unemployment, and lack of financial resources, especially for learners from low-income backgrounds for example, the bottom two quintiles of [Wales Index of Multiple Deprivation](#)
 - organisational barriers: provider policies and practice, culture, staff and learner diversity or lack thereof, structures, and communication practices
16. Providers should develop and use robust data sources to identify and define under-representation, ensuring consistent terminology, and contextualising risks and barriers to providers' own provision in the region, and understanding of learner demographics.
17. Providers should consider analysis of intersection of barriers for example economic and organisational barriers and ensure that their data enables them to identify such learners and set measurable outcomes to address these barriers.
18. Providers must consider how barriers manifest across different programme levels and modes of study and different learners within levels and modes of study. For example, barriers may differ between learners in apprenticeships, higher education, adult learning, general qualifications and vocational provision and between subjects.
19. Providers must give due regard to protected characteristics as defined under the [Equality Act 2010](#), and align their regulatory and Medr funded commitments with

Strategic Equality Plans where the provider is a listed body in Wales that must draw up a Strategic Equality Plan. The Equality and Human Rights Commission (EHRC), as Britain's independent equality regulator provide expert advice on how to put the Equality Act into practice. Providers are encouraged to engage with EHRC resources, advice, guidance and recommendations

20. Medr has agreed to work in the spirit of the [Socio-economic Duty \(Wales\)](#), and providers are encouraged to do the same. One way that Medr discharges this duty is through its regulatory oversight and funding functions.

Provider Self-Evaluation of Equality of Opportunity

21. All tertiary providers must conduct ongoing Equality of Opportunity self-evaluation to identify barriers to equality of opportunity and inform their development and monitoring of measurable outcomes.
22. Medr supports the use of providers' existing strategic and operational planning self-evaluation frameworks where these are fit for purpose and aligned with providers' priorities, legal duties, and quality assurance mechanisms. Assurance processes may include but are not limited to Estyn and QAA processes, Strategic Equality Plans and Adult Community Learning Partnerships tools. Such processes should aid the development of measurable outcomes for the Equality of Opportunity condition.
23. Providers' self-evaluation should include:
 - a review of their own current policies, data, services and practices related to equality of opportunity to identify social, economic, cultural, and organisational barriers to the access, retention, success and progression of under-represented learners in their organisation
 - the identification of strengths, gaps, areas for development across the learner lifecycle where social, cultural, economic or organisational barriers occur
 - the outcomes of ongoing equality impact assessment
 - the engagement and involvement of staff, learners, and partners to inform actions
 - the use of disaggregated and contextualised data to understand barriers and inform actions
 - the specific context and priorities of the provider's region, recognising some providers operate regionally, nationally and globally
 - consideration of opportunities for collaboration with other providers and partners to address shared challenges and support under-represented learners into and through tertiary education
 - the use of clear and consistent terminology, aligned with data sources to measure trends over time
 - alignment with Strategic Equality Plans (SEPs), Public Sector Equality Duty (PSED) and other statutory duties
 - the findings of self-evaluation, conducted on an ongoing basis, including considering progress against measurable outcomes and taking further action as appropriate

24. If the areas above are not covered fully in providers' existing self-evaluation/assessment processes they will need to be incorporated in the review process to inform assurance reporting to Medr.
25. When conducting self-evaluation, providers should take account of the self-evaluation principles currently in development as part of a collaborative project between Medr, QAA, Estyn and the sector. Medr will publish further information about this in due course.
26. Self-evaluation should be contextualised to reflect the providers' individual mission and purpose, including learner demographics, provision types (e.g. adult education, further education, apprenticeships, higher education), and regional and/or national context, as appropriate.
27. Providers should take a whole organisation approach, considering how policies, practices, services and culture contribute to equality of opportunity outcomes.
28. Providers would not normally be expected to submit their ongoing self-evaluation against this condition to Medr. Medr does not expect to be overly prescriptive about the self-evaluation process unless measurable outcomes are unambitious or limited, or if concerns and risks are raised with us or identified by us. Where Medr is not assured, it may ask providers for more information about their data and evidence, policies, processes, services or related activity.

Developing Measurable Outcomes

29. Measurable outcomes are intended to:
 - drive continuous improvement in equality of opportunity
 - provide evidence of progress, pace and ambition in reducing inequalities
 - support strategic planning and accountability
 - enable providers to prioritise actions which are data-informed, taking account of their mission, purpose and regional and national context
30. Medr expects providers to be clear and ambitious in setting measurable outcomes.
31. Measurable outcomes must be developed across the priority areas of the condition (participation, retention, academic success, progression and where appropriate participation in postgraduate study), as they relate to under-represented groups
32. Measurable outcomes must be sufficient and have potential to be impactful across the tertiary education learner experience, including as this relates to research and innovation. What matters is that they are:
 - reflective of all stages of the learner lifecycle to address identified barriers
 - evidence-informed and aligned with provider priorities
 - specific and clearly defined
 - capable of delivering tangible, ambitious improvements, at pace
 - normally set over a five-year rolling period with one-year milestones. Where milestones or outcomes are changed the rationale must be provided to, and agreed with, Medr

This initial approach to measurable outcomes enables providers to own and be accountable for their outcomes. Medr will work collaboratively with providers, in line with Medr's regulatory principles, offering support and challenge where appropriate.

33. Providers have flexibility in identifying and setting outcomes but in the return of Annex A must demonstrate:
 - how outcomes were identified
 - evidence for prioritising this outcome
 - how impact will be measured
 - what improvements are expected over what time period
34. Measurable outcomes should be set on a rolling basis for up to five years, updated annually, and with one-year milestones. Changes to outcomes should be agreed with Medr based on evidence and data.
35. Outcomes should be measurable, evidence-informed, and may benefit multiple disadvantaged learner groups, including those facing intersecting disadvantages and those with and protected characteristics.
36. The Equality of Opportunity condition may align with some relevant funding streams awarded to providers by Medr. Where possible, providers are encouraged to align their measurable outcomes with the aims and outcomes of relevant funding streams.
37. A template providers must return can be found in Annex A.

Monitoring Compliance with this Condition

38. Following ongoing self-evaluation and the development of providers' measurable outcomes, these must be submitted to Medr. Following the initial submission (see Annex A), providers must provide annually to Medr evidence of their progress against milestones and outcomes as part of Medr's Annual Assurance Return (AAR) (see Glossary).
39. This cycle of self-evaluation, measurable milestones, outcome setting, and annual review aims to drive continuous improvement, ensure accountability, and embed equality of opportunity priorities across the whole organisation.
40. In the academic year 2026/27, Higher Education providers holding existing Fee and Access Plan will need to complete an assurance statement as part of the AAR confirming continued Equality of Opportunity commitments. All other providers will need to complete a statement of assurance as part of the AAR which acknowledges the Equality of Opportunity condition, confirming understanding of the purpose and confirming they will continue to engage with Medr and work toward full alignment with the Equality of Opportunity condition from 2027/28.
41. In the academic year 2027/28 all providers will submit their initial submission of measurable outcomes and milestones (see annex A).

42. From 2028/29 all providers must submit their progress against measurable outcomes to Medr, confirming their ongoing commitment to making progress at pace in advancing equality of opportunity. This annual assurance will require evaluative summary statements from providers which may include:
- evidence of progress against outcomes
 - identifying where progress has been limited or have not led to significant improvements and the reasons why
 - highlighting practices that have made transformational improvements
 - key challenges or risks to delivery of outcome measures and actions to mitigate them
 - any request to Medr for changes to the provider's milestones and outcomes
43. Medr may monitor compliance, progress and continuous improvement through:
- **annual assurance returns:** providers will be expected to self-declare and provide evidence (measurable outcomes and progress) to evidence that they have met the compliance and continuous improvement requirements of the condition
 - **analysis of data:** Medr will monitor compliance and continuous improvement using a range of available quantitative and qualitative data. Where possible, Medr's analysis will be contextualised. Data analysis will enable Medr to monitor progress, pace, ambition, compliance
 - **learner surveys:** in instances where outcomes from surveys are related to the effectiveness or impact of Equality of Opportunity
 - **Estyn & QAA reviews:** in instances where the outcomes of reviews relate to the effectiveness or impact of Equality of Opportunity
 - **reportable events:** In instances where those events relate to the effectiveness or impact of Equality of Opportunity
 - **complaints monitoring:** in instances where Medr receives complaints about providers or identifies trends arising from complaints data related to this condition, Medr will engage with providers to ensure it retains assurance as it relates to this condition
 - **engagement activities:** at either provider or sector level, Medr will review how its advice or guidance is being considered and embedded
 - **independent sources of assurance:** including commissioned evaluations, reviews, inspections, information from other regulators such as EHRC, and professional or statutory body reports. Medr will consider relevant sources of independent assurance to inform its understanding of provider risk and/or assurance
44. Expectation is for providers to make progress and continuous improvement. Medr will take a risk-based approach to monitoring. Where providers progress is not as anticipated we will engage with them to understand the underlying reasons and identify appropriate next actions. Medr's focus will be on understanding challenges, supporting improvement, and ensuring that the needs and aspirations of under-represented learners remain central to advancing equality of opportunity across the sector.

45. Medr will take a risk-based approach to ensuring compliance with the condition. Where data, evidence or reporting indicates a risk or potential risk, we reserve the right to request additional information, evidence and/or data, meet the provider and/or visit the organisation
46. Medr will take account of the extent to which risks are within and/or outside providers' immediate control when considering compliance and improvement and their actions to mitigate risk.
47. Where monitoring identifies sector-wide areas for improvement, or examples of effective practice, Medr may issue additional information, advice or guidance to support continuous improvement.

Providers Timeline and Expectations for Compliance with the Condition:

	Higher Education Providers	All Other Tertiary Education Providers
2026/27	Statement of assurance confirming continued Equality of Opportunity commitments through existing Fee and Access Plan holders is sufficient to comply with this condition ¹³ .	Statement of assurance which acknowledges the Equality of Opportunity condition, confirming understanding of the purpose in promoting access, success, and progression for under-represented learners in tertiary education, including research and innovation, confirming they will continue to engage with Medr and work toward full alignment with the Equality of Opportunity condition from 2027/28.
2027/28	Through self-evaluation develop measurable outcomes from 2027/28 for up to five years on a rolling basis with one-year milestones	Through self-evaluation develop measurable outcomes from 2027/28 for up to five years on a rolling basis with one-year milestones.
2028/29 onwards	Review measurable outcomes internally and submit to Medr annual assurance statements.	Review measurable outcomes internally and submit to Medr annual assurance statements.

¹³ The 2026/27 academic year will be a transitional year in which Tertiary Education and Research (Wales) Act 2022 ('TERA 2022') registration conditions will be in place alongside certain remaining Fee and Access Plan regulatory requirements under the Higher Education (Wales) Act 2015. From 2027/28 all remaining Fee and Access Plan linked specified intervention powers under the 2015 Act will cease for those providers. [Medr Guidance on Varying a Fee and Access Plan 2024](#)

Annex A: Measurable Outcomes Template – Equality of Opportunity Condition

This template is provided to support providers in setting measurable outcomes under the Equality of Opportunity condition. Each outcome should be structured to include the following components and cover the period from August 2027 up to July 2033.

Outcome	Rationale for prioritisation	Yearly milestones	Data/ evidence	Expected Impact & how this will be monitored	Annual review, progress and any adaptations
Which area the outcome is targeting, ie participation, retention, etc Which learner group/course/mode of learning, over what time period? e.g. Increase participation of care-experienced learners from x to y between x year and y year on X courses.	Justification for why this outcome was chosen. e.g. Based on internal data showing low enrolment and feedback from stakeholders	Annual milestones starting from the baseline year. e.g. 27/28 – baseline 28/29 – target Add targets for each year the outcome is set for up to July 2033	Evidence or data sources that support the planned outcomes/ annual milestones. e.g. enrolment rates, learner feedback, retention and attainment data	Anticipated benefits if the is achieved. e.g. increased number of care-experienced learners	Reflections on progress each year and any activity adjustments made.

Note: Providers may add rows for each measurable outcome. Outcomes should be evidence-informed and aligned with provider priorities and context. Providers focus on under-represented learners with protected characteristics and those facing social, cultural, economic and organisational disadvantage, including considering how these may intersect and regional collaboration where appropriate.



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Condition: Complaints Procedures

All providers registered with or funded by Medr must:

- have in place a procedure for investigating complaints made by learners and former learners about an act or omission of the provider
- take reasonable steps to make the procedure known to learners

Condition Category

This is an ongoing condition of registration. This is a condition of funding.

Legal Basis

Section 127 of the **Tertiary Education and Research (Wales) Act 2022** places a statutory duty on Medr to ensure that a relevant tertiary education provider “has in place a procedure for investigating complaints about an act or omission of the provider which are made by persons who are undertaking or have undertaken relevant courses, and takes reasonable steps to make the procedure known to persons undertaking relevant courses.”

Section 126 of the **Tertiary Education and Research (Wales) Act 2022** defines a ‘relevant tertiary education provider’ as –

- (a) a registered provider;
- (b) a provider in receipt of financial resources provided or secured by Medr under –
 - (i) Section 89 (higher education courses specified in regulations),
 - (ii) Section 97 (further education or training), or
 - (iii) Section 104 (apprenticeships)

Section 126 of the **Tertiary Education and Research (Wales) Act 2022** defines the relevant courses for which this condition applies as –

- (i) any course of tertiary education provided by or on behalf of a registered provider

- (ii) any course funded by Medr under section 89, section 97 and/or section 104 of the Tertiary Education and Research (Wales) Act 2022.

Compliance Requirements

To comply with this condition, the provider must:

1. have in place a procedure for investigating complaints made by learners and former learners about an act or omission of the provider
2. take reasonable steps to make the procedure known to learners

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **annual assurance return:** as part of Medr's Annual Assurance Return, providers will be expected to self-declare they have met the compliance requirements of the condition. This will be the primary source of monitoring for this condition
- **provider website monitoring:** Medr will monitor where and how complaints procedures are made known to learners
- **complaints monitoring:** in instances where complaints to Medr about providers, or trends arising from data on complaints, relate to complaints procedures and how they are made known to learners
- **reportable events:** in instances where those events relate to complaints procedures and how they are made known to learners
- **data monitoring:** Medr will consider data relating to complaints numbers, patterns and trends. For providers within the complaints scheme of the Office of the Independent Adjudicator, data will be sourced via the scheme.

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr therefore will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



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Condition: Regard to Advice or Guidance

All providers must ensure that their governing body (or equivalent):

- have regard to advice or guidance given by Medr to the body (either specifically or to persons generally) in exercise of Medr's functions under The Act

and therefore:

- have regard to any advice or guidance issued by Medr, whether explicitly directed to the provider or more broadly to the sector
- demonstrate how such guidance has been evaluated, and where deemed appropriate, incorporated into the operations of the provider
- where not adopted or implemented, the provider retains an appropriate justification for not doing so

When Medr publishes advice or guidance, it will ordinarily give a minimum of 30 working days' notice ahead of publication. In some, urgent circumstances, Medr retains the right to publish at a shorter timeframe.

Condition Category

This is an ongoing condition of registration. This is a condition of funding.

Legal Basis

Section 31 of the **Tertiary Education and Research (Wales) Act 2022** (the Act) requires Medr to impose an ongoing condition of registration that requires the governing body of a provider to "have regard to advice or guidance given by the Commission to the body (either specifically or to persons generally)" in the exercise of Medr's functions.

Section 37 of the Act determines that Medr may provide, or make arrangements for the provision of, advice or other assistance to a registered provider for the purpose of securing compliance by the provider with its ongoing registration conditions.

Under Sections 90,99 and 104 of the Act. Medr must develop terms and conditions of funding that require providers to have regard to advice or guidance given by Medr.

Compliance Requirements

To comply with this condition, a provider must:

1. **evaluation of guidance:** ensure appropriate consideration of Medr-issued advice and guidance, with appropriate oversight at the governing body level (or equivalent). It is appropriate for each provider to determine the nature of the advice and guidance and to what level in their governance structure they should be considered
2. **record-keeping and evidence:** maintain verifiable records evidencing how the governing body (or equivalent) has engaged with, deliberated upon, and, where appropriate, acted upon Medr's guidance. Providers may adopt alternative approaches where justified, provided they align with the principles of good governance and regulatory compliance
3. **justification for divergence:** where a provider opts not to adhere to Medr's guidance, they should ensure that they maintain an appropriate record of the justification for doing so

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **annual assurance return:** as part of Medr's Annual Assurance Return, providers will be expected to self-declare that they have met the compliance requirements of the condition. This will be the primary source of monitoring for this condition
- **complaints monitoring:** in instances where complaints to Medr about providers relate to areas of advice or guidance issued by Medr
- **data monitoring:** Medr will consider data relating to Regard to Advice and Guidance, against the specific themes that are related to advice or guidance.
- **reportable events:** in instances where those events relate to areas of advice or guidance issued by Medr
- **engagement activities:** at either provider or sector level, Medr will engage with providers in reviewing how advice or guidance is considered

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



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Commission for Tertiary Education and Research

Condition: Information, Assistance and Access

For all providers registered with and / or funded by Medr, the governing body (or equivalent) must:

- provide Medr, or a person authorised by Medr, with such information, assistance and access to the provider's facilities, systems and equipment as Medr may reasonably require to undertake its functions

Condition Category

This is an ongoing condition of registration. This is a condition of funding.

Legal Basis

Under Section 31 of the **Tertiary Education and Research (Wales) Act 2022** Medr is required to impose a condition "requiring the governing body of the provider to provide the Commission, or a person authorised by the Commission, with such information, assistance and access to the provider's facilities, systems and equipment as the Commission may reasonably require for the purpose of exercising the Commission's functions under this Part."

This is further supported by the duty to co-operate under Section 73 and Medr's powers of entry and inspection under Section 74.

Compliance Requirements

To comply with this condition, the governing body (or equivalent) must:

1. provide and make arrangements for Medr, or agents acting on its behalf, to receive such information, assistance and access to the institution's facilities as Medr or its agent reasonably requires for the purpose of exercising its functions in relation to compliance with the Tertiary Education and Research (Wales) Act 2022, regardless of how the information is held and accessed. Medr retains the right to enter the premises of an institution to do so, but will give reasonable notice to the governing

- body of such an action, except where the situation is urgent or if giving notice of the visit defeats the purpose of that visit
2. provide requested information in a format prescribed by Medr, and through an assurance process that provides Medr with appropriate confidence in the accuracy of the information

Medr will at all times act reasonably in its requests for information and will have regard to the costs of providing this information, and, where appropriate, to its confidentiality.

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **annual assurance return:** as part of Medr's Annual Assurance Return, providers will be expected to self-declare that they have met the compliance requirements of the condition
- **data monitoring:** Medr will reflect on its own records to determine compliance with this condition
- **independent sources of assurance:** Medr may seek assurances from agents acting on its behalf in relation to this condition

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



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Condition: Validation Arrangements

All providers registered with Medr must ensure, where there are validation arrangements in place, that those arrangements are effective in enabling the provider:

- “to satisfy itself as to the quality of the education leading to the award of a qualification under the arrangements.”

Under the **Tertiary Education and Research (Wales) Act 2022**, “validation arrangements” means arrangements between an applicant (or registered) tertiary education provider and another education provider under which the applicant tertiary education provider awards a qualification to a student at the other provider or authorises the other provider to award a qualification on its behalf.

Under the **Commission for Tertiary Education and Research (Registration and De-registration of Tertiary Education Providers in Wales) Regulations 2024** “franchise arrangements” means arrangements between a registered provider and another education provider under which the registered provider provides higher education to a student on behalf of the other provider or authorises the other provider to provide higher education to a student on its behalf.

As defined within the Act, this condition applies only to validation arrangements.

Condition Category

This is an initial and ongoing condition of registration. This is a condition of registration only.

Legal Basis

Under Section 27 of the **Tertiary Education and Research (Wales) Act 2022** Medr must be satisfied that, “where there are validation arrangements in place, those arrangements are effective in enabling the applicant tertiary education provider to satisfy itself as to the quality of the education leading to the award of a qualification under the arrangements.” Under Section 31 of the Act, Medr is also required to provide a

mandatory ongoing condition of registration “relating to the effectiveness of any validation arrangements in place.”

Compliance Requirements

To comply with this condition, a registered provider must meet the expectations set out in the following categories:

1. Oversight and Responsibility

- accept full responsibility for the academic standards and quality of all validated provision, including where delivery occurs overseas or through third-party campuses
- ensure that the appropriate governance structures are applied to such arrangements
- define oversight roles clearly within the organisation’s structure and ensure these are supported by appropriate authority and accountability
- carry out effective due diligence as part of effective ongoing oversight arrangements, ensuring that there is separation between this and strategic decision making – to ensure that view on finance, quality and sustainability are taken independently

2. Formal Agreements

- put in place a written agreement for each delivery partner. Agreements must set out responsibilities, quality assurance mechanisms, learner support, intellectual property rights, financial arrangements, processes for variation and termination
- where applicable and proportionate, those agreements should include provisions for the validated partner to ensure compliance with other regulatory bodies e.g. UKVI, CMA, OIA etc.
- review agreements periodically, or in response to significant changes or concerns to align with existing quality assurance practices
- ensure that agreements enable the validating partner access to accurate, timely data on learner outcomes, enrolment, attendance, and complaints
- establish escalation mechanisms within the agreement to address breaches of validation agreements or emerging risks to learners, including any indicators of misuse of funds or fraudulent activity and any concerns over quality
- set out what are considered to be significant changes to the provision at validated partners, for example in terms of variations to student numbers or additional sites of delivery

3. Learner Experience and Protection

- ensure learners studying through validation arrangements have access to a learning experience that is in line with sector standards
- make clear to learners, from the point of application, the respective roles of the awarding provider and delivery partner, and who is responsible for teaching, assessment, and support services
- ensure that learner experience in respect of pastoral support, learning resources, learner voice and engagement (including compliance with the learner engagement

code wherever possible), and access to learner-facing services, is in line with sector standards

- implement effective learner protection arrangements that apply in the event of organisational or partnership failure, or where Medr has approved a learner protection plan for implementation with requirements specific to the provider

4. Monitoring and Review

- monitor validated provision using a structured, risk-based approach. this may include site visits, joint quality reviews, peer observation, and learner engagement
- monitoring of validated provision must incorporate standard quality assurance processes, including annual programme monitoring, external examining and periodic re-validation, to ensure academic standards are upheld and continuous improvement is supported
- collect and analyse outcome data in line with the approach taken at the validating partner
- regularly review partner performance against agreed quality indicators as set out in the partnership arrangement and intervene where appropriate to protect the interests of learners
- embed oversight of validated provision within the provider's wider internal governance and quality assurance processes
- ensure that delivery partners participate in evaluation processes and continuous improvement activities
- establish safeguards to identify and prevent academic or financial misconduct, including falsifying or misrepresenting learner data

5. Notification Requirements

- at point of application, provide Medr with a full list of existing validation arrangements and partners
- notify Medr in advance of entering into, significantly varying, or terminating a validation arrangement
- notify Medr of any material risks to quality, standards, financial sustainability, or learner protection that arise in connection with collaborative provision, in accordance with the "notification of changes which affect the accuracy of information" condition

Evidence of Compliance

Providers must retain and be able to supply, on request from Medr, evidence demonstrating how they meet this condition. Please note that some of these activities will be risk-based, drawing upon data, prior issues and other evidence of poor performance in relation to this condition. This may include:

- signed validation agreements, due diligence records, and legal reviews
- partner approval documentation, including rationale, risk assessment, and governance sign-off
- minutes from governing body (or equivalent) meetings showing oversight and review of franchise/validation arrangements

- records of quality assurance activity, such as joint monitoring visits, learner focus groups, and moderation processes, and evaluation of compliance with requirements of other parties, e.g. UKVI, Professional Statutory and Regulatory Bodies, etc
- evidence of effective learner engagement at the delivering partner, in line with sector standards
- data on learner outcomes, progression, achievement, satisfaction, and engagement by delivery location

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **annual assurance return:** as part of Medr's Annual Assurance Return, providers will be expected to self-declare that they have met the compliance requirements of the condition. This will be the primary source of monitoring for this condition
- **QAA review:** where they highlight issues in validated provision or the oversight of validated provision
- **complaints monitoring:** in instances where complaints to Medr about providers relate to validated provision
- **reportable events:** in instances where those events relate to the oversight of validation provision
- **data monitoring:** where validated providers demonstrate poor outcomes data.

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

Condition: Charitable Status

The governing body (or equivalent) of a provider registered with Medr in the Higher Education Core category must ensure that:

- the provider is a charity and maintains that charitable status

Condition Category

This is an initial and ongoing condition of registration. This condition applies specifically to institutions registered with Medr in the Core category only.

Legal Basis

The requirement for a provider in the core category to be a charity is set out under Regulation 8(a) (initial condition) and 10(a) (ongoing condition) of **the Commission for Tertiary Education and Research (Registration and De-registration of Tertiary Education Providers in Wales) Regulations 2024**.

This condition does not override the legal independence of institutions or their exempt charitable status under UK law.

Compliance Requirements

Medr will not require information already submitted to the Charity Commission unless it is necessary for regulatory purposes. To comply with this condition, the institution must:

1. be a charity. This must be confirmed at application to the register with the provider's charity registration number (where relevant) and the name and address of its charity regulator
2. for providers not registered with a charity regulator, they must provide reasons for this, together with a copy of its governing document
3. where qualifying courses are being delivered on behalf of the institution, then the institution must confirm that each provider delivering the qualifying courses on its behalf is a charity

4. ensure that they are fully transparent about their charitable status, including the institution's compliance with charity law and how its charitable status impacts its operations. This includes communicating the institution's charitable status clearly to the public, where charitable status should be clearly stated on the institution's website, in prospectuses, and in student-facing materials
5. where a failure at a provider has triggered a notification to be made to the primary regulator and that regulator is not Medr, the governing body (or equivalent), the provider must inform Medr of such failures where legally permissible and relevant to Medr's regulatory oversight

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **application:** providers seeking to register with Medr must include a declaration of their charitable status, including the institution's charity registration number (where relevant), the name and address of its charity regulator and how they communicate their charitable status to the public
- **independent sources of information:** Medr may from time to time monitor the charitable status of registered providers through the Charity Commission, and may also receive information from the Charity Commission on the status of providers

Medr must remove a registered provider from the higher education core category if Medr is satisfied that the registered provider is not a charity.

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



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Commission for Tertiary Education and Research

Condition: Information Provided to Prospective Students

All providers registered with Medr must:

- ensure that information provided to prospective students about a provider, its courses, and its terms and conditions of contracts with students is clear and accurate

Condition Category

This is an initial and ongoing condition of registration.

Legal Basis

This condition is set out under Regulations 8(b), 9 (initial condition), 10(b) and 11(a) (ongoing condition) **of the Commission for Tertiary Education and Research (Registration and De-registration of Tertiary Education Providers in Wales) Regulations 2024**. This requires an initial and ongoing condition of registration to ensure that Medr is “satisfied as to the information provided by the applicant tertiary education provider to prospective students about the provider, its courses, and its terms and conditions of contracts with students.”

Compliance Requirements

To comply with this condition, providers must:

1. **adhere to relevant legislation:** for example, the Higher Education Consumer Law Advice for Providers as outlined by the [UK government](#). The Competition and Markets Authority (CMA) is the UK's principal competition and consumer authority, and our expectations do not exceed those of that authority
2. **provide clear information:** ensure all marketing materials, course information, and contractual terms are accurate, clear, and not misleading
3. **ensure fair terms:** regularly review student contracts and terms and conditions to ensure they are fair and compliant with consumer protection law

4. **ensure accessibility of information:** ensure all marketing materials, course information and contractual terms are accessible to the diverse range of prospective students in Wales – including adherence to the Welsh Language Standards and for learners with disabilities and those with limited digital access, where reasonably practicable
5. **timely updates:** providers should ensure timely updates to course information, recognising that some updates may be scheduled to align with operational and governance cycles

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **annual assurance return:** as part of Medr's Annual Assurance Return, providers will be expected to self-declare that they have met the compliance requirements of the condition. This will be the primary source of monitoring for this condition.
- **provider website monitoring:** Medr may monitor the websites of providers – notably where prior compliance issues have been identified
- **complaints monitoring:** in instances where complaints about providers to Medr relate to information provided to prospective students
- **reportable events:** in instances where those events relate to information provided to prospective students
- **independent sources of assurance:** for example, through the CMA or the Welsh Language Commissioner

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.



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Condition: Fee Limits

A provider registered with Medr in the Higher Education Core category must:

- have a fee limit statement approved by Medr
- ensure that regulated course fees do not exceed the applicable fee limit

Condition Category

This is an ongoing condition of registration. The institution must adhere to the fee limits set by Welsh Government for all qualifying courses throughout its period of registration. The fee limit condition will not be applied to the Higher Education Alternative Category. Providers registering in the Higher Education Alternative category will have their relevant full-time undergraduate level higher education courses automatically designated for tuition fee support at the lower rate.

Legal Basis

Under Section 32 of the **Tertiary Education and Research (Wales) Act 2022** (the Act), providers are required to submit and adhere to a Fee Limit Statement that details the maximum fees chargeable for all qualifying courses, as stipulated by Medr. The fees charged must not exceed the approved fee limits.

Compliance Statement Requirements

In accordance with Sections 46, 47 and 48 of the Act, the institution must submit a Fee Limit Statement, which must:

1. set out the maximum fees chargeable for each qualifying course, which must either:
 - (a) specify a fee limit, or
 - (b) provide for the determination of a fee limit,

which must list all qualifying courses to which the fee limit applies, including those delivered on its behalf. A fee limit statement may specify, or provide for the

determination of, different fee limits in relation to different courses and in respect of different relevant academic years

2. a fee limit statement must specify the date on which it begins to have effect and any variation of a fee limit statement must specify the date on which the variation begins to have effect
3. an indicative summary of additional course costs (e.g. materials, field trips) should be provided in accessible formats, such as course webpages or offer letters. These costs do not form part of “fees” as defined under Section 84 of the TER Act, and therefore do not form part of the “fee limit”
4. has been developed in consultation with the student union or other representative bodies, and therefore reflects the input of students on the proposed fee structures and their potential impact on access and inclusion. Consultation with student bodies should be proportionate to the institution’s governance structure and may include surveys, focus groups, or “formal representation”
5. where a fee limit statement specifies a fee limit in relation to a year and course, the fee limit specified must not exceed whatever amount is specified in regulations made by the Welsh Ministers for the purposes of this section (“the maximum amount”)
6. where a fee limit statement provides for the determination of a fee limit in relation to a year and course, the statement must specify that the fee limit determined in accordance with the statement is not to exceed the maximum amount

If approved by Medr:

7. the governing body of the provider to which the statement relates must publish the statement (and any approved variation or replacement of the statement)
8. the governing body must have regard to the need to make the statement easily accessible to students and prospective students

The governing body of a provider with an approved fee limit statement may apply to Medr for approval of a variation or replacement of the statement, at any point during the academic year.

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr’s statement on monitoring):

- **fee limit statement:** the statement must be submitted to Medr for approval before the start of each academic year and published in a manner that is easily accessible to both prospective and current students. Medr will provide templates for Fee Limit Statements to support consistency and reduce administrative burden
- **annual assurance return:** as part of Medr’s Annual Assurance Return, providers will be expected to self-declare that they have met the compliance requirements of

the condition – notably that they ensure regulated course fees have not exceeded the applicable fee limit

- **provider website monitoring:** Medr may monitor the websites of providers – to ensure standards of publication are met
- **complaints monitoring:** in instances where complaints about providers to Medr relate to incorrect information about fees
- **reportable events:** in instances where those events relate to fee limits.
- **data monitoring:** where inconsistencies are identified between fee limit statements and actual fee levels

Providers with a prior record of non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.

Fee Limit Statement Template

Fee Limit Statement	
Name of institution	Fee limit statements should be stand-alone documents and the name of the institution should be clearly set out.
Duration of fee limit statement & date of effect	A fee limit statement must specify the date on which it begins to have effect and any variation of a fee limit statement must specify the date on which the variation begins to have effect.
Section 1 - Fee levels	
Section 1.1 – Fee levels or the determination of a fee level at each location	
Fee level	Location of course
Specify each fee level that will be charged by the institution.	Set out: - the academic year(s) that the fee relates to - each location that the fee listed in the left hand column will be charged at, and - the qualifications that will be delivered at those locations for that fee Locations may include the institution's campuses and locations of other charities delivering on the institution's behalf.
	Set out: - the academic year(s) that the fee relates to - each location that the fee listed in the left hand column will be charged at, and

	the qualifications that will be delivered at those locations for that fee Locations may include the institution's campuses and locations of other charities delivering on the institution's behalf.
Specify each fee level that will be charged by the institution.	Set out: - the academic year(s) that the fee relates to - each location that the fee listed in the left hand column will be charged at, and - the qualifications that will be delivered at those locations for that fee Locations may include the institution's campuses and locations of other charities delivering on the institution's behalf.
	Set out: - the academic year(s) that the fee relates to - each location that the fee listed in the left hand column will be charged at, and - the qualifications that will be delivered at those locations for that fee Locations may include the institution's campuses and locations of other charities delivering on the institution's behalf.

	Set out: • the academic year(s) that the fee relates to • each location that the fee listed in the left hand column will be charged at, and • the qualifications that will be delivered at those locations for that fee Locations may include the institution's campuses and locations of other charities delivering on the institution's behalf.
If the institution plans to determine, rather than specify, fee levels, it must set out here how that fee level will be calculated for each of the years the plan will be in effect.	
Section 1.2 - Aggregate fee levels	
The institution must include a statement to potential and current students that sets out either: • the aggregate fees for completing the course and the basis for any potential fee increases for the duration of their course, or • confirmation that there will be no fee increases for the duration of their course This statement must reflect all different fee levels due to be charged and set out where this information will be provided by the institution.	

Authorisation of the fee limit statement (required for publication)

In authorising the fee limit statement applications, the governing body (or equivalent):

- i. has seen and considered appropriate evidence to support the declarations being made in this application;
- ii. confirms that there has been appropriate consultation with the student union or other representative bodies, both those studying at the institution and at other providers where education is delivered on its behalf, and therefore reflects the input of students on the proposed fee structures and their potential impact on access and inclusion
- iii. confirms that additional course costs (e.g. materials, field trips) is provided in accessible formats, such as course webpages or offer letters.
- iv. confirms that the information provided in this fee limit statement is accurate and current, at the time of writing, and is based on verifiable data;
- v. confirms that all education provided by, or on its behalf, regardless of the level or location of the provision has been taken into account in this statement;
- vi. understands that any financial commitments to students made in the fee limit statement, as approved by Medr, must be honoured;
- vii. confirms that it will maintain student support levels;
- viii. confirms that the institution will ensure that a copy of the fee limit statement can be made accessible to its students and prospective students in any format;
- ix. gives due consideration to any guidance published by Medr as it discharges its duties in relation to the Tertiary Education and Research (Wales) Act 2022, particularly in relation to learner protection, learner engagement, equality of opportunity, and the support and promotion of the welfare of its students and staff.

Fee limit statement submission to Medr ¹⁴	
Date of Governing Body (or equivalent) approval:	
Governing Body (or equivalent) authorised signature:	
Date:	
Final fee limit statement submission once Medr has confirmed it has no further issues (where applicable)	
Date of Governing Body (or equivalent) approval:	
Governing Body authorised (or equivalent) signature:	
Date:	

¹⁴ Fee limit statements published on the institution's websites must only include versions approved by Medr.



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Condition: Notification of Changes Which Affect the Accuracy of Information

The governing body (or equivalent) of a provider must:

- notify Medr of any change of which it becomes aware which affects the accuracy of the information contained in the provider's entry in the Register

and:

- notify Medr of any change of which it becomes aware which affects the provider's status as a tertiary education provider in Wales

Condition Category

This is an ongoing condition of registration.

Legal Basis

Under Section 31 of the **Tertiary Education and Research (Wales) Act 2022 (the Act)** Medr is required to develop "a condition requiring the governing body of the provider to notify the Commission of any change of which it becomes aware which affects the accuracy of the information contained in the provider's entry in the register."

This condition is further set out under Regulations 10(c) and 11(b) of **The Commission for Tertiary Education and Research (Registration and De-registration of Tertiary Education Providers in Wales) Regulations 2024** that Medr is required to develop "a condition requiring the governing body of the provider to notify the Commission of any change of which it becomes aware which affects the provider's status as a tertiary education provider in Wales."

Compliance Requirements

1. In accordance with Section 31 of the Act, the provider must submit information whenever the information on the Register has become inaccurate. The provider is likely to be the primary source of updated information, and will be expected to be proactive in supplying this information. Medr requires a provider to inform it of any change within **28 calendar days** of the provider making, or becoming aware of, the change. This notification must be accompanied by any relevant supporting evidence to allow the Medr to verify that the change to the information on the register is required. The evidence required to verify a change will vary depending on the change, for example this might be the URL for a new website or proof of address where the contact address has changed. Medr may ask for further information if it deems this necessary. Medr will update the Register with the latest information it has about a provider.
2. Regulation 10(a) of The Commission for Tertiary Education and Research (Registration and De-registration of Tertiary Education Providers in Wales) Regulations 2024 requires that Medr develop an ongoing registration condition for providers in core category “relating to the provider’s continued status as a charity”. Changes to Charitable Status for providers in the core category must be notified to Medr as soon as practicably possible.
3. Regulations 10(c) and 11(b) of The Commission for Tertiary Education and Research (Registration and De-registration of Tertiary Education Providers in Wales) Regulations 2024 require that Medr develop “a condition requiring the governing body of the provider to notify the Commission of any change of which it becomes aware which affects the provider’s status as a tertiary education provider in Wales.” Changes of this nature must be notified to Medr as soon as practicably possible, once that decision is considered by the governing body of the provider.

(i) Notification of changes to the accuracy of information included in a tertiary education provider’s entry in the register

Part (i) of this condition relates to all of the following information requirements of a tertiary education provider’s entry in the register:

- (a) the provider’s name, including any trading names or names granted by or by virtue of any enactment or Royal Charter,
- (b) where the provider’s name includes the word “university”, whether, and if so, when, the use of that word was—
 - i. authorised by Royal Charter,
 - ii. consented to by the Privy Council under section 77(1) of the Further and Higher Education Act 1992(7),
 - iii. approved by the Privy Council for the purposes of section 39(1)(b) or (2) of the Teaching and Higher Education Act 1998(8), or
 - iv. authorised by or by virtue of any other provision of an Act of the Parliament of the United Kingdom,

- (c) an address, e-mail address and telephone number at which the provider may be contacted,
- (d) the address of the provider's principal place of business, or which is otherwise suitable for the service of documents upon the provider,
- (e) the address of the principal website maintained by, or on behalf of, the provider,
- (f) the kind of tertiary education provided by, or on behalf of, the provider,
- (g) the category in which the provider is registered and the date the provider was registered in that category,
- (h) whether the provider's ongoing registration conditions include a fee limit condition and, if so, details of how to access the provider's fee limit statement as approved by the Commission under section 47 of the Act,
- (i) whether the provider is a charity and, if so—
 - i. its charity registration number, or
 - ii. if the provider is not registered with a charity regulator, the reason why registration with a charity regulator is not required,
- (j) whether the provider is a company and its company registration number (where applicable),
- (k) whether, and if so, when, the provider was authorised to grant taught awards or research awards or both—
 - i. by Royal Charter,
 - ii. by an order of the Privy Council under section 76(1) of the Further and Higher Education Act 1992(9), or
 - iii. by or under any other provision of an Act of the Parliament of the United Kingdom,
- (l) if the provider is authorised to grant taught awards or research awards or both by an authorisation referred to in paragraph (k) above, a description of the taught awards or research awards it is authorised to grant,
- (m) whether the provider has entered into validation arrangements, and
- (n) whether the provider has entered into franchise arrangements.

(ii) Notification of Changes which affects the provider's charitable status or status as a tertiary education provider in Wales

Part (ii) of this condition relates to the following, which materially impact on the ability of a provider to be included on the register:

- (a) Any changes associated with the Charitable Status condition, for providers in the core category,
- (b) A change to the address of the provider's principal place of business, or which is otherwise suitable for the service of documents upon the provider.

If any provider is deemed to no longer provide Higher Education provision wholly or mainly in Wales, they will not be eligible for registration with Medr.

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's statement on monitoring):

- **at application, providers will be expected to provide a detailed list, as outlined in the requirements of this condition, for the register. Further to this, providers will be expected to notify Medr of any changes that affect either their status as a tertiary provider in Wales, or the accuracy of information recorded on the register.** Medr may request information from a provider if it wishes to verify the accuracy of information displayed on the Register, or to investigate any concerns that may have been brought to its attention that information may be incorrect or out of date. Where we find evidence that information is incorrect through the provider's mismanagement, negligence or deliberate intent to delay or conceal correct information from appearing, we may take appropriate action as set out in our Statement of Intervention. Medr may consider whether behaviour of this type represents an increased risk of a breach of other conditions of registration such as those for Governance and Management
- **annual assurance return:** as part of Medr's Annual Assurance Return, providers will be expected to self-declare that they have met the compliance requirements of the condition. This will be the primary source of monitoring for this condition
- **reportable events:** in instances where those events relate to this condition.

Providers with a prior record of non-compliance, deteriorating trends in data or identified as at risk of future non-compliance may be subject to increased scrutiny. Failure to comply with monitoring requirements will prompt further investigation and possible interventions.

Review and Amendment

We expect our understanding of compliance with this condition, and approach to monitoring, to evolve over time. Medr will therefore regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders. There is an expectation that feedback from learners and providers will inform this review. Providers will be informed of any amendments with adequate notice to allow for planning, compliance and learner/stakeholder engagement.

Medr

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Commission for Tertiary Education and Research

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