

Medr

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

Regulatory Framework

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Regulatory Approach

- 1.1. Medr’s regulatory approach sets out the guiding principles by which we will undertake our regulatory duties, in line with the requirements of **Tertiary Education and Research (Wales) Act 2022** (the Act), 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 Act 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 the Act. 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 consistent with the diverse missions of tertiary education across Wales. Through our regulation, we also want 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 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 Act. 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. **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 Our Regulatory Approach Means for Our Regulatory Conditions

- 1.10.1. At Medr, our regulatory approach and values have informed the development of our conditions of registration or 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.
- 1.10.2. The conditions in this Regulatory Framework have taken account of feedback from the two phases of 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.

- 1.10.3. 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.
- 1.10.4. 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 the Act, 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.
- 1.10.5. 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 year



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Approach to Monitoring

1. Background

- 1.1. This section sets out Medr's approach to monitoring compliance with conditions of registration or funding under the **Tertiary Education and Research (Wales) Act 2022** (the Act). 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 we 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. This model forms the foundation for how we will assess compliance with the conditions of registration or 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. This model has been developed with significant input from the sector, and it will continue to evolve through collaborative development. 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 or 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 section 6 of this document.

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, regulatory concerns, 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 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 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 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 well-being, 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 Students 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 and Regulatory Concerns**

5.7.1. We routinely review systemic or thematic issues arising from learner complaints and correspondence when assessing risk and monitoring provider compliance. We only consider complaints information where it is relevant to our statutory regulatory duties, for example, where complaint trends or outcomes may indicate systemic risks or potential non-compliance with the conditions of registration or funding.

5.7.2. Medr does not investigate, determine or comment on the merits of individual learner complaints. Where learner complaints are sent directly to Medr, the learner will normally be referred to the relevant provider for handling under its own procedures, with the potential for subsequent escalation to the Office for the Independent Adjudicator (OIA), where relevant. Medr does have a role in ensuring all registered and funded providers have published procedures in place to investigate complaints by learners and former learners. We may also consider issues raised directly with Medr through regulatory concerns submissions regarding compliance with the conditions of registration or funding, the Financial Management Code (until it is superseded).

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 or 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	Quality	Staff and Learner Welfare	Welsh Language	Learner Protection Plans	Learner Engagement Code	Equality of Opportunity
Condition of:	Registration or Funding	Registration or Funding	Registration or Funding	Registration or Funding	Registration or Funding	Registration or Funding	Registration or Funding	Registration or Funding
Initial or Ongoing:	Initial and Ongoing	Initial and Ongoing	Initial and Ongoing	Initial and Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
AAR		✓	✓	✓	✓		✓	✓
Learner surveys			✓	✓	✓		✓	✓
Estyn/QAA reviews			✓	✓	✓		✓	✓
Publicly available information	✓	✓			✓	✓		✓
Complaints monitoring/concerns		✓	✓	✓	✓	✓	✓	✓
Reportable Events	✓	✓	✓	✓	✓	✓	✓	✓
Data monitoring	✓		✓	✓	✓	✓		✓
Independent sources of assurance		✓			✓			
Engagement activities	✓	✓	✓	✓	✓	✓	✓	✓
Self-evaluation		✓	✓		✓			

Condition	Complaints Procedures	Regard to Advice and Guidance	Information, Assistance, and Access	Validation Arrangements	Charitable Status	Information Provided to Prospective Students	Fee Limits	Notification of Changes	Status as a Tertiary Education Provider
Condition of:	Registration or Funding	Registration or Funding	Registration or Funding	Registration Only	Registration Only (core)	Registration Only	Registration Only (core)	Registration Only	Registration Only
Initial or Ongoing:	Ongoing	Ongoing	Ongoing	Initial and Ongoing	Initial and Ongoing	Initial and Ongoing	Ongoing	Ongoing	Ongoing
AAR	✓	✓	✓	✓		✓	✓	✓	✓
Learner surveys									
Estyn/QAA reviews				✓					
Publicly available information	✓					✓	✓		
Complaints monitoring/c oncerns	✓	✓		✓		✓	✓		
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 or 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, regulatory concerns, 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, based upon provider risk.

7.6. Escalation to Intervention

7.6.1. Where monitoring identifies a sustained or serious risk to compliance with an aspect of 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 the Act are set out in Medr's Statement of Intervention Powers.

7.7.2. The broad spectrum of intervention powers specified in the Act, 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:

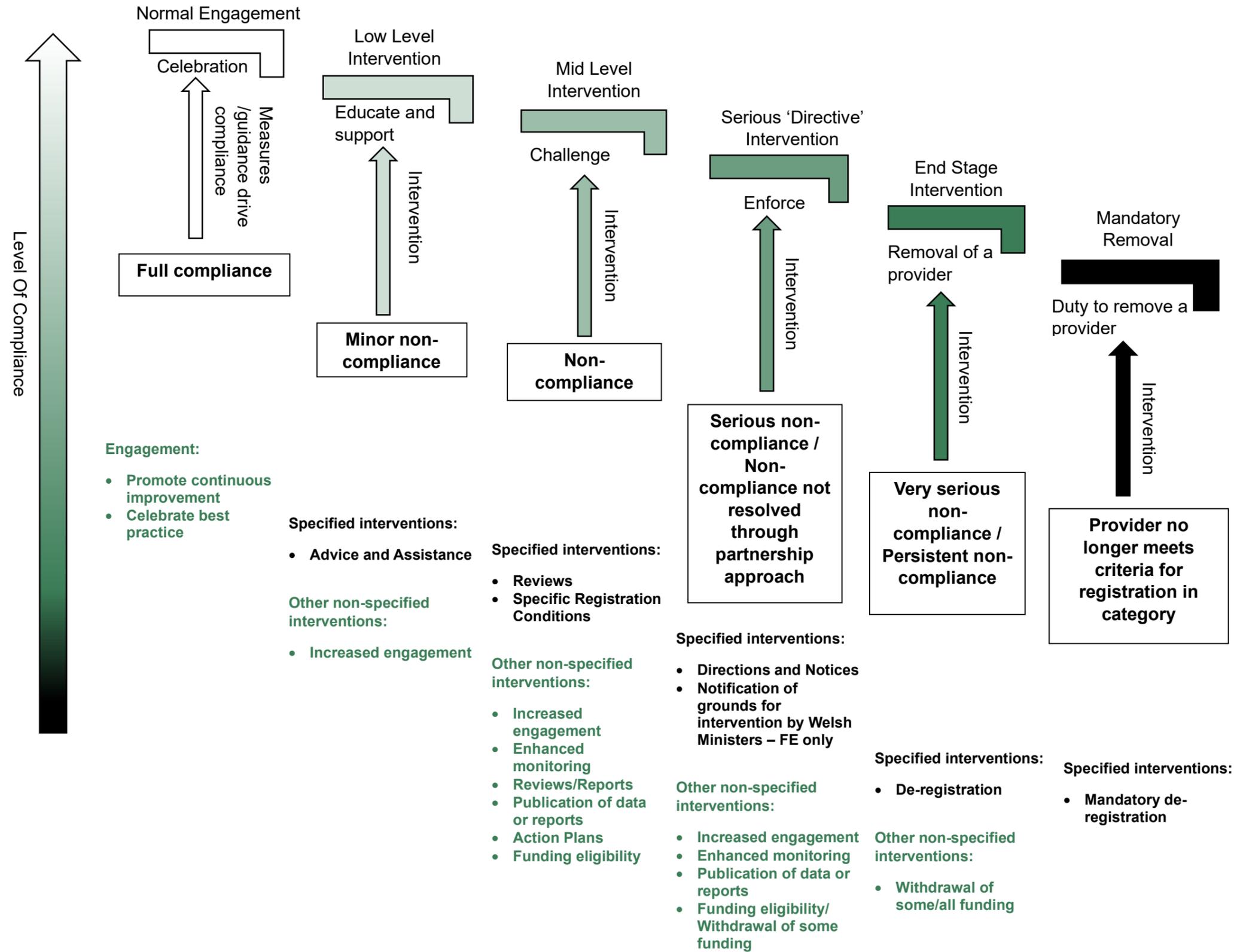
- **seriousness** – who is impacted by the issue and the scale and severity of that impact. The impact may be viewed in terms of the scope and level of any harm to learners, staff, public funds, reputation etc
- **persistence** – how long the issue has been ongoing and if the issue is a re-occurring 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.

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 the Act 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 the Act.

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, Home Office 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 the Act (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 the Act. 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 the Act 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	Higher Education Statistics Agency (HESA) Data	Lifelong Learning Wales Record (LLWR) Data (submitted continually throughout the year)			
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				
February					
March					

April					
May					
June					
July	National Student Survey (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	Audited financial statements by statutory filing date
				Financial forecasts	Financial forecasts



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Supplementary Detail: Reportable Events

Summary

Applies to:

- all funded providers and registered providers and all conditions of registration or 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 ongoing conditions of registration or funding, as set out in our approach to 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. We also consider that a reasonable provider would notify Medr of the matters identified in Table 2.

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 ongoing 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 is identified at the point at 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. The following information **must** be provided at the earliest opportunity and no later than one calendar month following the submission of the serious incident:
 - (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, staff and partners
 - (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. Providers are required to report a notifiable event within 10 working days of either the event occurring or when the event is identified. For the avoidance of doubt, a notifiable event is identified 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 notifiable event.
21. 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.
22. A notifiable event **must** be submitted in writing via email to assurance@medr.cymru.
23. 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

24. Serious incidents are used for ongoing 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.
25. 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.
26. 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 approach to monitoring.

Notifiable events

27. 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.
28. 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.
29. 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 into the provider 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:
Decisions or announcements that are deemed likely to attract significant public interest. These may include but are not limited to: <ul style="list-style-type: none"> 1. significant restructuring projects involving changes to staffing and/or physical infrastructure 2. course closures 3. relocation 4. other financially driven re-organisation <p>The notification must 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</p> <p>Regular updates to be provided as the situation develops</p>
(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
5. a member of staff or member of the governing body is found guilty of a safeguarding offence against a learner or a staff member of the provider

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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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) of the departure: <ol style="list-style-type: none"> 1. Clerk to the governing body 2. Accountable officer 3. Member of the senior executive team

<p>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:</p> <ol style="list-style-type: none"> 1. 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 2. provide a copy of this statement to Medr within three months of the governing body receiving it
<p>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:</p> <ol style="list-style-type: none"> 1. 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 2. provide a copy of this statement to Medr within three months of the governing body receiving it
<p>Where financial data returns are expected to be delayed. Where in scope, this includes returns submitted to HESA or Office for Students</p>
<p>Where submission and/or publication of audited financial statements is expected to be delayed</p>
<p>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. Value in this context refers to severance payments, pension strain, gardening leave and pay in lieu of notice. Value in this context does not include the payment of unused annual leave.</p>
<p>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</p> <p>In such cases, 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:</p> <ol style="list-style-type: none"> 1. 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 2. 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 3. the fraud is one of a repeating pattern of small-scale frauds
<p>Divergence of the provider into areas of new activity which have been assessed as high risk by the provider</p>
<p>A matter relating to the provider's compliance with the Prevent duty</p>
<p>Instances where financial reports are not shared by the executive via the governance</p>

structure to enable effective decision-making. This includes retrospective reporting. Retrospective reporting in this context does not include supplementary information provided as requested unless that information was significant to understanding the real financial position.



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Condition: Financial Sustainability

A provider registered with or funded by Medr **must**:

- satisfy Medr as to their financial sustainability

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 – recognising that provider strategies will include deliverables over a period exceeding five years in order to ensure long term financial sustainability, 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
- monitor operational cash generation, working capital levels and use of overdrafts or facilities

3. The provider **must** request a review of governance by Medr in advance of entering a new financial commitment² where Medr has already issued the provider with a [financial commitments threshold](#) and:

- 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;
- where Medr have already issued the provider with a financial commitments threshold and have informed the provider that they are in “increased engagement”

The review of governance enables Medr to assess the adequacy and completeness of governance arrangements and approvals process at the provider. 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.

4. The provider **will** notify Medr where adverse performance indicates increased pressure on financial sustainability. These indicators **may** 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

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.

- loss or reduction of significant income streams or other material unforecast adverse events
5. The provider **will** notify Medr well before any difficulties in meeting liabilities.
 6. 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 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 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 statements^{4 5} 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

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.

⁵ Medr may accept financial statements unaudited or independently examined. Medr's decision on this will be on a case-by-case basis in line with our consideration of proportionality

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 financial guarantees or other legally binding obligations of financial support from third parties, 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 where the guarantor is a company or similar entity and proof of the guarantor's identity and funding sources, 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. Dependent on the group size, these **may** be presented as a consolidated position or as separate returns
- where a group structure is complex and includes both registered providers **and** providers subject to the condition of funding we will consider reporting requirements on a case-by-case basis. Providers **should** contact Medr to discuss requirements.
- 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 Governance and Management Condition.

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 statements^{6 7} 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
- 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 same principles **will** apply (in relation to the submission of annual returns as detailed above) as set out in the initial monitoring section.

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 regulatory concerns, student or staff complaints, any stakeholders or sources that we assess as relevant, indicating any issues which **may** have a bearing on financial resources⁸. 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 the required information for Medr to discharge its statutory function is not otherwise available, Medr will expect the provider to facilitate direct enquiry of any third parties.

⁶ Abridged small company financial statements are not accepted.

⁷ Medr may accept financial statements unaudited or independently examined. Medr's decision on this will be on a case-by-case basis in line with our consideration of proportionality

⁸ 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 will engage with provider finance directors/teams at regular intervals as determined by Medr.

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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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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 that Medr has already issued a financial commitments threshold to and which are not assessed as under increased engagement 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 provider's 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 its 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 to Medr, 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 their governance arrangements, 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 existing financial commitments multiple threshold because of a decline in its forecast 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 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, the risk profile of existing debt 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 calculation (as set out below) **should** be based on the most recent forecasts approved by the institution’s governing body and submitted to Medr. Where the governing body have subsequently approved revised forecasts it is likely that these

will be used as the basis of calculation. Where circumstances indicate that use of other subsequent information would be more appropriate, this may be used at Medr's discretion.

26. 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 being funded by the additional finance (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 this 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

27. 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 the provider governance review process conditional on the receipt of final documentation.

28. Where an application for a higher financial commitments threshold is agreed, Medr will write to the provider setting out the revised threshold, including the calculation. The confirmation of the provider governance review process may include additional conditions which **must** be adhered to.

Template Calculation for Financial Commitments Threshold

	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) ⁹							
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) ¹⁰	(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) Add / deduct: other sector specific items as required	-	-	-	-	-	-	
j) Adjusted EBITDA	11,050	(1,020)	9,860	10,600	11,500	12,500	9,082
k) Adjusted for deficits	11,050	1	9,860	10,600	11,500	12,500	9,252
l) 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				
m) Multiple ¹¹			9.19				
n) Monetary threshold (rounded)¹²			86,000				

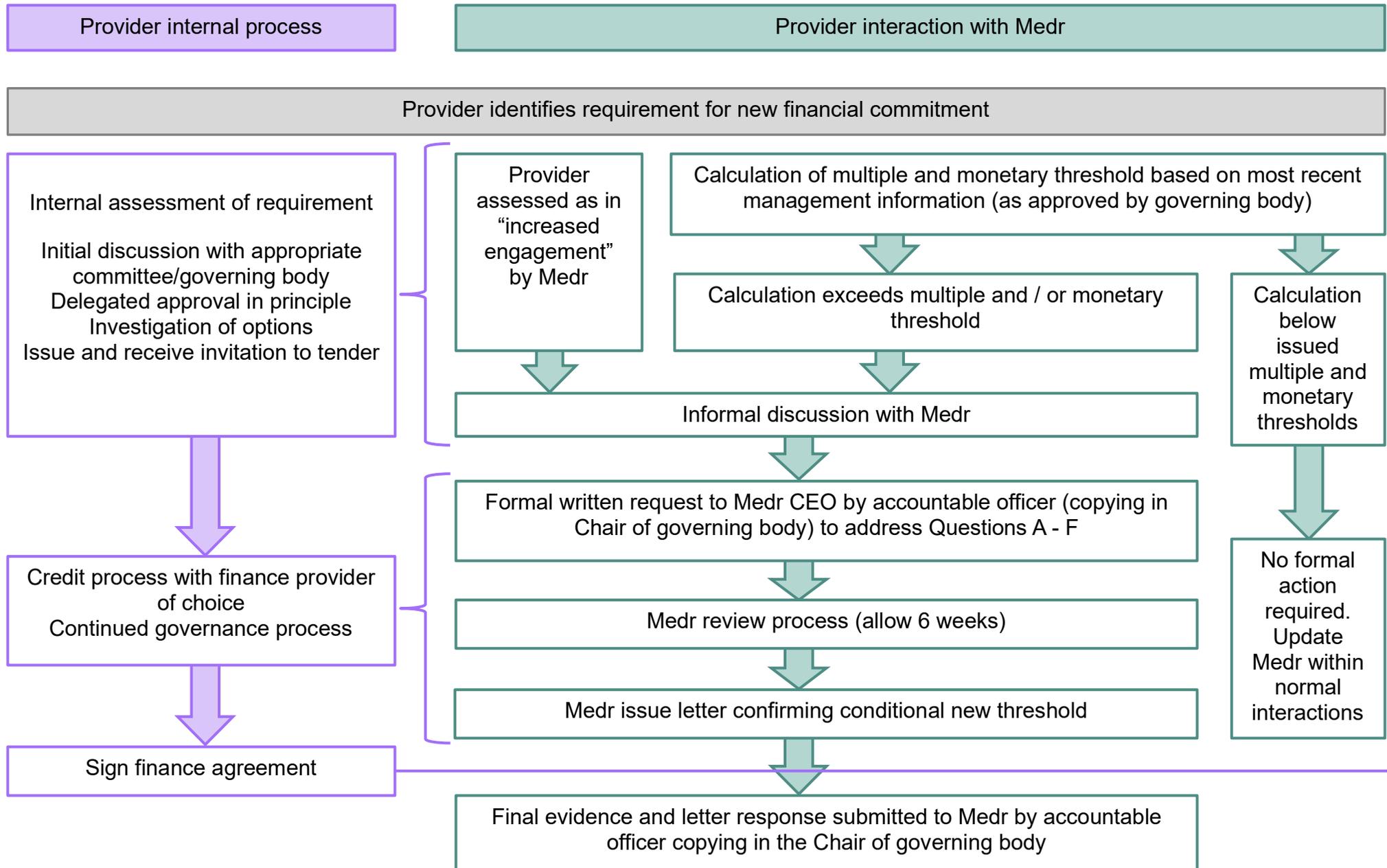
⁹ Adjustments to EBITDA will be based on items identifiable within the finance record based on the financial statements and the confidential forecasts as submitted to Medr. Provider internal adjusted EBITDA may differ.

¹⁰ 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.

¹¹ Calculated as total financial commitments requirement (l) v) divided by 6 years average EBITDA adjusted for deficits (k).

¹² Medr will build rounding into the monetary threshold issued to permit arrangement of small operational borrowing.

Flowchart of Timeline for Medr’s Review of Provider Governance Process for New Financial Commitments Within the Provider Internal Process of Financial Commitment Approval



Medr

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Commission for Tertiary Education and Research

Condition: Governance and Management (Including Financial Management)

A provider registered with or funded by Medr **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 in order to adhere to the principles of good governance. Arrangements that may be appropriate for large, complex providers, those with degree awarding powers, or with a university title may not be appropriate for small providers. A provider **must** therefore demonstrate that its particular management and governance arrangements are appropriate for its size, its complexity and the risk environment in which it operates.

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'). These are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
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. It is for each provider to decide how it delegates assurance within its governance structure based on these documents.
4. Due regard **must** be given to associated statutory 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 or funding.
12. Where the clerk to the governing body (or secretary or equivalent governance professional) has significant responsibilities at senior executive team level within the provider, the independence and accountability of the clerk's (or equivalent) 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. 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 please refer to [financial management](#).

Estates Management

16. The estate for which a provider is responsible **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 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
21. For detailed guidance please refer to [external audit](#).

Internal Controls and Risk Management

22. 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.
23. 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.
24. 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.

25. Providers **must** comply with all relevant legislation, including Welsh, UK and international legislation. Where a provider operates in another country outside of the UK, it **must** comply with the regulatory requirements and statutory guidance in the countries in which it operates.
26. 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 are subject to periodic review, in order to provide assurance to the governing body.
27. The governing body **must** ensure that there is a robust framework in place for conflicts of interest and whistleblowing for all staff and governing body members.

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 **should** 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
 - a robust and evidence based self-evaluation process, and
 - an action plan which identifies any gaps or areas for improvement and shows how these will be addressed (accompanying the self-evaluation)
- 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
 - 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 condition¹³ in the following ways (for definitions of these, see Medr's approach to 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
- **regulatory concerns submissions and complaints monitoring:** in instances where concerns to Medr, or analysis of complaints data, identify themes or systemic issues that relate to compliance with the Governance and Management Condition.
- **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
- **provider website monitoring:** Medr may monitor websites and associated materials published on websites
- **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

Medr will regularly review this condition and supplementary detail to ensure that they align with evolving sector needs, policy changes, and feedback from stakeholders.

¹³ 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.



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

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, 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 are not aligned with the provider's purpose, values and strategy, the provider **must** ensure corrective action is taken.

Governing Body

Governing Body Arrangements

8. The governing body's arrangements **must** be in accordance with its governing documents. When agreeing and keeping under review its governing documents, a governing body **must** have regard to recognised good governance practice and the adopted governance code.

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) as a result of settlement agreements 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 act 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 meaningful collaboration and innovation with recognised trade unions, learner representatives and learner representative bodies.

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.
18. The register of conflicts of interest, hospitality and gifts **must** be made publicly available in respect of the senior executive team and governing body members.

Supplementary Guidance on Requirements

Strategic Direction

19. Providers **should** consider the strategic priorities of Medr and Welsh Government when developing strategic plans.



Y Comisiwn Addysg Drydyddol ac Ymchwil
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
 - 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 via 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 is likely to be

- exceeded
 - where new financial commitments are being considered that will exceed either the monetary or multiple threshold, notify Medr as early as possible
 - 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.

Medr

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

Supplementary Detail: Estates Management

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

Estates Management

1. 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 requirements regarding the disposal price relative 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
5. On receipt of a notification, Medr's role is to assess whether the proposed action has implications for a provider's financial sustainability, the appropriate use of public funds, or the continued protection of the exchequer interest. Any engagement initiated by Medr will therefore relate to these regulatory responsibilities and will not constitute a determination of whether the disposal or change of use may proceed. Providers remain responsible for ensuring that any disposal or repurposing of assets complies with relevant legal requirements, including charitable obligations where applicable, and for determining an appropriate valuation and treatment of any remaining exchequer interest.

Supplementary Guidance on Requirements

6. The need to improve environmental sustainability and reduce carbon emissions is fundamental to the effective management of estates. 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.
7. 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.



Y Comisiwn Addysg Drydyddol ac Ymchwil
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 law¹⁴.
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 managing risks and protecting its assets and people
 - act with reasonable care and skill

¹⁴ 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 Standards¹⁵ 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
 - 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

¹⁵ [Ethical Standard for Auditors \(frc.org.uk\)](http://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
- have regard to compliance with Medr's conditions of registration or 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
- 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.

Medr

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

Condition: Quality and Continuous Improvement

A provider registered with or funded by Medr **must**:

- demonstrate that their provision, including that delivered on their behalf, 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** (the Act) 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, Medr 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, Medr has a strategic duty to promote continuous improvement in the quality of Welsh tertiary education. In discharging this duty, Medr 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 Medr 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 Medr 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.

Section 101 of the Act sets out the basis of the application of this condition to Local Authorities with respect to sixth form provision.

Compliance Requirements

To comply with this condition, providers **must**:

1. take account of the [Quality Framework](#)
2. achieve satisfactory external quality assessment outcomes
3. have acceptable performance data
4. not be considered by Medr to demonstrate a risk to the quality of education

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.

In the instance of local authority sixth form provision funded by Medr, the requirements of this condition relate to the local authority's responsibilities for the quality of sixth form provision and their relationship to the governing bodies of schools.

Medr will ask for confirmation that providers comply with the requirements of this condition as part of its Annual Assurance Return (AAR) exercise.

Monitoring

Medr is the educational oversight body for both regulated universities in Wales and higher education providers in Wales with specifically designated courses that are not subject to educational oversight by Estyn, which is responsible for the Educational Oversight of publicly funded colleges. Private providers and overseas higher education providers must have a Student Educational Oversight inspection when their circumstances change significantly, or at least every four years. Medr's requirement for external quality assurance reviews is every six years; however, these providers are able to commission a quality review at a four-yearly interval, if needed for Educational Oversight¹⁶.

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's approach to 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

¹⁶ These providers will also be subject to annual monitoring by Medr to ensure that they remain compliant with UKVI requirements.

- **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 where relevant
- **regulatory concerns submissions and complaints monitoring:** in instances where regulatory concerns are raised with Medr, or analysis of complaints data, identifies themes or systemic issues that relate to quality and continuous improvement
- **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
- **self-reporting to Medr when things go wrong:** Medr expects providers to report to us instances of potential non-compliance 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

Medr will regularly review this condition, and the Quality Framework, to ensure that they align with evolving sector needs, policy changes, and feedback from stakeholders.



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Commission for Tertiary Education and Research

Condition: Staff and Learner Welfare

A provider registered with or funded by Medr **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** (the Act) 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, Medr 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 other 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

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's approach to 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
- **regulatory concerns submissions and complaints monitoring:** in instances where regulatory concerns are raised with Medr, or analysis of complaints data, identify themes or systemic issues that relate to compliance with the Staff and Learner Welfare Condition
- **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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.

Medr

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

A provider 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

A provider funded by 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 from 1st August 2026

Scope and Rationale

1. 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.
2. The Staff and Learner Welfare Condition **should** be interpreted and implemented in conjunction with Medr's wider Regulatory Framework.
3. Medr has a statutory responsibility to promote collaboration. Tertiary providers **should** therefore involve staff in discussions about Medr's regulatory Condition for Staff and Learner Welfare and, where appropriate, work with trade unions on fulfilling the requirements of the condition as it relates to staff welfare.
4. 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 of tertiary education in Wales.

5. In line with the Learner Engagement Code, providers **must** engage learners in their decision making, including decisions relating to staff and learner welfare where appropriate. Providers **must** work with learner representative bodies (where they exist) on fulfilling the requirements of this condition as it relates to learner welfare.

Welfare

6. **The Tertiary Education and Research (Wales) Act 2022** (the Act) [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 (see Medr's glossary for individual definitions):

- emotional well-being
- mental health

'Safety' is intended to mean freedom from harms including:

- harassment
- misconduct (as it relates to staff and learner welfare)
- violence (including sexual violence)
- hate crime

Provider Welfare Self-Evaluation

7. Providers **must** conduct a staff and learner welfare self-evaluation. The staff and learner welfare self-evaluation **must** be approved by the providers' governing body or equivalent and reviewed annually.
8. 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.
9. 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
 - welfare policies, procedures and support services **must** be informed by equality impact assessment (where applicable)
10. If the areas above are not covered in a provider's existing self-evaluation/self-assessment processes they will need to be evaluated and incorporated into existing self-evaluation/self-assessment documentation.
11. Providers **should** use existing self-assessment tools and guidance to support self-evaluation. 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)
 - **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
12. Providers are not normally required to submit their self-evaluation to Medr. Medr will only call in self-evaluations if concerns and risks are raised or identified.
13. When conducting self-evaluation providers **should** take account of the self-evaluation principles that have been developed by the Quality Assurance Agency for Higher Education (QAA) and Estyn.

Provider Welfare Action Plan

14. The welfare action plan **must** be approved by the governing body or equivalent and overseen through robust governance and management process and be consistent with the provider's governance and employment practices.
15. Providers **must** submit to Medr a two-year welfare action plan. Medr will collaborate with tertiary sector representatives to create the welfare action plan template. When completing the welfare action plan, providers **must** set out their priority actions based on provider welfare self-evaluation.
16. The welfare action plan will be used by Medr as a basis for individual provider engagement and to identify sector wide support, policies and process and systemic risks and issues which will inform Medr's Provider Risk Assessment process.

Provider Annual Assurance Returns

17. 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
 - changes or amendments to the submitted welfare action plan and rational for changes
 - confirmation that the governing body or equivalent are satisfied of the effectiveness of the providers’ arrangements to support and promote staff and learner welfare
18. Medr will take a risk-based approach to ensuring compliance with this Condition as it relates to registration or funding. Where our data, evidence or reporting suggests there may be a risk of non-compliance, we may require a provider to supply additional evidence or documentation. This includes situations where there have been previous issues, significant changes in a provider’s operations, Reportable Events, or where robust sources of intelligence - such as learner voice surveys, complaints or other regulatory concerns - indicate that the provider may present a higher risk.
19. 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.

Providers Timeline and Expectations for Monitoring with the Condition:

	Higher Education Providers	Further Education Providers	Adult Community Learning Providers	Apprenticeship Providers
By 31 July 2026	Submit to Medr: Statement of assurance confirming providers have conducted welfare self-evaluation submitted as part of registration process			
By 30th November	Submit to Medr:		Submit to Medr:	

2026	Provider two-year (2026/28) welfare action plan	Statement of assurance confirming providers have conducted welfare self-evaluation and two-year 2026/28 welfare action plan	
By 1 August 2027			Submit to Medr Statement of assurance confirming providers have conducted welfare self-evaluation and two-year 2027/29 welfare action plan
December 2027	Submit to Medr: Provider 2026/27 annual assurance statements.	Submit to Medr: Provider 2026/27 annual assurance statements.	
By 1 June 2028	Through self-evaluation, submit to Medr: Provider welfare action plan for period 1 Aug 2028 to 31 July 2030	Through self-evaluation, submit to Medr: Provider welfare action plan for period 1 Aug 2028 to 31 July 2030	
December 2028	Submit to Medr: Provider 2027/28 annual assurance statements	Submit to Medr: Provider 2027/28 annual assurance statements	Submit to Medr: Provider 2027/28 annual assurance statements
By 1 June 2029			Through self-evaluation, submit to Medr: Provider welfare action plan for period 1 Aug 2029 to 31 July 2031
December 2029	Submit to Medr: Provider 2028/29 annual assurance statements	Submit to Medr: Provider 2028/29 annual assurance statements	Submit to Medr: Provider 2028/29 annual assurance statements



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

Condition: Welsh Language

A provider registered with or funded by Medr **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, where offered, 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** (the Act) 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 and now established as a statutory target under the Welsh Language and Education (Wales) Act 2025.

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 line with Sections 6 and 9 of the Act, and in light of passing 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 the Coleg Cymraeg Cenedlaethol, to develop and implement a National Plan for the Welsh Language in Tertiary Education. This plan will aim to 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 provides advice on how providers can demonstrate that their provision is of good quality, including in supporting practitioners and providing 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, where offered, 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. Providers **must** evaluate and, where appropriate, amend their strategy at intervals of no more than five years. 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**:

- set out how the provider will promote the Welsh language, its value, and the benefits that the language brings to learners and staff
- set out how the provider will promote and encourage both formal and informal 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, and are required to report on compliance with these standards annually. Compliance with these standards will help 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 develop context-specific, proportionate plans that improve their offer to users of their services over time, through the [Cynnig Cymraeg](#).

Where it is appropriate, providers **should** also consider how they plan to go beyond meeting the standards or Cynnig Cymraeg plans when setting out this element of the Welsh Language Strategy.

3. Increasing demand for, and participation in, tertiary education delivered through the medium of Welsh and, where offered, 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 for, and participation in, Welsh-medium tertiary education and, where offered, Welsh as a subject, including amongst under-represented groups
- reflect the provider's contribution to the National Plan for The Welsh Language in Tertiary Education when published
- take account of other regulatory conditions set by Medr
- set out how the provider will promote Welsh-medium provision, where this is available
- be embedded in the broader strategic planning of the provider, ensuring that quality of provision and learner experience is maintained
- consider what workforce capacity may be required to support more learners to participate in Welsh-medium tertiary education and Welsh as a subject
- be clear on how the provider will work with the Coleg Cymraeg Cenedlaethol and the National Institute for Learning Welsh
- take account of strategies developed by other local, regional and national providers to support a coordinated and learner-centred approach to provision planning
- identify opportunities to collaborate with other providers to increase demand for, and participation in, Welsh-medium tertiary education and Welsh as a subject
- be developed, monitored, and evaluated with learners, in line with the Learner Engagement Code

Providers' ability to respond to increasing demand for Welsh-medium tertiary education will vary across the sector and we acknowledge the capacity to expand this provision will need to be developed over time. This element of the Welsh Language Strategy **should** be proportionate to the size, mission, workforce capacity, subject offer and regional context of the provider, acknowledging the challenges and opportunities they face in planning, developing and delivering this provision.

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 access to the necessary information and support to facilitate these choices.

Providers **should** consider how this element of their Welsh Language Strategy aligns with the National Framework for Welsh Language Education and Learning Welsh, prepared by Welsh Ministers under Section 24 of the Welsh Language and Education (Wales) Act 2025, once the National Framework is published.

Providers **should** also 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 approach to 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
- **self-evaluation:** through publishing and maintaining a Welsh Language Strategy, which will be monitored and evaluated by the provider
- **learner surveys:** in instances where outcomes of surveys relate to the Welsh Language Condition
- **publicly available information:** the accuracy, accessibility, and clarity of information, such as websites, prospectuses and recruitment materials, where it relates to provision available through the medium of Welsh, may be useful indicators of compliance
- **Estyn & QAA reviews:** in instances where outcomes of reviews relate to the Welsh Language Condition
- **independent sources of assurance:** for example, the Welsh Language Commissioner
- **regulatory concerns submissions and complaints monitoring:** in instances where concerns to Medr, or analysis of complaints data, identify themes or systemic issues that relate to compliance with 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 meetings 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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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

Condition: Learner Protection

When given notice under Section 126(1) of the **Tertiary Education and Research (Wales) Act 2022** (the Act), the governing body (or equivalent) of a provider registered with or funded by Medr **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 Act, 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, Medr is able to impose terms and conditions of funding in relation to this condition.

Section 126 of the Act 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 Act 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

1. To comply with this condition, the governing body of a provider (or equivalent) **must**, if it has been given notice under Section 126(1) of the Act, have in place (on or before the date specified in the notice) a learner protection plan, developed in partnership with learners and/or their representatives, 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, in the following ways (for definitions of these, please see Medr's approach to monitoring):

- **Reportable Events:** in instances where those events relate to areas of Medr's remit, or advice or guidance issued by Medr to inform any decision regarding whether a learner protection plan is required
- **learner feedback:** in instances where feedback is related to the effectiveness or impact of learner protection arrangements at a provider
- **regulatory concerns submissions and complaints monitoring:** in instances where concerns raised with Medr, or analysis of complaints data, identify themes or systemic issues that might result in Medr requesting a learner protection plan
- **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. This may be used to inform any decision regarding whether a learner protection plan is required
- **risk-based monitoring:** where data, evidence or reporting indicates a risk or potential risk to learner protection, we reserve the right to request additional information, evidence and/or data, meet the provider and/or visit the organisation
- **provider website monitoring:** Medr may monitor the websites of providers to ensure publication requirements for learner protection plans are met
- **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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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

Statutory Guidance on the Preparation and Revision of Learner Protection Plans

1. Under the **Tertiary Education and Research (Wales) Act 2022** (the Act), 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.
2. Our guidance sets out the requirements for learner protection plans which may be requested from tertiary education providers by Medr.
3. 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 partnership arrangements. 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 that 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).
4. Use of a Learner Protection Plan (LPP) is expected to be uncommon. Where providers have effective governance and risk management arrangements in place, potential issues are usually identified and managed well in advance, meaning an LPP is unlikely to be needed. The LPP therefore acts as a safeguard for exceptional circumstances, rather than something to which most providers would expect to be subject.
5. 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 requesting a plan.

6. 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 which it funds and regulates.
7. 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 assessment as to whether a learner protection plan is required.
8. 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.
9. 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.
10. 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. The provider **must** ensure it communicates effectively and appropriately with learners.
11. **Annex A** sets out this expected process for the submission, approval, and revision of learner protection plans.
12. **Annex B** sets out the 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.
13. **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

14. 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, which is specifically excluded from the provisions within the Act, 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.
15. 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.
16. 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 approach to monitoring will be specific to each individual provider.
17. This guidance and the Learner Protection Condition do not replace, supersede or contradict a provider's wider legal obligations, including those under consumer protection law or the requirements set out by the Competition and Markets Authority (CMA).

Triggers

18. 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 most instances of teach-out, see business continuity section below)
 - closure of, or change to, a learner's primary learning location (campus, centre, etc, including as a consequence of merger or takeover of a provider). This could encompass issues affecting online learning environments, depending on the circumstances
 - closure of a provider
 - 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, or collapse of an employer), mandatory elements of PSRB accredited provision where the proposed change(s) could invalidate accreditation)
- failure to provide Welsh-medium provision where this is contrary to what was offered at the beginning of the course
- 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

19. 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
- Information shared with Medr by learners, their representatives, and other stakeholders
- 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

20. 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.
21. 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. Providers **should** take account of this guidance, including the general principles set out above, within relevant business continuity planning and institution decision-making.

Portfolio Review

22. 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 protection law implications for providers in some circumstances, and these are independent of Medr's assessment.
23. 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.
24. 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.
25. 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.
26. 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.
27. 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.

28. 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.
29. 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.
30. 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

31. 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.
32. 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.
33. 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 learner complaints or regulatory concerns raised) 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.

34. When a learner protection plan has been specifically requested by Medr, the plan **should** include 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

35. 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 interest, the timeline may 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; where an issue is urgent or time-sensitive Medr will adjust the timeline accordingly. 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 readily available to learners, prospective learners and the general public by the provider on its website within 15 working days of approval by Medr
- providers **should** take steps to ensure that the publication of any approved learner protection plan is communicated effectively to learners

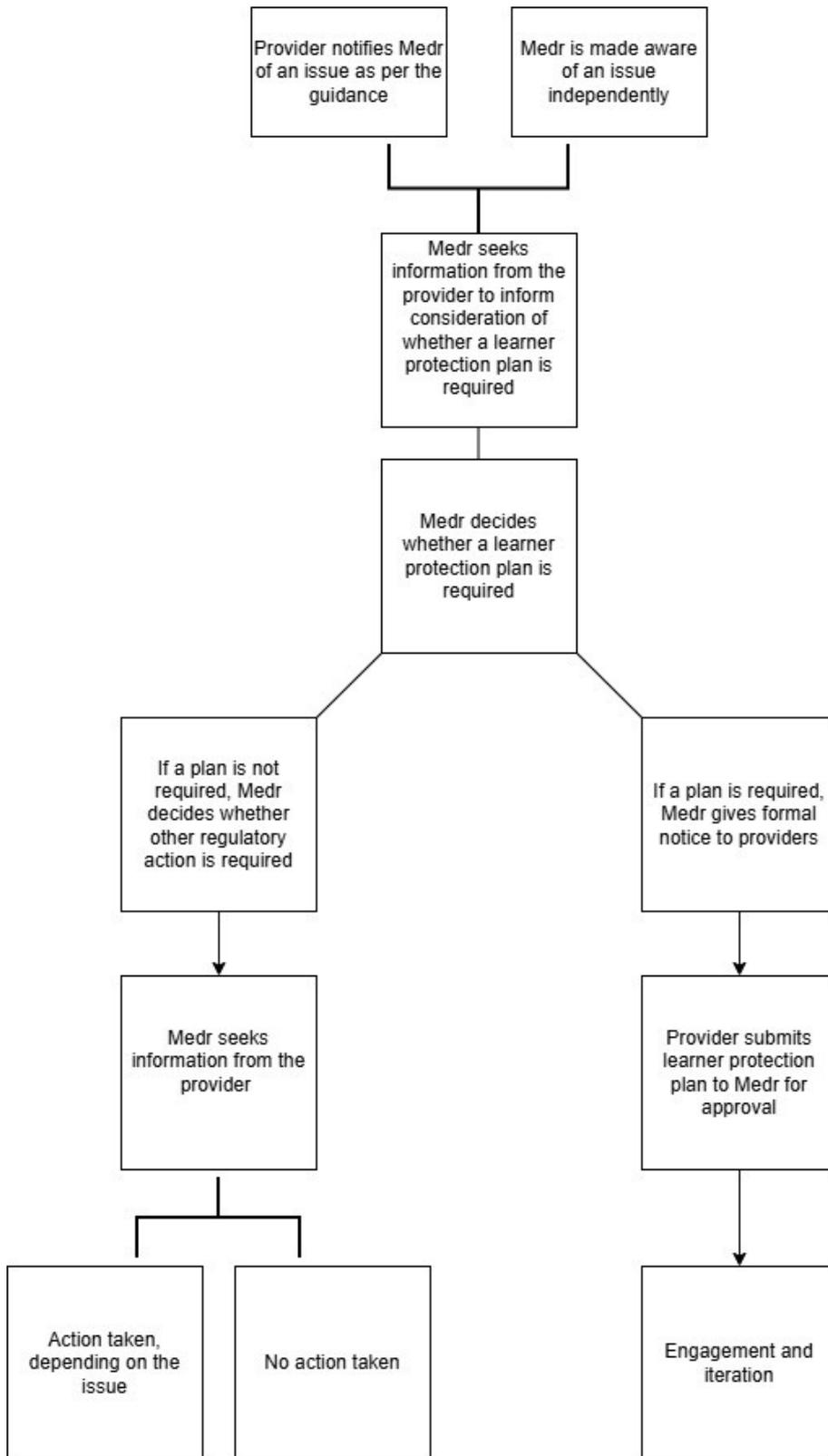
6. Monitoring

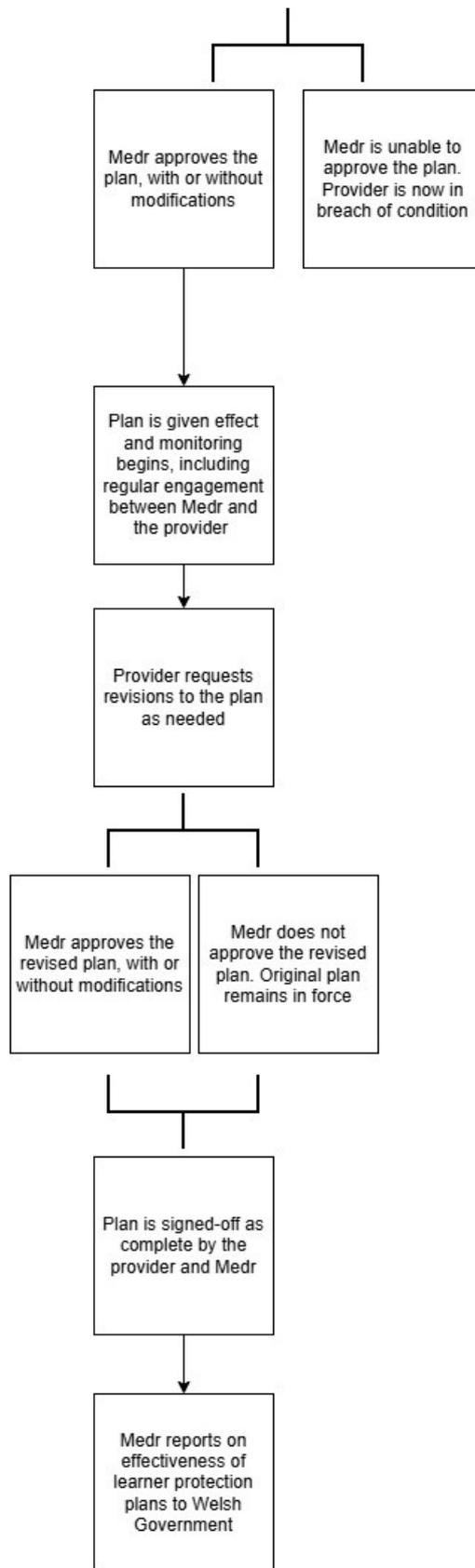
- Medr will monitor the completion of any active learner protection plans (following our initial approval) in line with Medr's overall monitoring framework. This could include enhanced engagement, data analysis, financial management consideration, and taking account of the learner voice. The initial 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

36. 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.
37. Medr shall carry out its functions with regard to the importance of protecting the freedom within the law of education providers in Wales to conduct their day-to-day management in an effective and competent way. Nothing in the regulatory documents are to be interpreted as requiring the governing body of a tertiary education provider to do anything that is incompatible with any legal obligation or legal restriction that applies to the governing body by virtue of the provider being a charity, or with the governing documents of the provider.

Annex A: LPP Flowchart





Annex B: Requirements of a Learner Protection Plan

Learner protection plans **should** be clear and specific. They **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. They are provided for illustrative purposes only.

- 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 that quality is maintained during the teach-out, that 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 or 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. The successful completion of a plan in these circumstances would not impinge on the wider rights of learners under consumer law.
- 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 that the provider has systemic approaches in place to deal with

such occurrences. 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 (either fully or partially available in Welsh) to English and the programme had been advertised as being taught through the medium of Welsh (either fully or partially in Welsh), 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.



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

Condition: Learner Engagement Code

The governing body (or equivalent) of a provider registered with or funded by Medr **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** (the Act), 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, Medr is able to impose terms and conditions of funding in relation to this condition.

Section 101 of the Act sets out a requirement 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 approach to monitoring):

- **Annual Assurance Return:** as part of Medr's Annual Assurance Return, providers **will** be expected to provide evidence of their published commitment to embedding and supporting impactful learner engagement in decision-making. Providers **will** also be expected to evidence the impact arising from the annual review of the commitment and evaluation of learner engagement in the provider's decision-making. 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 learner representative bodies (where they exist)
- **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 inspection, review, engagement work and other activity undertaken by Estyn or QAA relate to the effectiveness or impact of learner engagement
- **regulatory concern submissions and complaints monitoring:** in instances where concerns raised with Medr, or analysis of complaints data, identify themes or systemic issues that relate to compliance with the Learner Engagement Code.
- **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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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Commission for Tertiary Education and Research

Condition: Equality of Opportunity

A provider registered with or funded by Medr **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 groups 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

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** (the Act), 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, Medr 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 other 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

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's approach to 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
- **regulatory concerns submissions and complaints monitoring:** in instances where concerns raised with Medr, or analysis of complaints data, identify themes or systemic issues that relate to compliance with the Equality of Opportunity 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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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Commission for Tertiary Education and Research

Supplementary Detail: Equality of Opportunity

Applies to: Equality of Opportunity Condition

A Provider Registered with Medr **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.

A Provider Funded by Medr **Must**:

2. Work towards compliance with supplementary detail issued by Medr on the Equality of Opportunity condition of funding from 1 August 2026 and 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 **must** 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 (in the context of this condition):
 - (a) participation: 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 all providers and education stages, from entry level to postgraduate level
 - (b) retention: this means creating inclusive learning environments and support systems that enable all learners to remain engaged, continue and successfully complete their studies
 - (c) academic success: 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: this means ensuring equitable support to improve post-course outcomes, such as employment, further studies, or self-employment
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. When considering participation Medr expects providers (where they offer provision at postgraduate level) to consider 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.
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 **may** 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 **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, provides advice on how to put the Equality Act into practice. Providers are encouraged to engage with EHRC resources, advice, guidance and recommendations.
17. 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.
18. Providers **may** 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.
19. Providers **should** 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.
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 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 (where relevant)
 - the findings of self-evaluation, conducted on an ongoing basis, including considering progress against measurable outcomes and taking further action as appropriate.
24. In line with the Learner Engagement Code, providers **must** engage learners and learner representative bodies (where they exist) to inform actions.
25. If the areas above are not already covered fully in providers' existing self-evaluation/assessment processes they **should** be incorporated in the process to inform developing measurable outcomes.
26. 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 by the end of the 25/26 academic year.

27. Self-evaluation **may** 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.
28. Providers **may** take a whole organisation approach, considering how policies, practices, services and culture contribute to equality of opportunity outcomes.
29. 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

30. 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
31. Medr will publish data, advice and information to support developing measurable outcomes to help provide clarity on what proportionality means in practice and this will be developed collaboratively with providers and sector bodies, to support implementation of the condition.
32. Medr expects providers to be clear and ambitious in setting measurable outcomes.
33. 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.
34. Measurable outcomes **must** be sufficient and have potential to be impactful across the tertiary education learner experience. 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 four-year rolling period with one-year milestones.

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.

35. 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
36. Measurable outcomes **must** be set on a rolling basis for up to four years, updated annually, and with one-year milestones. Changes to outcomes **must** be communicated to Medr based on evidence and data.
37. Outcomes **must** be measurable, evidence-informed, and may benefit multiple disadvantaged learner groups, including those facing intersecting disadvantages and those with and protected characteristics.
38. 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.
39. A template providers **must** return can be found in Annex A.

Monitoring Compliance with this Condition

40. 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).
41. 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.
42. 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.
43. Medr will expect the initial submission of measurable outcomes and milestones (Annex A) in December 2027 as part of the Annual Assurance Return. These outcomes will be for the period commencing academic year 2027/28 until 2030/31.
44. 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
- where milestones or outcomes are changed the rationale **must** be provided.

45. Medr will 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. Data will consider analysis by protected characteristic where that data is available.
- **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
- **regulatory concerns submissions and complaints monitoring:** in instances where regulatory concerns raised with Medr, or analysis of complaints data, identify themes or systemic issues that relate to compliance with the Equality of Opportunity 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

46. Medr expects providers to make progress in achieving their measurable outcomes. 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.

47. 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.

48. 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.
49. 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.
50. Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.

Providers Timeline and Expectations for Monitoring with the Condition:

	Higher Education Providers	Further Education	Adult Community Learning	Apprenticeships
2026/27	Statement of assurance confirming commitment to existing Fee and Access Plan ¹⁷	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 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 four years on a rolling basis with one-year milestones	Through self-evaluation develop measurable outcomes from 2027/28 for up to four 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.		

¹⁷ The 2026/27 academic year will be a transitional year in the Act 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.

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 **must** be structured to include the following components and cover the period from August 2027 up to July 2031.

Outcome	Rationale for Prioritisation	Yearly Milestones	Data/ Evidence	Expected Impact for Learners & How This Will be Monitored	Annual Review, Progress and Any Adaptations
<p>Which area the outcome is targeting, e.g. participation, retention, etc</p> <p>Which learner group/protected characteristic/course/mode of learning is being targeted?</p> <p>e.g. Increase participation of care-experienced learners from x to y (in set annual milestones) on X courses.</p>	<p>Justification for why this outcome was chosen.</p> <p>e.g. Based on internal data showing low enrolment and feedback from stakeholders</p>	<p>Annual milestones starting from the baseline year.</p> <p>e.g. 27/28 – baseline 28/29 – target</p> <p>Add targets for each year the outcome is set for up to July 2031</p>	<p>Evidence or data sources that support the planned outcomes/ annual milestones.</p> <p>e.g. enrolment rates, learner feedback, retention and attainment data</p>	<p>Anticipated benefits if the outcome is achieved for learners.</p> <p>e.g. increased number of care-experienced learners</p>	<p>Reflections on progress each year and any activity adjustments made.</p>

Note: Providers **may** add rows for each measurable outcome. Outcomes **must** be evidence-informed and aligned with provider priorities and context. Providers **should** 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

A provider registered with or funded by Medr **must**:

- have in place a procedure for investigating complaints made by learners and former learners¹⁸ 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** (the Act) 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 Act 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 Act defines the relevant courses for which this condition applies as -

¹⁸ Medr does not define ‘former learners’, it is good practice for providers to set out a deadline for learners to raise complaints once they have left the provider and to apply that deadline flexibly and be willing to consider whether any former learner has a good reason for making their complaint after this time.

- (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 approach to 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
- **regulatory concerns submissions and complaints monitoring:** in instances where concerns raised with Medr, or analysis of complaints data, identify themes or systemic issues that relate to compliance with the Complaints Procedures Condition
- **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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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

Condition: Regard to Advice or Guidance

The governing body (or equivalent) of a provider registered with or funded by Medr **must**:

- 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, recognising that providers may adopt alternative approaches where appropriate to their context
- be able to explain the rationale for their approach if requested, but there is no expectation of routine justification or reporting

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.

Section 135 of the Act sets out Medr's broader powers and duties to issue advice, guidance and good-practice guidance in relation to its functions, including guidance on the sharing of information.

To support consistent interpretation and compliance with this condition, Medr will clearly indicate when advice or guidance it issues is intended to engage the statutory 'have regard' duty, and when it constitutes broader advisory or good-practice material, so that providers are not required to maintain exhaustive records of all communications.

Compliance Requirements

To comply with this condition, a provider **must**:

1. **evaluation of guidance**: ensure appropriate consideration of Medr-issued advice or guidance, with appropriate oversight at the governing body level (or equivalent). It is appropriate for each provider to determine the nature of the advice or guidance and to what level in their governance structure they should be considered
2. **record-keeping and evidence**: maintain proportionate records that demonstrate that guidance has been considered through the provider's normal governance processes. 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 advice or guidance under the statutory must "have regard" duty, 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 approach to 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.
- **regulatory concerns submissions and complaints monitoring**: in instances where concerns raised with Medr, or analysis of complaints data, identify themes or systemic issues that relate to areas of advice or guidance issued by Medr
- **data monitoring**: Medr will consider data relating to Regard to Advice or 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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.

Medr

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

Condition: Information, Assistance and Access

The governing body (or equivalent) of a provider registered with or funded by Medr **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** (the Act) 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."¹⁹

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

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 Act

¹⁹ This condition does not replace or extend Medr's separate Section 74 powers of entry and inspection.

2. provide requested information in a format prescribed by Medr, within the timescale requested by Medr and through an assurance process that provides Medr with appropriate confidence in the accuracy of the information

Medr will only request information, assistance or access that is necessary and proportionate to the matter under consideration and will, wherever practicable, rely on evidence the provider already holds or has supplied to other statutory bodies or national collection. 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 approach to 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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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

Condition: Validation Arrangements

A provider 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** (the Act), “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.

This condition applies exclusively to validation arrangements as defined in the Act. Other collaborative arrangements (such as franchise provision) are regulated separately under other conditions within the Act, where higher education is delivered on behalf of a registered provider.

Condition Category

This is an initial and ongoing condition of registration.

Legal Basis

Under Section 27 of the Act 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

The provider **must**:

- take overall responsibility for the academic standards and quality of all validated provision
- have arrangements in place that allow it to assure the quality of the education delivered through validation

The provider **should**:

- ensure oversight arrangements are proportionate to the scale and risk of the validation partnership
- ensure it is clear who is responsible for managing and overseeing validation within the organisation
- carry out appropriate due diligence on partners and keep associated risks under review

2. Formal Agreements

The provider **must**:

- have a written agreement in place for each validation arrangement that sets out how academic standards and quality will be assured
- have effective arrangements in place to assure that learners can complete their studies in the event of changes affecting the validation partnership

The provider **should**:

- ensure the agreement clearly allocates responsibilities between the provider and the delivery partner
- ensure the agreement sets out how information necessary for quality assurance will be shared
- review the agreement periodically, or when material changes or risks emerge.
- include proportionate arrangements for addressing concerns or issues that may arise within the validation partnership

3. Monitoring and Review

The provider **must**:

- have effective arrangements in place to monitor validated provision
- include validated provision within its wider quality assurance processes, including periodic review where appropriate

The provider **should**:

- use relevant evidence, such as learner outcomes and partner performance, to evaluate the effectiveness of validated provision
- ensure validated partners take part in quality assurance processes where needed
- keep the effectiveness and risks of the validation partnership under review and take action where issues arise that may affect academic quality

4. Notification Requirements

The provider **must**:

- at point of application, provide Medr with a full list of existing validation arrangements and partners
- inform Medr when a validation arrangement is terminated or when a new arrangement becomes active
- 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

The primary source of monitoring for this condition will be a self-declaration from providers that they have met the compliance requirements of the condition.

However, providers **must** retain and be able to supply, on request from Medr, evidence demonstrating how they meet this condition. Our approach to request that information will be risk-based, drawing upon data, prior issues and other evidence of poor performance in relation to this condition.

The provider **must**:

- retain evidence showing how it assures itself of the academic standards and quality of validated provision
- make this evidence available to Medr on request
- keep a record of the validation agreement for each partner

The provider **should**:

- keep evidence of the monitoring and review of validated provision, proportionate to the scale and risk of the arrangement
- retain information that demonstrates how it has considered outcomes, feedback, or other quality related evidence in relation to validated- provision
- use existing internal documentation, rather than generating additional materials solely for regulatory purposes, wherever this is appropriate

Monitoring

Medr will monitor compliance with this condition in the following ways (for definitions of these, please see Medr's approach to 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
- **regulatory concerns submissions and complaints monitoring:** in instances where concerns raised with Medr, or analysis of complaints data, identify themes or systemic issues that relate to validation arrangements
- **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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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

Condition: Charitable Status

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

- be a charity²⁰ and maintain that charitable status

Condition Category

This is an initial and ongoing condition of registration. This condition applies specifically to providers 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 providers 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 provider **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 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

²⁰ This includes: registered charities, exempt charities, and excepted charities.

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 approach to monitoring):

- **on application:** providers seeking to register with Medr must include a declaration of their charitable status, including the provider'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
- **Reportable Events:** in instances where those events relate to the oversight of charitable status

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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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

Condition: Information Provided to Prospective Students

A provider registered with Medr **must** ensure that Medr is:

- satisfied as to the information provided to prospective students about the provider, its courses, and its terms and conditions of contracts with students

Condition Category

This is an initial and ongoing condition of registration.

Legal Basis

This condition is set out under Regulations 8,9,10 and 11 **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 and accurate 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

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 approach to 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
- **regulatory concerns submissions and complaints monitoring:** in instances where concerns raised with Medr, or analysis of complaints data, identify themes or systemic issues that 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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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

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. This condition applies specifically to providers registered with Medr in the core category only.

The provider must adhere to the fee limits set by Welsh Government for all qualifying courses throughout its period of registration. This Fee Limit Condition does not apply 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. The fees charged must not exceed the approved fee limits.²¹

Compliance Requirements

In accordance with Sections 46, 47 and 48 of the Act, the provider **must** submit a fee limit statement, which **must**:

1. set out the maximum fees chargeable for each qualifying course, which must either:

²¹ Further additional course costs (e.g. materials, field trips) are **not required** as part of the fee limit statement. However, they should be made available to potential students 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”

- (a) specify a fee limit, or
- (b) provide for the determination of a fee limit,

Which **must** list all qualifying courses (these can be grouped into qualification type and campus) to which the fee limit statement 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. 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. have been developed in consultation with the students' 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 provider's governance structure and may include surveys, focus groups, or "formal representation"
4. 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")
5. 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:

6. the governing body of the provider to which the statement relates **must** publish the statement (and any approved variation or replacement of the statement)
7. 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 approach to monitoring):

- **on application:** an approved fee limit statement will be required from registration but will **apply operationally from academic year 2027/28**, unless otherwise specified in regulations
- **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
- **regulatory concerns submissions and complaints monitoring:** in instances where concerns raised with Medr, or analysis of complaints data, 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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.

Fee Limit Statement Template

Fee Limit Statement	
Name of provider	Fee limit statements should be stand-alone documents and the name of the provider 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. The first year these fee limit statements will be operational will be the academic year commencing 1 August 2027. Providers are required to have an approved fee limit statement to enable registration.
Section 1 - Fee levels	
Section 1.1 – Fee levels or the determination of a fee level at each location	
Fee level	Location of course
Determine or specify each fee level that will be charged by the provider.	<p>Set out:</p> <ul style="list-style-type: none"> • 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 <p>Locations may include the provider’s campuses and locations of other charities delivering on the provider’s behalf.</p>
	<p>Set out:</p> <ul style="list-style-type: none"> • the academic year(s) that the fee relates to

	<ul style="list-style-type: none"> • 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 <p>Locations may include the provider’s campuses and locations of other charities delivering on the provider’s behalf.</p>
<p>Determine or specify each fee level that will be charged by the provider.</p>	<p>Set out:</p> <ul style="list-style-type: none"> • 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 <p>Locations may include the provider’s campuses and locations of other charities delivering on the provider’s behalf.</p>
	<p>Set out:</p> <ul style="list-style-type: none"> • 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

	<p>Locations may include the provider’s campuses and locations of other charities delivering on the provider’s behalf.</p> <p>Set out:</p> <ul style="list-style-type: none"> • 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 <p>Locations may include the provider’s campuses and locations of other charities delivering on the provider’s behalf.</p>
<p>Section 1.2 - Aggregate fee levels</p>	
<p>The provider must include a statement to potential and current students that sets out either:</p> <ul style="list-style-type: none"> • 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 <p>This statement must reflect all different fee levels due to be charged and set out where this information will be provided.</p>	

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 provider 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) are 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 qualifying courses to which statutory fee limits apply (either by the provider or on its behalf) and 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 provider will ensure that a copy of the fee limit statement can be made accessible to its students and prospective students in any reasonable 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

Fee limit statement submission to Medr ²²	
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:	

²² Fee limit statements published on the provider's websites **must** only include versions approved by Medr.



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

Condition: Notification of Changes that Affects the Accuracy of Information in the Register

The governing body (or equivalent) of a provider registered with Medr **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

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 include "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."

Section 25 of the Act sets out that Welsh Ministers may, by regulations, make provision about the information which must be contained in a tertiary education providers' entry in the Register. Regulation 12 of **The Commission for Tertiary Education and Research (Registration and De-registration of Tertiary Education Providers in Wales) Regulations 2024** sets out the information which must be included in a tertiary education provider's entry in the Register.

Compliance Requirements

To satisfy this ongoing condition of registration, the governing body of the provider **must** meet the following requirements:

1. Notify Medr of any change that affects the accuracy of its Register entry

The provider **must** inform Medr whenever any information published in its Register entry becomes inaccurate

2. Submit the notification within 28 calendar days

Notification **must** be provided within 28 calendar days of the change occurring, or the provider becoming aware of it

3. Provide sufficient evidence to verify the change

Each notification **must** include evidence that is proportionate to the nature of the change and allows Medr to confirm that the Register entry should be updated

4. Use Medr's required method of notification

The provider **must** submit the required information through the notification process specified by Medr

5. Maintain internal arrangements to identify relevant changes

The provider **must** ensure it has suitable internal processes to identify changes that affect its Register entry and to make timely notifications to Medr

Information Which Must be Included in a Tertiary Education Provider's Entry in the Register

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.

Monitoring

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

- **on application:** providers **must** supply all information required for publication in the Register as set out in the 2024 Regulations. Medr may request further information where necessary to verify the accuracy of the information submitted
- **as an ongoing condition:** providers **must** notify Medr of any changes to the accuracy of information recorded on the Register (in accordance with the compliance requirements set out within this condition). 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
- **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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.



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

Condition: Status as a Tertiary Education Provider in Wales

The governing body (or equivalent) of a provider registered with Medr **must**:

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

Condition Category

This is an ongoing condition of registration.

Legal Basis

Section 144 of the **Tertiary Education and Research (Wales) Act 2022** (the Act) defines a "tertiary education provider in Wales" as:

"An institution providing tertiary education, including tertiary education provided on its behalf, whose activities are wholly or mainly carried on in Wales."

This statutory definition determines eligibility for registration and provides the foundation for assessing whether a provider continues to satisfy the geographical requirement.

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** Medr is required to enforce "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."

In applying this condition, Medr will have regard to Section 144(8) of the Act. Provision of tertiary education by, or on behalf of, a tertiary education provider in Wales, which includes courses delivered:

- at one or more places in Wales or elsewhere;
- by correspondence, equipment, or any facility enabling participation by persons not in the same place (whether in Wales or elsewhere); or

- by any combination of those means.

In accordance with Section 144(10), tertiary education delivered outside Wales is treated as delivered in Wales where it forms part of a course that is mainly provided in Wales.

Compliance Requirements

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 enforce “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 Which Affect the Provider’s Status as a Tertiary Education Provider in Wales

This condition relates to the following, which materially impact on the ability of a provider to be included on the register:

- (a) a change to the status of the provider as a tertiary education provider in Wales

If any provider is deemed to no longer provide tertiary provision wholly or mainly carried on in Wales, they will not be eligible for (continued) registration with Medr.

Definition of “Wholly or Mainly Carried on in Wales”

Medr interprets “wholly or mainly carried on in Wales” to refer to the overall substance and centre of gravity of a provider’s tertiary education activities, including tertiary education delivered on its behalf, in line with Section 144 of the Act. In forming this judgement, Medr may consider a range of indicators. These factors support an assessment that a provider’s activities are “wholly or mainly” carried on in Wales:

- it is legally established in Wales; and
- it has its principal place of business in Wales; and
- its UK-based tertiary education is mainly carried out in Wales, including tertiary education provided on its behalf (such as through franchise or sub-contractual provision)

These indicators sit alongside other quantitative and qualitative evidence relating to teaching, assessment, learner support, quality assurance, academic governance, and the oversight of any activity delivered on the provider’s behalf. Medr will consider the overall balance of evidence when determining where a provider’s activities are mainly carried on.

Tertiary education includes:

- teaching and learning delivery
- assessment and academic oversight
- course design and curriculum development
- learner support services
- quality assurance and compliance
- administrative functions directly supporting learning

These activities include those delivered by the provider and those delivered on its behalf, reflecting the statutory definition.

Interpretation:

- ‘mainly’ means that, when considering all tertiary education in aggregate, the majority of those functions occurs in Wales
- no single component (e.g., the location of learning) is determinative; the overall balance is relevant
- overseas delivery is excluded from the comparison

This reflects current arrangements under Welsh student support regulations, where courses delivered outside the UK are not eligible for statutory support. Therefore, overseas activity is excluded from the comparison when assessing whether a provider operates ‘wholly or mainly in Wales’.

The phrase “wholly or mainly in Wales” is not determined by a fixed percentage of student numbers. While the location of teaching and assessment is relevant, it is not conclusive. A provider may remain within scope even if fewer than 50% of its UK-based students study in Wales, provided other factors demonstrate that the provider’s operations are predominantly anchored in Wales.

Medr will consider tertiary education holistically when determining whether a provider operates ‘wholly or mainly in Wales’. No single factor is determinative; the overall balance of evidence matters. Providers **should** be able to demonstrate how their governance, quality assurance, and learner support are rooted in Wales.

Online delivery:

Online activity counts as Welsh if administration, quality assurance, and core learner support are based in Wales.

Monitoring

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

- **on application:** providers **must** demonstrate how their activities meet the statutory definition of a *tertiary education provider in Wales* under Section 144, including activities delivered on their behalf
- **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
- **data monitoring:** annual monitoring of data and information related to the Status as a Tertiary Education Provider in Wales 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

Medr will regularly review this condition to ensure that it aligns with evolving sector needs, policy changes, and feedback from stakeholders.

Medr

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

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