

Frequently Asked Questions (FAQs)

How will the measures be used?

We will use quality performance measures to inform our work and to inform assessments of compliance against the quality and continuous improvement condition within the regulatory framework. In addition, they are part of the evidence base used by Estyn (the Office of his Majesty's Inspectorate for Education and Training in Wales) during inspection or thematic inspection work and the Quality Assurance Agency for Higher Education (QAA) in reviews of higher education providers. They help providers to assess their own performance and identify where improvements may be needed. They also help the general public, particularly learners, their parents and carers, to make decisions, alongside other factors, about the best choice of learning provider and course and engage with providers on their performance. Performance data are a starting point that can help to identify providers, programmes, departments or groups of learners which are performing to high standards; or those where support is needed to bring about improvement.

Why is Medr proposing to publish performance against benchmarks?

We want to be transparent to ensure that we are providing context for our interpretation of the data. We also want to minimise the risk of duplication of effort with providers developing their own benchmarks.

Why is Medr not proposing to publish a value added measure?

Value added is a measure of the progress made by learners, over and above what would normally be expected based on their prior attainment and learner characteristics such as gender. We have considered this, based on previous experience of value added analysis, but the measure has limited value for many types of learning including vocational courses and adult learning, due to the weaker associations between outcomes and prior attainment. Providers were keen to use the previous value added measures for FE and sixth forms to support in-year target setting and self-evaluation activity. It is not currently possible to produce a measure using nationally verified datasets to facilitate this in a timely manner. Based on previous engagement with the sector, statistically robust value added methodologies are difficult for users to understand and we feel this does not meet the level of transparency we are aiming for. We have therefore decided not to produce this as a measure at this time. We are continuing to develop and issue contextualised quality performance measure data where possible, to help show the impact of learner characteristics on their outcomes.

Can Medr publish data earlier in the year?

Medr publishes analysis of HE data once we receive HESA data and after HESA have published their first release of the UK-wide data. For other parts of the sector we have considered the potential to make data available earlier in the year. However, it is challenging to move the LLWR freeze date given the need for providers to obtain information on certification from awarding bodies, and to facilitate the current data reconciliation cycle for providers. As we use consistent quality performance measures across schools and FEIs, we would also need school performance data to be available earlier, and this is not within our control. Where data are available earlier, for example for learner satisfaction, measures will be published at the earliest opportunity.

How do these quality performance measures support Medr's Welsh language policy work?

We are aiming to split data by language of study where possible, to allow analysis to be made of the outcomes for Welsh language learners compared to those studying through the medium of English. Separately we will be doing work to enhance the capture of data of language of study to enable us to monitor whether we are meeting our strategic aim to have more learning in Welsh.

How can quality performance measures support providers in continuous improvement?

Quality performance measures will help providers understand how their learner outcomes compare to those of peers. This will help them to identify strengths and areas for improvement, share good practice, and seek peer support where appropriate. They will also support providers in identifying trends and monitoring the impact of interventions.